Animal Care Expo 2016: Shelter Medicine Track

Handout for "Fast Cats are Happy Cats: Improving Pathway Efficiency for Cats in Shelters

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Our Dilemma:

At MADACC, a traditional "animal control" facility, providing adoption outcomes for incoming animals was not an initial priority of the organization; the primary outlet for live release was via transfer. Eventually, our shelter recognized that focusing on taking in stray animals and protecting public safety were not the best we could do, and we had an obligation to provide good outcomes for some animals when we could. During kitten season very few cats could be transferred to rescue groups. Euthanizing for time and space no longer seemed acceptable. But allowing animals to stay beyond their stray period to wait for an adoption match resulted in more cats being housed in the shelter which resulted in more upper respiratory disease (URI) and fewer transfers to other organizations. Slowly MADACC has moved towards adopting out increasing numbers of our own cats, but as we did so we realized that providing more cats with chances for adoption required more than a space and some time on the adoption floor.

How can animal sheltering organizations save more lives without compromising animal welfare when they cannot afford more staff or other resource expenditures? This project was chosen based on this challenge in a large municipal animal control facility. MADACC doubled cat adoptions in one year, greatly increasing our live release rate (LRR) and also our average length of stay (LOS) for cats in a shelter not designed to facilitate adoptions. Our ultimate goal is to continue to save even more lives by finding opportunities to increase our adoptions and capacity for care while working within the constraints of our budget.

We explored five different strategies to try to decrease feline LOS at our shelter. I will share what they are, our struggles with implementation, and ideas for moving forward, and insights we gained that may help other shelters trying to increase live-saving by reducing the LOS for animals in their care.

1. Daily Health Monitoring
2. Simplifying the Feline Evaluation for Adoption Process
3. Reducing Bottlenecks to Foster Kitten Placement
4. Fast Tracking and Pre-selection
5. Spay/Neuter Capacity

But first, a little background….

❖ In 2015 the LRR for cats was markedly increased compared to previous years despite fewer rescue groups taking cats through transfer. With life-saving as a priority, we were holding cats to give them opportunities for adoption. We were able to do so because our intake had been slowly decreasing year by year. But the average LOS for cats increased; we suspected it was because they were getting "stuck" at various points of our system:

   o We were unable to spay/neuter many cats before they broke with URI, and even when disease resolved it was difficult to get cats on the surgery schedule.
   o We were not identifying good adoption candidates until after their stray hold was up.
   o Finally, it was very difficult to move vulnerable kittens into foster quickly.

   Each of these delays contributed to a vicious cycle that led to even more disease and further prolonged each cat's time in the shelter before adoption.

❖ Providing the care needed to get a cat to the point of adoption required more resources in terms of staff time, housing, and financial resources than transferring a cat to a rescue partner. Transfer cats did not need spay/neuter surgery, retrovirus testing, or any kind of evaluation for placement. As adoptions became a more significant outcome for cats we experienced growing pains. Essentially, we were budgeted and staffed for our old LRR, which was lower and largely dependent on transfers.

Thinking about LOS and Capacity

❖ At MADACC, our yearly animal intake has been slowly decreasing over the last few years, with it being a record low in 2015 of around 10,500 animals. Of that, cats make up slightly more than half of that number. Here's a few numbers for the last few years to show the difference we've been making in this population:

Cats	2014	2015
Total Number	5,885	4,960
Adoptions	989	1,803
Transfers	2,069	1,572
Returned to Owner	232	271
Euthanasia	2,595	1,314

❖ In order to evaluate whether the changes we made were making a difference we set a **target average LOS of 10 days** for cats. For comparison, in November, our month of maximum LOS, the average LOS for cats was 18 days in 2014 and 21 days in 2015.
  o When the project started, the **state mandated stray hold was 7 FULL days** (essentially 8), but **became 4 FULL days** (5 days in real time) on March 16, 2016. This fantastic change will greatly facilitate our efforts to move cats as quickly as possible from intake to adoption!
  o We definitely had some work to do to reach our goal!

Read on to learn more about how MADACC reorganized the people and systems we already have to create simpler processes to help keep cats moving through our shelter efficiently. Simplifying our systems some small changes which came together to make a big difference!

1. Daily Health Monitoring:
- **What does this mean?**
  o According the ASV Guidelines for Standards of Care in Animal Shelters, "Rounds must be conducted at least once every 24 hours by a trained individual in order to visually observe and monitor the health and well-being of every animal. Monitoring should include food and water consumption, urination, defecation, attitude, behavior, ambulation, and signs of illness or other problems."[1]
  o Daily health monitoring also includes systems for staff and volunteers to alert medical staff of concerns noted while interacting with animals
  o Daily health monitoring is important to identify problems as early as possible and isolate animals with contagious disease. Treating problems before they progress to more severe signs saves time, resources, and lives, all of which contribute to a healthier overall population of animals
- **History:** In the past we had tried several different types of ways for staff and volunteers to alert medical staff of issues noted while caring for animals, but none were effective. Problems and

treatment plans were not being communicated efficiently which resulted in delays in starting treatment or extra staff time invested in tracking down missing information.

- o These included: clipboards outside of wards for care staff to write concerns, small sheets with various check boxes and areas to fill in that were turned into treatment staff, and binders in wards to write info about each animal daily, among others.
- o Problems with these systems included insufficient care/volunteer staff time to record each animal's status daily, recording logs misplaced or forgotten, delays in ability of medical staff to address concerns, and repeated logging of problems already known were further slowing the system down.
- o With no system used consistently or effectively, assumptions were made that medical staff had noted things that had not been, needless staff time was spent alerting medical staff to issues already noted by the veterinarian, and veterinary time was wasted tracking down those caring for animals to confirm whether cats were having problems.

- **Our Solution:** Develop a simplified and readily displayed daily health monitoring system
  - o Small laminated alert tags were made that could easily be hung on a cage door when staff noted a problem, and removed to indicate the issue had been noted/addressed.
  - o These included the most common issue seen: URI Check; Fleas/Flea Dirt; Not Eating; Diarrhea/Vomit; blank Med Check (with option to write in an issue in dry erase marker).

- **Future Plans:**
  - o A formalized protocol for Health Monitoring tags needs to be distributed to staff and volunteers.
  - o This system has been informally instituted before the beginning of kitten season. At the end of the busy cat season, it will need to be re-evaluated if this system is working.

2. Simplifying the Feline Evaluation for Adoption Process:

- **What does this mean?**
  - o Various types of scoring and evaluation systems of animals in shelters exist; some shelters use evaluation systems to make pathway planning of animals more standardized and objective. Pathway planning includes recognizing what each animal's needs are and how those needs can be best met to give the animal the best possible outcome. Once an animal's pathway is defined, ideally at intake or during a stray hold, needed services can be planned for and scheduled in advance, which can help reduce time spent waiting for such services.

- **History:** As the human brain is presented with more and more options to choose from, decision-making becomes increasingly difficult to the point of simply making no decision at all; this is known as decision fatigue. The scale of the number of cats coming into MADACC during peak times resulted in decision fatigue amongst the staff tasked with making outcome and care decisions for

the cats. To counteract decision fatigue in our shelter staff we developed a numbering scale to prioritize cats for adoption (since we could only move so many on that pathway at any given time).

- o A higher score was intended to correlate to how easily or quickly a given cat was likely to be adopted. Higher numbers were given for younger ages, friendlier behavior, no health issues, and uniqueness. We began using this system in June 2015.
- o Example of a scoring system:

Cage number/ID			
Age		**Health**	
<4 mo - 6 pts		Healthy - 5 pts	
4-6 mo - 5 pts		Minor - 4 pts	
7-11 mo - 4 pts		Moderate - 3 pts	
1-4 yr - 3 pts		Multiple mod - 1 pt	
5-9 yr - 2 pts		Txable/Rehab - 1 pt	
10+ yr - 1 pt		Serious issue - 0 pts	
Behavior		**Special Characteristics**	
Except. - 6 pts		Purebred/mix - 5 pts	
Good - 4 pts		Unique color - 4 pts	
Excitable - 3 pts		Poly/tripod - 4 pts	
Shy/Fear - 1 pts		S/N - 2 pts	
Aggressive - 0 pts		Declaw - 2 pts	
Feral - 0 pts			
		Total	

- o Unfortunately this first system was too complicated and time consuming, and at times did not accurately reflect how easily certain cats could be adopted (such as a high score for a young, healthy but feral kitten).
- **Our Solution and What We Actually Did:** It turned out again starting simply was the easiest solution in our situation.
  - o The second simplified scoring system we developed meant to divide cats into 1 of 5 categories at the time of the intake exam:
    - **Cats** – adult healthy, friendly cats suitable for adoption post stray hold
    - **Kittens** – kittens aged 2-6 months that were healthy and friendly, suitable for adoption immediately (pending stray hold)
    - **Foster** – kittens or queens with kittens under the age of 2 months needing foster
    - **Behavior** - aggressive, fearful, or feral at intake needing further evaluation by trained management staff
    - **Medical** – cats with medical issues noted at intake needing further veterinary evaluation to determine adoptability.

- o It was hoped that these categories could be placed in an animal's information in our software system which would allow lists of each to be pulled by staff daily for follow up.
  - o In January of 2016, holds were made for two main categories in our system that we can generate reports of: **ADOPT** and **FOSTER**. ADOPT animals encompass what we consider "highly adoptable" cats and kittens who should be scheduled for spay/neuter immediately post stray hold and made available for preselection (see Fast Tracking in section 4 below). FOSTER corresponds to kittens and queens needing foster placement.
  - o We decided to start with labeling these two categories of animals. Medical cases can be found in daily medical treatment reports and evaluated by the shelter veterinarian, and behavioral cases mainly consisted of unhandleable and unsexed cats. These are currently being evaluated during daily population rounds.
- **Future Plans:**
  - o Re-evaluate the need for further formally designating cat pathways at intake.
  - o Use the two established reports for ADOPT and FOSTER animals to make the daily surgical schedule for spay/neuter and daily need for foster homes.
  - o Teach intake staff to apply these two categories and enter them into the computer system in order to free up supervisor time.

3. Reducing Bottlenecks to Foster Kitten Placement:

- **What does this mean?** When establishing a foster kitten program, it is essential to move vulnerable kittens out of the shelter as soon as possible. However, getting them into foster can involve several steps: making contact with a foster family, having foster families ready to pick up kittens quickly, providing veterinary examinations and making treatment plans, and medical testing. If there are delays in the ability to follow through each of these steps kittens may get "stuck" at the shelter which delays opportunities for socialization and puts them at risk for exposure to infectious diseases.
- **History**: Like many shelters we always have an overabundance of wayward kittens entering our shelter en masse in the spring, summer, and fall each year. Prior to 2014, our foster program was functional but not robust. Full veterinary examinations were required prior to foster placement, which could take days with one staff veterinarian. It was thought that it was always too high of risk to pair up single orphaned kittens, so foster homes were filled with one kitten at a time. Retroviral testing for anything big enough to get a few drops of blood out of was required prior to foster placement, even though availability of medical staff to draw blood on kittens was very limited in these busy times. What ensued were too many kittens sitting in a shelter getting ill with URI and missing out on vital socialization. We recognized that letting go of some of our strict rules and taking calculated risks could actually lead to healthier, happier kittens returning into your adoption program after some growing time in foster.
- **Our Solutions and how they worked:**

- In the spring of 2015, we received a grant for a temporary Foster Coordinator position that greatly increased the number of fosters homes available to care for kittens. She recruited fosters who were able to handle neonates and underage kittens successfully. Having a foster coordinator meant that removing barriers to foster placement in the shelter became even more important.
- We started by removing strict requirements for full veterinarian exams prior to foster placement, and began occasionally pairing two healthy single kittens after FeLV/FIV testing. However, the requirement for retrovirus testing remained a big bottleneck to getting kittens into foster care.
- In late summer 2015 we stopped retrovirus testing kittens prior to prior to foster placement, even when pairing singletons. Kittens are now tested at a time when we have medical staff readily available- at surgery. We recognized that this was a potential risk, but worthwhile given how uncommon the retrovirus infections are in our population of cats; by taking this calculated risk we expected to gain the benefit of having healthier and better socialized kittens. To date, there has only been a small handful that came back FIV+ (most likely not true disease, but maternal antibodies) and one that tested FeLV+. At this time, we do not know of any retroviral transmission to negative kittens/cats.
- We apply a FOSTER hold in our software system to animals needing foster; we run a report of animals with FOSTER holds as needed, which makes it much easier for the foster coordinator to prioritize and match animals with foster homes.
- Over the summer of 2015, with the immense help of the foster coordinator, our live release rate for cats and kittens under 6 months rose from around 60% in 2014 to around 79% for 2015. This number was drastically higher than any other past year, but still shows room for improvement in 2016 and beyond.
- The biggest challenge we face now is making sure we have systems in place to streamline getting kittens back to the shelter once they're ready for spay/neuter and adoption. Kittens in foster were being scheduled for surgery based on rough estimates of weight and size when heading into a foster home. It was found many did not make weight requirements in the planned time period, wasting valuable surgical and foster space.

- **Future Plans:**
  - Focus on how to better plan for return of foster kittens.
    - Sending all foster parents with small scales to weigh kittens and have a better idea of when they are ready for surgery without having to bring back to the shelter for frequent checks.
    - Discuss with all surgeons lowering the surgery weight to a healthy 1.5 lbs. versus 2 lbs.
    - Increasingly flexibility of surgical scheduling rather than scheduling a firm spay/neuter date when kittens first go out to foster.

- o Further training for fosters to increase foster opportunities for bottle babies and kittens with other challenging medical or behavioral needs.
- o More formalized medical recheck scheduling of foster kittens.

4. Fast Tracking and Pre-selection

- **What does this mean?** Most of the cats coming into MADACC are strays. Historically we would put them in the back of the shelter to wait for the duration of their stray hold period. But if we are already planning on making these cats available for adoption (knowing most will not be reclaimed), why wait to promote them until all this time has passed? Also, instead of trying to guess which cats will best match potential adopters, why not allow adopters to tell you who they want to adopt? This is known as open selection. Allowing adopters to view and place holds on animals during their stray period helps the shelter to determine who to prioritize for needed services, can help us to plan ahead to provide needed services, and get animals out of the shelter as soon as their stray period ends. This in turn frees up space and time to devout to care of other animals that need more from us in terms of medical or behavioral care. How great would it be for our average LOS to be one day more than our stray hold?! Okay, this may be taking it to an extreme, but it would create more space and time to devout to our slower trackers and help keep all animals flowing efficiently toward adoption.

- **History:** We had always interpreted our mandated stray hold as a time when stray animals would wait for owner reclaim, and as such we housed them in areas of the shelter away from public view. At the end of the stray period, when we gained legal ownership of unclaimed pets, we started planning for services that would be needed to move that pet to adoption. But because of limited space on the surgery schedule, animals would have to wait 7-10 days before they could be spayed or neutered, and by that time many were sick, further delaying surgery. After needed services were completed the animal would wait in line for a space on the adoption floor. And then we would wait and see how quickly a person for any particular cat might be found. You can easily see how those care days quickly rose for each cat on an adoption pathway in our shelter!

  Our sister non-profit, Friends of MADACC, bought us 16 of the coolest cat condos that we use for adoption housing in our front lobby. While the numbers of cats in our facility seem huge next to 16, during high adoption times (promotions, particular seasons), we could not keep these spaces stocked with cats because they were getting stuck in the back, waiting for the end of their stray period, waiting for space on the surgery schedule, or waiting for some other needed service.

  We unofficially started pre-selection when we found ourselves in the middle of a very successful month-long adoption event and were struggling to keep our adoption lobby filled with cats. We knew there were some cool cats in the back on stray hold so without any formal planning we

started moving a few of the cats WE pre-selected into our adoption space. We knew we could make it work as long as we planned ahead to schedule the pre-selected cats for a surgical date as soon after the end of their stray hold as possible. Any cat who was adopted before that surgery date would be scheduled to go home that evening after surgery. If no adoption hold was placed prior to surgery we'd proceed with surgery and be available to go home immediately for any adopter needing to leave with a cat. After starting this without any pre-planning we recognized that cats were leaving the building healthier due to their shorter stay and more of it spent in more comfortable housing on our adoption floor.

We liked these results, but many concerns remained that led us to think carefully about whether we wanted to continue this system beyond our adoption event. Concerns (with our rationale) included:

- o *Taking an adoption fee for an animal that wasn't our property.* We just started doing it. Should a cat be reclaimed, the fee can be refunded to the adopter or applied to another cat.
- o *Which cats should qualify?* Supervisory staff, mostly the shelter veterinarian is still making this choice, but see "Future Plans."
- o *Should adopters sign an adoption contract before an animal is our "property?"* A non-binding "Preselect Hold Form" has been created for adopters (see attached). An official adoption contract can be signed when they pick up their new cat.
- o *Is it a good idea to put a cat up for adoption with unknown retroviral status?* It is a calculated risk – less than 3% of the cats should be positive for either disease. Should they test positive at surgery and the adopter decide not to finalize the adoption, they can adopt another cat and plans can be changed for the positive one. High risk candidates can be tested as time allows prior to being moved to the adoption floor.
- o *Can an animal be transferred out if it isn't adopted on preselection*? Of course! The fastest way out is the best way whether that's adoption or transfer!
- o *Do we move the cats back to the cat holding areas if they are adopted to finish their stray hold?* It will make space for another cat to come up, but we know moving cats can cause stress which contributes to URI….See "Future Plans."
- o *Will adopters be upset if their pre-selection cat is reclaimed by their original owner?* We have found that most potential adopters will celebrate a reclaim as a good thing (though of course it is rare!)

Our Solutions and how they worked: Despite concerns, this speeding up the flow of cats out of the back areas and to the adoption floor and into adoptive homes has gone great. It started due to necessity, but sticking around to be a permanent fixture in our shelter! Staff is loving it!

Because of limitations in staffing and the design of our shelter facility it is difficult to escort visitors through our back cat housing wards in order to browse all of the cats (open selection). For now we have decided to continue our pre-selection systems rather than true open selection.

For pre-selection we try to reserve a certain number of our adoption floor housing units for the cats or kittens we have identified are the "best and brightest;" often these are newly arrived strays. With our current pre-selection system we are able to have a mix of animals that are ready to go home immediately as well as some still in their stray period. We tell potential adopters who pre-select a stray cat from the adoption floor when the cat be ready to go home if not reclaimed. Rather than seeing disappointment in adopters who cannot immediately take their new pet home we see that people are excited to have claimed the best cat in the shelter, and they don't seem to mind having a little extra time to get ready to take their new pet home. When a cat is pre-selected in its stray hold we prioritize that cat for needed services with the goal of finalizing the adoption as soon as the stray period ends. These pre-selected cats fly out the door, which opens up a space for another awesome cat, and so this very positive cycle of cats flowing quickly from intake to adoption builds on itself.

- **Future Plans:**
    - Define a protocol to help determine which cats best qualify for pre-selection so that more staff can be trained to choose pre-selection cats for adoption floor space. Cats can then be moved up to adoption space even faster, if not immediately after intake.
    - Evaluate costs and benefits of moving pre-selected cats with adoption holds back to holding wards in order to make open that adoption floor space to another cat, knowing that this may result in more URI, and will require more staff time.
    - Investigate opportunities to augment staffing or facility changes that would allow visitors to view cats in the back in order to implement open selection.

5. Spay/Neuter Capacity:
- **What does this mean?** Spay/neuter for unaltered cats is a necessary step in the pathway of animals slated for adoption. Simply getting a spot on a surgery schedule can be difficult during the busiest times of the year, so how do we provide opportunities for spay/neuter as efficiently as possible? It is important to evaluate how many animals in your shelter will be expected to need sterilization each available surgery day, and whether that matches the number of sterilization surgeries you are currently able to perform. Are you able to keep up with the need, or are animals waiting extra days in the shelter for their spay or neuter surgeries? Do you have extra time you can outsource? Or do you find, like most of us, and there is never enough veterinary time in the day? If so, finding a way to best use the resources you already have to more quickly move cats through your shelter is of top priority! If you can't add staff time, can you afford to get part time contracted help? Can you afford to pay another facility for help? Are there teaching facilities in

your area you can work with cooperatively for free services; if so, are these services structured to keep animals moving through the shelter and minimize each animal's LOS? What can you do to make your surgery staff more efficient – more training? Flexible scheduling? Include skilled volunteers? Free help is always the best!

- **History:** Our organization offers public spay/neuter services 3 days a week; this is an important revenue source for MADACC. Furthermore our organizational identity has only recently placed priority on adoptions, and our budget has yet to catch up to our new ways of thinking about investing in animals for adoption. Because public animal surgeries are scheduled out by several weeks it has been difficult to consistently provide enough flexible slots on the daily surgery schedule to keep pace with the numbers of animals being adopted. But everyone has to be altered before leaving and adopters can't wait weeks to take home their new family members, so what do we do?

- **Our Solution and other issues encountered:** We investigated ways to create space on the schedule for 4-5 adoptable animals to get altered daily, while still prioritizing limited contract veterinarian time for public surgeries.
  - We lucked out – we found a veterinarian that wanted to volunteer her services one day a week to spay and neuter shelter animals. On her surgery days we schedule groups of foster kittens or in-shelter cats coming off stray hold.
  - We are also fortunate to have consistent access to contracted spay/neuter services from another shelter in our community. This has opened up approximately 20 cat surgery spots a week, which should continue to meet our needs.
  - We partner with the veterinary school that provides free spay/neuter surgeries performed by veterinary students.

- **Future Plans:**
  - Continually re-evaluate our seasonal peak needs for spay/neuter and make sure we are pre-emptively making sure we meet those needs to avoid bottlenecks in releasing animals from the shelter for adoption.
  - Allow more control of surgery scheduling by veterinary staff and increase flexibility for last-minute changes as they arise.
  - Determine if additional days are needed to provide for spay/neuter and investigate resources for increasingly our organizational spay/neuter capacity.

Conclusions and Ideas for the Future:

Hopefully MADACC's journey, starting with being a very sticky place for cats to a well-oiled cat adoption machine has provided you with insights for turning up the flow for cats in your own organization. Big changes can feel impossible, but fortunately they are not always needed. Even if you aren't in a position to have the final say, the small adjustments we have slowly implemented at MADACC can be easy to institute, and they can end up having a big impact when they are all working

together. Making small changes gradually is often better accepted by staff, and can provide small victories that will leave everyone wanting more! If you think cats in your shelter might be getting stuck along on their pathways to adoption you can change the direction your vicious cycle into an efficient and positive cycle that will build upon itself. Take time to reassess the effectiveness of your changes to understand how powerful each change is, or determine where more work needs to be done. I hope you can take this information to identify those sticky spots that you may never have realized are slowing down your cats. Time in shelters isn't money, its life!

Reference:

1. Newbury SP, Blinn MK, Bushby PA, Cox CB, Dinnage JD, et al.. (2010) Guidelines for Standards of Care in Animal Shelters. The Association of Shelter Veterinarians. 27 p.