



## Transform a Shelter Clinic into a Foster Clinic

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## History and Guiding Principles

### History In Animal Welfare

Historically, few municipal animal shelters operated shelter clinics. Today, many shelter clinics are in operation, with full-time staff dedicated to supporting sick and injured animals in their custody, including stray, community, and unowned cats and dogs.

Another long term problem has been that shelter staff, including veterinarians and veterinary staff, have operated under the assumption that seemingly unowned (stray, community, unowned) animals do not have human caregivers interested or involved in the care and live outcomes (prognosis, documentation, life and death decision-making). Lack of time, staff, and infrastructure can be barriers to providing thorough education, and open and honest communication.

Foster support for animals with medical concerns and needs has also proven challenging. As an increasing number of shelters move to house 50% or more of their animals in foster homes, support to care for them becomes a need. In addition to foster capacity, shelter operations have an increased interest in the human-animal bond, customer support, and community relationships. This operational shift to the norm makes support, training, and deconstructing bias paramount to programmatic success.

### Guiding Principles

- We recognize that foster homes benefit the overall safety and wellness of animals:
  - We believe in [Maddie's Seven Guiding Principles of Foster Programs](#)
    - Foster care is a humane, cost-effective, and safe alternative to the confinement and stress of kennel housing.
    - Foster care is a preferable alternative to in-shelter care for the vast majority of pets.
    - Each pet is treated as an individual with its own unique set of physical and emotional needs.
    - Foster care is a priority function of the organization.
    - Foster caregivers are celebrated and given the tools they need to be successful.
    - Fostering a pet is simple, easy, and accessible.
    - Shelter/Rescue leadership sets measurable goals for the foster program and tracks data associated with those goals.
- We recognize that foster caregivers can provide many levels of medical care when given the appropriate education and tools (injections, wound care, tube feeding, crate rest, etc).
- We place the quality of life over convenience regarding life and death decisions.



# HUMAN ANIMAL SUPPORT SERVICES

- We are transparent to community members and foster caregivers about the resources available to the animals in our care.
- We strive to strengthen the OFPR (Organization-Foster-Patient-Relationship) between the organization and foster homes by accommodating the needs of the foster caregivers and foster animal(s), especially when developing treatment plans.
- We provide expedited and quality care to a large number of animals and trust support staff to use veterinarian-approved medical protocols.
- We believe teams and leadership should be involved in life and death and other critical decisions.
  - The veterinarian is not expected to carry the burden of life and death decisions alone, by opening with an inclusive and transparent process with medical care.
- We approach animals with compassion and value the life of each animal in our care.
- We strive to create an infrastructure that meets the needs of foster caregivers, the shelter, and each animal in our care.
- We operate with the goal of a live outcome for every animal in our care, providing individualized, urgent, attention and care.

## Obstacles and Solutions to Establishing a Foster-Facing Clinic

You may come up against the following obstacles when establishing a foster-facing clinic and caring for animals in homes, rather than kennels. The following guides will provide potential solutions to a variety of barriers your organization may encounter.

### Foster Caretakers

Obstacles	Solutions
<ul style="list-style-type: none"><li>● Inaccessibility of materials<ul style="list-style-type: none"><li>○ Differing language needs</li><li>○ Lack of necessary tech to access materials</li><li>○ Difficulty with transportation to and from appointments</li></ul></li><li>● Non-compliance: Foster<ul style="list-style-type: none"><li>○ Animal is given incorrect dosage of medication</li><li>○ Pursued outside veterinary practice for care without permission</li><li>○ Lack of consistent communication with clinic</li><li>○ Over-communication with clinic</li><li>○ Personal conflict with staff</li></ul></li><li>● Non-compliance: Clinic</li></ul>	<ul style="list-style-type: none"><li>● Inclusivity and accessibility<ul style="list-style-type: none"><li>○ Develop an organizational Code of Conduct and Communication expectations</li><li>○ Alternative material options for those who need accommodations. (Deaf, blind, lack of smartphone/internet, differing language)</li><li>○ Telemedicine options</li><li>○ Transportation consideration<ul style="list-style-type: none"><li>■ Uber tokens for pet transportation</li><li>■ Partnerships with external programs and/or clinics in your community</li><li>■ <a href="#">Doobert Clinic Rides with Chris Roy</a></li></ul></li></ul></li></ul>



# HUMAN ANIMAL SUPPORT SERVICES

- Gives foster incorrect medication
- Potential negative outcomes
  - Disease spread to foster caretaker's animals or household
  - Foster animal dies in foster care
  - Poor outcome of foster animal leads to loss of medical foster caregiver
- PR Issues if a situation does not go as planned
  - Complaints sent to public media outlets / social media
- Paws for life in Chicago transportation program
- Pets For Life
- Multiple forms of contact for foster caregivers
  - Phone, email, emergency contact, address, etc
- Foster guidebook/instructions including specific medical care instructions
  - Emergency contact information
  - Agreement on organizations rules regarding care that is provided
  - Statement regarding restrictions on pursuing care with private vet for a foster animal
    - Include if private vet care is approved by shelter and under what stipulations if so (no reimbursement, partial reimbursement, needs approval from shelter first, etc)
  - Include euthanasia protocol and requirement that all approval in emergency situations any consideration of euthanasia for a foster animal is subject to shelter approval
  - How contagious disease can spread to other pets and/or humans in-home
  - Emergency situation protocol
  - In the event of euthanasia, foster can be part of the decision, able to say goodbye, normalizing death, focussing on making the best of the time left, and maximizing QOL
    - Video to discuss expectations of certain populations having the possibility of dying/euthanasia
      - Neonates, critical medical, unsafe behavior
      - Include interviews with fosters who have experienced this
- Staff training
  - Soft skills training for staff directly managing foster care



# HUMAN ANIMAL SUPPORT SERVICES

- Management, customer experience agents, veterinarians, veterinary techs, volunteers, social workers, etc
- Online resources
  - [Compassion fatigue training](#)
  - [CE Courses](#)
  - [Animal-Friendly Customer Smartbook](#)
- Providing scripts and/or canned language to help with difficult situations that may arise
  - “Instead of this, say this”
- Predetermined levels identifying when to elevate situations to a manager or supervisor
- Guidelines for how to respond to PR issues
  - Who responds when
  - Wording/language in responses (canned)
  - Further action for follow up
  - Prevention is key: Evaluate how to avoid the situation at hand in the future
- Examine animals outside the clinic (play yards, car, other buildings, etc) to determine if any behaviors need to be discussed between foster and behavior staff
- Clear treatment plans
  - Treatment Checklist
  - Diagnosis or presumptive diagnosis. Ensure this is easy to understand and does not include internal jargon/language
  - Medications: Frequency, dose
  - Tracking sheet: Medications given, symptoms, weight, monitoring instructions
  - Follow up expectations
  - Signs/symptoms of unsuccessful treatment and timeline for when to reach out at each level
  - Clinic contact information: Business hours and emergency
- Utilizing volunteers
  - Transportation for urgent needs and accessibility barriers
  - Medication delivery



	<ul style="list-style-type: none"><li>○ Moderators of support groups for hardship and/or loss<ul style="list-style-type: none"><li>■ Social media</li><li>■ Email group</li><li>■ Through veterinary social workers</li></ul></li><li>● Additional Resources<ul style="list-style-type: none"><li>○ Pet insurance comparisons<ul style="list-style-type: none"><li>■ <a href="#">Dogs</a></li><li>■ <a href="#">Cats</a></li><li>■ <a href="#">Other</a></li></ul></li><li>○ Online Resources:<ul style="list-style-type: none"><li>■ <a href="#">Pet loss support line</a></li><li>■ <a href="#">Grief counseling</a></li></ul></li></ul></li></ul>
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## Foster Pets

Obstacles	Solutions
<ul style="list-style-type: none"><li>● Behavioral fosters backsliding after appointment</li><li>● After-hours emergencies</li><li>● New or worsening illnesses</li></ul>	<ul style="list-style-type: none"><li>● If unexpected or worsening behaviors appear after a medical visit, the foster should receive a consultation with the behavior team<ul style="list-style-type: none"><li>○ Fear-free, low-stress handling, techniques<ul style="list-style-type: none"><li>■ Use treats!</li><li>■ <a href="#">Fear Free behavior content library</a></li><li>■ Utilize peer groups for fosters when available</li><li>■ Pre-medicating for low-stress arrival <b>when approved</b></li></ul></li></ul></li><li>● After hours emergencies:<ul style="list-style-type: none"><li>○ Straightforward plan to be communicated with fosters before taking foster home</li><li>○ Guidelines provided for when to use the emergency line</li><li>○ Telemedicine for triaging after-hours medical concerns<ul style="list-style-type: none"><li>■ <a href="#">Vet Plus More</a></li><li>■ <a href="#">Vet App - Best Friends</a></li></ul></li></ul></li></ul>



	<ul style="list-style-type: none"> <li>○ Vet student and/or tech student program for staffing an after-hours triage helpline</li> <li>○ Staff training on counseling foster caregivers through a non-emergency situation</li> <li>● Utilize telemedicine when possible</li> <li>● Evaluate existing treatment plan for potential updates:             <ul style="list-style-type: none"> <li>○ Use long-acting medications when possible</li> <li>○ Use once daily medications when possible</li> </ul> </li> <li>● Get creative to deliver care             <ul style="list-style-type: none"> <li>○ Encourage foster-to-foster support</li> <li>○ Utilize a volunteer system for animal transport or medication drop off</li> </ul> </li> <li>● Engage in empathetic communication with foster so they are comfortable sharing if they are unable to comply with treatment plans or care</li> </ul>
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## Clinic Staff

Obstacles	Solutions
<ul style="list-style-type: none"> <li>● Communication with fosters             <ul style="list-style-type: none"> <li>○ Unclear clinic expectations from fosters</li> <li>○ Insufficient prior foster education on medical condition</li> <li>○ Soft communication skills for more delicate situations</li> <li>○ Under communication between clinic and fosters (plan, prognosis, expectations, side effects)</li> </ul> </li> <li>● Insufficient time             <ul style="list-style-type: none"> <li>○ Clinic unable to respond fast enough to foster with a critically ill animal</li> <li>○ Slowed response time to general requests</li> <li>○ Lack of time for medical case management follow up</li> <li>○ No time to train fosters on treatment needs</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Clear and easy-to-understand treatment plan communication. Include:             <ul style="list-style-type: none"> <li>○ Easy to understand language (no internal or medical jargon, 8th-grade reading level)</li> <li>○ Checklist</li> <li>○ Info sheets on conditions</li> <li>○ Discharge paperwork (easy to read, short)</li> <li>○ Diagnosis or presumptive diagnosis</li> <li>○ Medication dosage and instructions</li> <li>○ Tracking sheet for medications, symptoms, weight</li> <li>○ Expectations for follow up (frequency and through what device)</li> <li>○ Monitoring/signs if treatment is ineffective and timeline for when to reach out</li> <li>○ Possible emergency situation next steps</li> </ul> </li> </ul>





# HUMAN ANIMAL SUPPORT SERVICES

- Limited clinic staffing
  - Longer wait times for fosters
  - Staff stress
  - Inconsistent point-of-contact for ongoing issues
- Culture/beliefs about care in-house vs in foster
  - Time to communicate needs/train foster caregivers vs. treating in house outright
  - Staff belief that foster caregiver is not capable of providing as adequate of care
- Soft communication skills for staff
  - Default to core values
  - Use role-play scenarios in training (good and bad)
  - Provide canned language to staff
  - Provide protocol for “soft toss” of a situation
  - Treat fosters like VIPs
- Communications with foster caretakers
  - Work through a trained foster coordinator
  - Communicate to fosters what answers they should have prepared for appointments and what questions the clinic staff may have in return
  - Emergencies happen! Create a culture of understanding among foster caretakers that emergency situations may occur and must take priority
  - Provide option for drop off when foster cannot stay for appointments (avoid overnights)
  - Hospitality space for fosters to wait
    - Available snacks, water, garden
    - Set up quiet room if space is available
  - Set up expectations: Steps that need to occur during appointment that may take time
    - Speaking with other vets, tech, etc
    - Staff working with other simultaneous appointments
  - Positive and thankful attitude between clinic staff and foster caretakers
  - Structure/plan in place if something does not go as planned so the foster caretaker is aware of next steps
    - Helpful for both clinic and foster
  - Medical staff work directly with foster to develop relationships
  - Just like adopted animals, foster animals are responsible for follow-up care in the home
  - Clear levels of emergency guidelines to follow



- Specific for medical cases (case management)
- Implement triage communication system
  - Evaluate current communication protocols/avenues
    - Create avenues or limit avenues based on evaluation
  - Pre-book future rechecks at each appointment
  - After hours plan
  - Telehealth services to triage
    - Implement KPI's around telehealth communication
  - Emergency situation protocols are understood by all staff
    - Create quick reference guide
- Clinic efficiency
  - Determine reportable categories: Pull report once a day, month, etc.
  - Run logs for medical cases at the end of each day
  - Use existing, outside resources to train staff
  - Partner with other vet practices in the community
    - [Sample Email to Potential Veterinary Partners](#)
  - Supportive staff huddle to reflect on bad outcomes
    - What could we have done better?
  - Time studies, review efficiency of staff
  - Assigned daily job roles for staff
  - Regular follow up training of medical staff and foster
  - Create a clinic culture that values people
  - Enter thorough and complete notes to help with consistency
  - Highlighting benefits of out-patient vs in-patient care
    - Consider Humane Care for research



	<ul style="list-style-type: none"> <li>○ Create consistent and agreed upon hospitalization criteria             <ul style="list-style-type: none"> <li>■ Is the decision being made out of convenience of the people or the animal?</li> </ul> </li> <li>● Volunteers             <ul style="list-style-type: none"> <li>○ Job descriptions for clinic volunteers</li> <li>○ Foster Mentorship program</li> </ul> </li> </ul>
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## Clinic Infrastructure

Obstacles	Solutions
<ul style="list-style-type: none"> <li>● Insufficient/unreliable software</li> <li>● Inconsistent communication between departments</li> <li>● Not enough phone lines, computers, other communication tools in clinic</li> <li>● Inconsistent preventative medication (flea/heartworm) pick up process</li> <li>● Inability to keep up with case management demand</li> <li>● Scheduling conflicts             <ul style="list-style-type: none"> <li>○ Late arrivals</li> <li>○ Arriving with multiple animals when only one is scheduled</li> <li>○ No identification system from foster to tell litters apart from one another</li> <li>○ Multiple pets with differing issues to diagnose during one appointment</li> <li>○ Less urgent needs prioritized lower on appointment booking may cause foster caretaker frustration</li> </ul> </li> <li>● Staff unable or unwilling to comply due to legal reasons (Unionized agency restrictions)             <ul style="list-style-type: none"> <li>○ On-call, not in job description, etc.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Identify efficient and reliable case tracking software             <ul style="list-style-type: none"> <li>○ Train all staff to use it</li> <li>○ Dedicated staff member to oversee the software &amp; training</li> <li>○ Identify the bare minimum of data that needs tracking and enter in software first as a starting point</li> <li>○ Spend time customizing the software so automation is possible</li> <li>○ Regular staff shelter rounds to add any necessary updates</li> <li>○ Run end of day reports to keep staff informed</li> </ul> </li> <li>● Clinic technology             <ul style="list-style-type: none"> <li>○ Search for grants that can fund technology for non-profit organizations and clinics</li> <li>○ Check with local businesses to see if they have anything they are giving away</li> <li>○ Add tablets, computers, and other needed tech on a public wish list</li> </ul> </li> <li>● Staffing and communication             <ul style="list-style-type: none"> <li>○ Use Microsoft Teams, Slack, Google Rooms, or other communication apps for teams</li> <li>○ Schedule regular meetings with other teams to develop relationships/rapport</li> </ul> </li> </ul>



- Utilize a foster coordinator as a go-between for foster and clinic
- Keep staff job descriptions up-to-date
- Have a tech/other staff on call *on a rotational basis*
- Organize individual work plans to reflect staff skillsets for efficiency
- Create clear, up-to-date staff protocols
  - Include training steps
  - Simple and easy to comprehend
  - Include graphics, flow charts, etc.
  - Posters for clinic
- Develop logistics for efficient preventative distribution and vaccines
  - Use shelter software to track, automate emails to foster caretakers when preventatives are needed soon
    - Run report weekly to plan ahead
  - Create a tracking sheet for fosters to take home for self-tracking
  - Allow for same-day preventative pick up
    - Fosters call an hour beforehand
  - Dispense preventatives when pet goes to foster
  - Schedule in-care vaccine clinics with designated time frame
  - Schedule boosters and follow up appointments prior to pets leaving for foster
  - Utilize volunteers, including veterinary volunteers!
- Foster communications
  - Create clear guidance for foster caretakers on specific medical issues
  - Consider creating a Google Voice line
  - Create clear expectations on primary/preferred communication modes and when to use each
  - Clear level-of-emergency contact information
- Appointments



# HUMAN ANIMAL SUPPORT SERVICES

- Create a culture of understanding if a last-minute appointment needs to be added
- Set expectations in advance with fosters regarding scheduling appointment protocol
- If no appointments are available, have a triage plan for foster communication in the event of inappropriate behavior
- Utilize staff (techs, animal care) to help with triage, tableside, etc
- Have supplies on hand to identify pets
  - Microchips/scanner
  - Nail polish
- Utilize telehealth in place of appointment if unavailable
- Have a backup clinic offer
- Utilize drop-off appointments
- Block of slots each day for emergency walk-in adjustments
- Clear points of contact in various situations (emergency, non-emergency, etc.)

## Clinic Resources and Budget

Obstacles	Solutions
<ul style="list-style-type: none"><li>● Unable to provide sufficient supplies and treatment to ensure foster caregiver success</li><li>● Reallocation of funds<ul style="list-style-type: none"><li>○ Example: Feeding dog in kennel vs. home. This is the same cost but appears like foster is spending more</li></ul></li><li>● Emergency vet care (outsourced)</li></ul>	<ul style="list-style-type: none"><li>● Add supplies needed to Amazon wish list and promote within organization and externally</li><li>● Ask fosters to provide some supplies</li><li>● Partnering with corporations for supplies<ul style="list-style-type: none"><li>○ Example: Shelter feeding programs (Royal Canin, etc.)</li></ul></li><li>● Don't restrict in-kind donations</li><li>● Partner with hospitals, nurses, veterinarians, nursing homes, pet stores, etc.<ul style="list-style-type: none"><li>○ <a href="#">Sample Email to Potential Veterinary Partners</a></li></ul></li><li>● Donation drive<ul style="list-style-type: none"><li>○ Examples: Kitten baby shower, kitten kits, puppy party</li></ul></li></ul>



- Apply for grants for supplies
- Create a “foster sharing” space
  - Allow donated items to be placed in a central location where fosters can leave an item, take an item, or both.
- Do **regular** medical chip-ins on social to raise \$ for a specific pet’s treatment

## Communications Guide

### Overview

The goal of this toolkit is to provide tips and tricks for clear and effective communication between medical staff and foster caregivers and to help foster caregivers to feel like VIPs.

### What Problem is this Communication Guide Trying to Solve?

Keeping up with foster communication in a busy shelter clinic can be a challenge. When we identify the underlying problems we can continue to increase capacity for care and reduce staff stress.

A few examples we can solve are:

- The underutilization of foster homes used for medical care.
- Setting expectations through [foster diplomacy](#) from the beginning; from the individual patient to the available shelter resources
- Streamline communication needs and increase the capacity of foster homes.
- Understand the foster caregiver/foster pet bond
- Work through differences of opinion on the course of treatment and second opinion requests
- Use empathy to acknowledge the fosters’ feelings and diplomacy to persuade their beliefs when dealing with an internal culture of “we know best, we own the pet”
- The lack of communication training available to staff
- Increased, individual, human interactions in a busy work environment can cause strain on available resources
  - Insufficient communication with foster caregivers in
- Adequate foster support, instruction, and training
  - Individual animal care
  - Understanding shelter work process and resource limitations



## Getting Started

Organizations can start by completing this [self-assessment](#) to identify gaps in the current communication processes. You can also review this guide on [Components Needed to Serve People and Pets Well](#). Depending on your shelter and clinic structure, some of these components will not be immediate needs, while others will. For example, a focus on customer service, a process for communication with fosters, and time created to communicate with fosters will be necessary for most, while peer-to-peer support, transportation support, and training videos can be implemented after an effective communication strategy is implemented. Clinics should also examine how their staff communicate with one another, internally. Internal staff communication sets the tone for how we will communicate outside of the team.

*Note: If you prefer not to use the standalone links above, both the self-assessment and components are covered in the next two sections of this toolkit.*

## Implementation Example

“We converted one of our old cat rooms into a second treatment room and hired a second veterinarian to work afternoons. While our main veterinarian performs surgeries for the majority of the day, our other vet will be available for foster appointments all afternoon and will have a separate space for exams and treatment. We hope this works out well and that our foster parents feel like they have access to medical support at all times throughout the week. Since we will be able to increase our surgery capacity, fosters will now be able to schedule their foster pets for spay/neuter surgery prior to adoption. All fosters are sent a link to sign up for spay/neuter, booster appointments, general vet checks, etc. As soon as they make the appointment, it gets added to our calendar so we can organize the schedule and know who is coming in for services. Hoping this will be a big win for us!”

Michelle Casey  
Associate Director, Campaign Manager  
[Central Missouri Humane Society](#)

## Considerations

Shelter Clinic leadership should consider where clinics have failed in providing excellent communication in the past.

Below are common areas of difficulty:

- Lack of time
  - Pets in kennels vs. communication with fosters. It is quicker to treat pets when there is not a person attached.
  - When the number of fosters is high, they may have trouble keeping up with demand.



# HUMAN ANIMAL SUPPORT SERVICES

- Interpersonal communication skills (soft skills- emotional intelligence, active listening, etc.)
- Training (ensuring that fosters know [what an emergency is](#), etc.)
- Infrastructure
  - Software
  - Protocols, etc.
  - Scheduling
- Foster-related factors
  - Expectations of the fosters
  - Foster compliance with the treatment plan, monitoring
- Staffing
  - Creating positions or roles that are dedicated to foster caregivers
- Difference in treatment methods (between vets)
  - Can be confusing to fosters
- Program-related challenges
  - Foster-to-Adopt, hospice, etc.
- Communication between departments
- Organizational culture and beliefs
- Funding/budget
- [After hours emergencies](#)

## Potential Benefits

- Fewer complaints
- Fewer clarification needs and conversations
- Less time spent per animal means fewer complications, fewer follow-ups needed
- Foster satisfaction, retention & good reviews - there should be a survey or place to provide feedback, foster peer referral

## What Does Success Look Like?

- Active listening with validating responses
  - [Veterinary Practice Tips: Amanda Donnelly on Active Listening](#)
  - [Why Listening is an Important Skill](#)
  - [Active Listening Matters in Health Care](#)
- Quick response times. See the Austin Pets Alive! [Clinic Service Agreement](#) example.
- Setting expectations ahead of time
  - Align goals of the clinic with the foster - mutual agreement (i.e. animals with chronic conditions such as seizures, chronic rhinitis, behavior dogs)
    - See this Austin Pets Alive! [Medical Consult Addendum](#) example
  - Limitations within the clinic





# HUMAN ANIMAL SUPPORT SERVICES

- Austin Pets Alive! Resource [How We Make Medical Decisions](#)
- Austin Pets Alive! Resource [Acute and Chronic Renal Disease](#)
- Follow-through and accountability (i.e. sending videos, email updates, filling a medication, etc)
- Succinct and simple explanations
- Providing the knowledge needed: Medications (side effects), monitor, when to update/recheck, when to expect illness to improve, and when to reach out.

## Success Story

“We started using a medical department email that the medical team all works to check. This way our foster coordinator or the fosters can email the medical team directly and ask questions about their foster pets. This has helped speed up response time and track responses or conversations between us and the foster, which is great.

I also set up a google number for medical emergencies that we can give out to fosters to utilize in case of an after-hours emergency.

Previously the process was the fosters emailed or called the foster coordinator. The foster coordinator was then having to find someone from the medical team in person or via email to ask them their thoughts. This led to longer response times or particular team members getting bogged down. It also led to our foster coordinator getting bogged down. With the medical email even if she has to forward the initial email we then can utilize the email to ask the foster follow-up questions or for pictures/videos. It also helps the entire team know what’s going on as they can refer to the email thread if it is something that is still in process.”

Laura Person

Medical Manager

[Cincinnati Animal CARE](#)

## Tips and Tricks for Excellent Communication

- Being a good communicator starts with communicating well with your co-workers - document and share expectations, form good habits
- Showing Empathy - [The Power of Empathy](#)
- Recruit and train volunteer medical/technician mentors or liaisons
  - Job descriptions:
    - [Austin Pets Alive! Dog Foster Mentor Job Description](#)
    - [Cat Adoption Team Job Descriptions](#) - Foster Mentor
- Have handouts available for common medical conditions
  - See Austin Pets Alive! [Severe Upper and Lower Respiratory Infections Handout](#)
- Use and share outside resources ([Veterinary Partner](#), [VCA Hospitals](#))



# HUMAN ANIMAL SUPPORT SERVICES

- Verify any external resources shared first to make sure they reflect your needs.
- Create automated email responses for frequently asked questions, appointment confirmations, etc.
- [Smooth Discharge example](#)
- Have a plan for someone to “tag you out” by requesting assistance or texting you if/when a conversation goes on too long
- Encourage the foster caretaker to take notes or videos when being taught a new skill (Subcutaneous fluids, injections, oral medication administration, etc.)
- Teach foster caregivers the skill and have them demonstrate it prior to leaving.
  - “See one, do one, teach one”
- Written communication whenever extensive information was given (appointment/hospital summary document)
  - Austin Pets Alive! Wellness Exam Form - [See bottom of page 3](#)
  - [Hospital Discharge Communication](#)
- Ask partner clinics how they would like to be communicated with and check-in quarterly or bi-annually.
  - Is it ok for foster caregivers to communicate directly with them?
  - Do they prefer a single point of contact?
  - Do they prefer email, phone, text, etc?

## Supporting Resources

- Textbook
  - [Exceptional Customer Experience: 80 Tips for Compassionate Care, Clear Communication, and Authentic Client Connections](#)
- Articles
  - [The importance of communication skills in veterinary medicine, VETgirl Veterinary Continuing Education Blog](#)
  - [Master this veterinary procedure: Client communication](#)
  - [Active Listening Matters in Health Care](#)
  - [Sample Script: Smooth Discharge](#)
  - [Tone and Volume for Your Client Communications](#)
- Websites
  - [Veterinary Partner](#)
  - [DoveLewis](#)
  - [VCAHospitals](#)
- Documents
  - [Clinic Communication Self Assessment](#)
  - [Components Needed to Serve People and Pets Well](#)
  - [Austin Pets Alive! Clinic Service Agreement](#)



- [Austin Pets Alive: How We Make Medical Decisions](#)
- [Acute and Chronic Renal Disease](#)
- [Austin Pets Alive! Dog Foster Mentor Job Description](#)
- [Cat Adoption Team Foster Mentor Job Description](#)
- [Austin Pets Alive! Severe Upper and Lower Respiratory Infections Handout](#)
- [Austin Pets Alive! Foster discharge communication - APA! Wellness Exam Form: See bottom of page 3](#)
- [Hospital Discharge Communication](#)
- [Austin Pets Alive! Medical Consult Addendum](#)
- [Levels of Emergencies Flow Chart](#)
- [Foster Care Emergency Protocol](#)
- Videos
  - [Why Listening is an Important Skill](#)
  - [Veterinary Practice Tips: Amanda Donnelly on Active Listening](#)
  - [The Power of Empathy](#)
- Real-life Examples
  - [Email complaint resolution](#)

## Shelter Clinic Communication Self-Assessment

1. On average \_\_\_ percentage of animals in care are in foster homes.
  - a. Less than 25% → **See section 2**
  - b. More than 25% → **See section 3**
2. If less than 25% of animals in care are in foster homes:
  - a. Does your organization currently have a medical foster plea process in place?
    - i. Determine which animals to include. Consider the following options for “low hanging fruit” starting points:
      1. Pets with mild contagious diseases such as URI, ringworm, and diarrhea; This alleviates onsite care and expedites recovery in a home setting.
      2. Pets under stress in the shelter that may or may not require anti-anxiety medication.
      3. Pets with minor wounds that require monitoring only
      4. Pets that require crate rest or other low-activity households
    - ii. Together with the foster team create a communication plan for foster caregivers. Include medications and pertinent medical information at the time of pick up
      1. Includes next steps and return information



2. Create a medical/medications discharge form for fosters so they have the information they need when taking home an animal on medications, even commonly used medications
3. If more than 25% of animals are in foster care:
  - a. Do you have a documented clinic communication tree?
    - i. Example: How do fosters contact the clinic? Who do they contact and in what order?
    - ii. Communication procedures should be in place for 7 days a week, including:
      1. Process for handling overnight emergencies
      2. Automated communication when possible
        - a. Example: Email follow-up, medication refills, recheck reminders
      3. Process for foster caretakers to have medical questions answered in a timely manner
      4. Information for foster caretakers regarding the shelter's medical resources
        - a. Provided upfront before taking a foster pet home and easily accessible after
  - b. Do you have an appointment scheduling process?
    - i. Example: [Scheduling with FullSlate- Andrea Giorgio.mp4](#)
  - c. If you use partner clinics, do you have a communication process established?
    - i. Provided upfront before taking a foster pet home and easily accessible after
    - ii. [Sample Email to Potential Veterinary Partners](#)

If you answered “no” to any questions in section 3, they should be considered gaps in your foster communications and areas where the organization can look to improve how the clinic interacts with foster caregivers. Utilize the examples provided to fill in any necessary gaps in service to create more efficient communication.

## Components Necessary to Serve People and Pets in Foster Well

### Tier 1: Top Priority Components

1. **Ability to schedule appointments** (preferably automated)
  - a. Consider the amount of time needed for specific tasks (i.e. vaccine appointments may take 15 minutes while splint changes may take one hour)
  - b. Create a protocol for determining if an in-person appointment is needed, how many foster pets can be seen during an appointment, urgency, etc.



2. Medical Clinic **policies and mission statements** are used to communicate to fosters, staff, volunteers, and all other stakeholders
  - a. Should contain expectations for working with a shelter clinic with limited time and resources trying to save as many animals as possible
    - i. Should be shared widely
  - b. See Austin Pets Alive! example [here](#).
3. Process for **communications** with foster caregivers. Consider differently technology platforms:
  - a. Email, chat functions, Zoom, Google Meet, Waitwhile, etc
4. Evaluate allotted **time to communicate** with fosters:
  - a. Look at models:
    - i. Designated tech(s)
    - ii. Direct communication with a vet when indicated (and/or when a vet is available)
  - b. Time for in-person training (SubQ fluids, etc.)
5. **Space** available
  - a. Exam space
  - b. Waiting area

## Tier 2: Streamline Basic Processes for Higher Efficiency

1. Focus on better customer service
  - a. A balance will need to be made for meeting fosters emotional needs while still acknowledging the shelter staff's limited time and resources
2. Effective triage process that maximally utilizes medical protocols and support staff
  - a. Indicate clinic support staff's primary responsibilities
  - b. Vet to prioritize time seeing non-routine and chronic conditions
  - c. Person triaging inquiry needs to be responsible for determining urgency
  - d. Virtual care
3. Medical/Hospital discharge form(s)
  - a. Automated as much as possible, possibly using shelter software
  - b. Current medications and what they are for
  - c. Symptoms to watch for
  - d. Health history form
  - e. Restrictions
  - f. Next steps
    - i. Create a process for scheduling follow-up
    - ii. Telehealth follow-up appointment if possible
    - iii. If in-person is needed, make an appointment before they leave
  - g. [Medication tracker and monitoring sheet](#)



- h. Diagnosis or presumptive diagnosis
  - i. Create a checkbox template with the most common options and “other” lines
- 4. Education/Fact Sheets
  - a. Common illness/injury information is readily available
    - i. URI
    - ii. Mange
    - iii. Internal parasites
  - b. Chronic illness information is readily available
    - i. CKD
    - ii. Diabetes
  - c. Transparent contagious disease and care information
  - d. Emergency service accessibility
  - e. Clear process for who to contact and what the steps are
  - f. Definition of what an emergency is (uncontrollable bleeding, etc.)
    - i. Notate the responsibility is not foster’s to determine and to contact with any urgent questions
- 5. Consider peer-to-peer support
  - a. Social media groups
  - b. Foster Mentors
- 6. Transportation support
  - a. Consider utilizing volunteers
- 7. Training videos for foster caregivers
- 8. Translation of materials, training documents, and more into other languages

### Tier 3: Maximizing Resources and Processes for the Highest Efficiency

- 1. Medical-specific supplies provided to foster caregivers
  - a. Specialty item, difficult to obtain for the clinic
    - i. Provide as-needed, only if foster cannot provide
      - 1. Examples: Nebulizing, portable oxygen machines, wheelchairs

## Virtual Care

### What is Virtual Care?

In human medicine, Virtual Care “is a broad term that encompasses all the ways healthcare providers remotely interact with their patients. In addition to treating patients via telemedicine, providers may use live video, audio, and instant messaging to communicate with their patients remotely” ([source](#)).



Through Virtual Care, shelter clinics can do the same as human medicine, to create an effective triage process that allows the clinic and staff to quickly provide care, advice, and support to foster caregivers to a large number of animals and people.

## What Problem is Virtual Care Trying to Solve?

In the foster-centric model, the goal is that at least 50% of pets are housed in foster caregiver homes. Most shelter clinics are structured to provide care for animals in a kennel, which can seem easier because there is no advocate (i.e. foster caregiver) asking questions and requiring an explanation of care and treatment.

This toolkit will help you address common problems that foster-facing clinics run into when not prepared to serve pets and people concurrently:

- Increase in number of animals needing appointments but no increase in designated foster time
- Under-utilization and inefficient use of veterinarians and veterinary staff time
  - See these articles about efficient use of time
    - [The Most Underutilized Resources in Your Clinic](#)
    - [How to be a more efficient veterinarian | VETgirl Veterinary CE Blog](#)
- Delays in addressing medical conditions
- Barriers for fosters: Loading pets, schedule conflicts, quick responses to questions, emergency plan, lack of communication tree
  - [Emergency plan](#)
  - [5 Tips for effective foster communication](#)
- Loss of medical records and other communications

## Getting Started

Before talking to stakeholders about implementing Virtual Care or increasing existing Virtual Care services, identify what is not working in the current model.

- What is the problem you are seeing in the clinic?
- How is it affecting the animals?
- How is it affecting the foster caregivers?
- How is it affecting the clinic staff?
- How is it affecting overall care?

Use the answers to these questions to draft a pilot program that provides practical solutions utilizing Virtual Care.



You should educate yourself on your local ordinances and state laws to verify what type of telemedicine is allowed and if you have an owner exemption. For example, in Texas, shelters own the animals and therefore providing telemedicine to foster animals is legal whereas it is not legal for a private practice veterinarian to provide telemedicine to an owned animal.

Consider how open your veterinarian and vet staff have been historically to virtual care. If your vet staff is not very comfortable with this type of care you'll want to start small.

### **Areas to Start With Conservative Teams**

- Dermatological rechecks via photos or video
- Surgical incision rechecks via photos or video
- Rechecks of common illnesses/issues
- Long term medication rechecks/refills
- Mild illness symptom tracking

### **Areas to Start With Teams Open to Virtual Care Utilization**

- Protocols used via virtual care for mild common illness such as diarrhea, URI when the pet is reported to be doing well otherwise
  - [URI Sample Treatment Protocol](#)
- Videos of limping
- Rechecks/Updates
- Litter box issues (crying, etc)
- Moderate illness symptom tracking
- Triage possible emergencies after-hours
- Palliative care
- Chronic conditions

### **Areas to Expand Virtual Care**

- Videos of possible seizure activity or other abnormal neuro issues being reported
- Troubleshooting: feeding tubes, bandaging, etc
- At home blood glucose curves
- Severe illness symptom tracking

### **Considerations**

- Determine if you will be providing synchronous (real-time) or asynchronous (not real-time) virtual care, or both.
- Get organized
  - Determining hierarchy of medical work process. See [Cincinnati CARE communication tree](#) example
    - Who is the first point of contact (staff/volunteers) for fosters?





# HUMAN ANIMAL SUPPORT SERVICES

- Do they have the knowledge they need to triage appropriately?
- If the first person isn't equipped to respond, who do they consult with?
- Determine response time goals (i.e. email response within 24hrs; call if matter urgent). See the [Austin Pets Alive Service Agreement](#).
- Who is ultimately responsible for responding to the foster?
- Does the first point of contact need to gather more information?
  - First point of contact should have access to all animals' medical records
  - If there is no medical team:
    - Determine how communication with contracted vet will be done: Does foster need approval from shelter to contact contracted veterinary clinic? Does the communication with the contracting vet clinic need to happen with the foster or the clinic staff?
    - Consider taking work-load off of the contracting vet when able to maintain a good working relationship with them (i.e. shelter staff can be the liaison between the med clinic and the foster to approve treatments, relay important clinical history. Foster can still be utilized to do transport, clinic tech could still do discharge instructions directly to foster )
- Have a process for gathering pertinent medical information
  - Medical history questionnaire, or similar
- Have a process or policy for noting the medical history gathered as well as the plan that was determined in the medical chart
  - Relaying to fosters what the “new method” of reporting medical concerns is going to be (i.e. new email address, form to fill out, app to download, etc)
- Medical protocols should be utilized. These will be essential for medical staff/technicians to follow to successfully utilize virtual care.
- Have an emergency plan. Virtual Care is an effective tool to triage possible emergency cases after-hours to avoid costly emergency clinic bills and/or staff time.

## Potential Challenges and Solutions

Challenge	Solution
State laws around telemedicine vary: Check your state laws to ensure you are allowed to practice.	<ul style="list-style-type: none"> <li>- The law may not be straightforward for shelters practicing telemedicine. Check with other shelter veterinary staff members in your state if they practice telemedicine</li> <li>- <b>Check for owner exemptions. In most cases, shelters/rescues own the animals and virtual care is within owner exemption laws.</b></li> </ul>



# HUMAN ANIMAL SUPPORT SERVICES

	<ul style="list-style-type: none"><li>- Consider making your veterinarian a staff member even if contract or part-time.</li></ul>
Fear of missing medical conditions due to lack of physical exam.	<ul style="list-style-type: none"><li>- Request pictures, videos, etc. to look for signs of distress specific to the condition</li><li>- <b>Be specific about when the foster caregiver should reach back out if not improving or worsening</b></li><li>- When appropriate, tell fosters what an emergency would look like and what they should do</li><li>- Medical protocols will be key to successfully and confidently providing virtual care. These protocols should outline when telemedicine can be utilized as well as specifically screen for worst-case conditions (i.e. puppy with parvo) in which in-person or more urgent care is needed</li><li>- Create a culture of forgiveness. One of the most important positive cultural cornerstones is allowing for open discussion, without placing blame, when things don't go the way we hoped</li><li>- <b>Debrief as a group when virtual care failed to identify a serious illness/injury. What could have been done differently if anything? Does the protocol or SOP need to change based on this case?</b></li><li>- Keep track of these failures to better understand where gaps in care may be</li><li>- <b>Keep in mind that when done correctly, the benefit of telemedicine far outweighs the cost of when something is missed - at the end of the day, telemedicine is allowing for far more animals to be helped</b></li></ul>
Medical record-keeping: Entering virtual care records can be time-intensive, and sometimes forgotten given the high volume of animals in foster care. If there are multiple modes of communication being utilized (emails, phone, text, social media groups, or even multiple email threads), this challenge can be amplified	<ul style="list-style-type: none"><li>- Set limitations and boundaries for the staff and foster caregivers. For example, fosters should stick to one mode of communication (i.e. Email thread) unless the medical condition appears urgent. <b>The shelter/clinic should only stick to a small number of modes of communication to reduce the chance of encountering this challenge</b></li><li>- Clinic manager needs to enforce entering communications correctly into the record. If an individual is consistently not entering records, this should be addressed with them one-on-one</li></ul>
Recognizing when an issue cannot be resolved via virtual care.	<ul style="list-style-type: none"><li>- Having medical protocols that outline when an animal needs to be seen in person versus can safely be prescribed treatment via telemedicine</li><li>- <b>Encourage staff (especially newer team members) to ask questions frequently to ensure they are properly following medical protocols, and seeking advice for next steps if there is not a protocol for the medical condition</b></li><li>- If an appointment is needed, schedule it in an appropriate time frame based on the urgency of the condition, This may require consulting with a senior tech or veterinarian</li></ul>
Adequately staffing to allow for virtual care.	<ul style="list-style-type: none"><li>- <b>Schedule designated time throughout the day to devote to virtual care (time for answering emails, filling medications, video-chatting or otherwise communicating with the caregiver)</b></li></ul>



	<ul style="list-style-type: none"><li>- Ensure that any equipment that may be needed by staff conducting virtual care is available and in working order when they need it. (i.e. Up-to-date computers, sufficient internet connection)</li><li>- <b>Set boundaries for communication and timing with foster caregivers and staff. For example, remind ALL fosters at the beginning of a video conference that the appointment is 15 minutes long so to stay focused and include important details efficiently</b></li><li>- Create streamlined standard operating procedures that make it easy for staff to provide virtual care and keep records</li><li>- Train/provide guidance to foster caregivers and staff on what will be required of them for virtual care and what technology they will need to use</li></ul>
Ensuring quality responses in a timely manner.	<ul style="list-style-type: none"><li>- Set clear expectations with staff and volunteers</li><li>- <b>Ensure every point of contact on the communication tree is necessary and efficient</b></li><li>- Automate as much as possible. Create automated clinic responses and/or forms so staff do not forget to ask any important questions. Avoid asking irrelevant questions not pertaining to the problem or concern at hand on forms</li><li>- Ensure that fosters understand what mode of communication they need to use and when for urgent and non-urgent matters</li><li>- Avoid having multiple or too many unresolved virtual care consultations pending.</li><li>- <b>Provide fosters time frames for responses. (i.e. Please send a picture by 3pm)</b></li><li>- <b>Create a way to keep track of unresolved consultations. Examples: Don't archive or delete emails from inbox; create a daily spreadsheet/log; use a database if possible using reminders; memos</b></li></ul>
Technology (connectivity, limited bandwidth, access to computers, inexperience)	<ul style="list-style-type: none"><li>- <b>Ask for donations of equipment such as computers, tablets, routers, keyboards, and mice, extra screens</b></li><li>- Ask for volunteers to provide IT support and assistance on a regular and recurring basis</li><li>- Provide how-tos for staff and fosters on current software or other technology being used</li><li>- <b>Have a backup plan for when the internet goes down or other likely outages</b></li><li>- Use up-to-date computers. Old and poorly performing computers significantly decrease efficiency, lead to frustration, and decrease trust in technology</li></ul>

## What is Needed to Implement Virtual Care?

- Supplies
  - Sufficient computers
  - WiFi bandwidth
  - Phones
  - Email box creation



# HUMAN ANIMAL SUPPORT SERVICES

- Google number
  - Zoom (or other) account
- People
  - Staff or volunteers to respond to virtual care inquiries (emails, forms, chats, etc) readily available, as well as fill medications that were prescribed
- Readily available resources
  - Online info sheets
  - Weblinks
  - Video tutorials
- Well documented processes
  - SOPs for how virtual care is to be executed
  - SOP or guideline for when a virtual care consultation needs to become an in-person appointment

## Potential Benefits

- Improve customer satisfaction
- Save money
- Save staff time
- Build community engagement
- Grow volunteer support
- Improve morale within the shelter
- Reduce the number of animals housed in the shelter
- Decrease length of stay in the shelter
- Learn more about animals in your care
- Improve humane care in the shelter
- Decrease risk of zoonotic disease transfer
- Move animals through the shelter system faster
- Other: Animal needs are being addressed quickly, foster caregivers are not being inconvenienced by unnecessary trips to the clinic, reduced animal stress, increase in-clinic care capacity

## What Does Success Look Like?

Once virtual care is implemented, the process should feel like a well oiled machine. Foster animals' needs are addressed quickly. Foster care providers feel that their concerns for their animals are heard and resolved in a timely manner. The clinic is able to manage a large volume of animals in foster care, and the animals that are seen on-site are the ones that need to come in for an in-person examination.



You may see an increase in foster satisfaction, recruitment and retention. More fosters may take pets who require medical care, will gain confidence in their ability to care for them, and repeat medical fosters. You may also see an increase in sick animals, since healthy animals are being addressed via virtual care. Your shelter clinic may feel more like an ER or internal medicine care facility. At first glance staff may feel as though there are more sick patients than healthy, however, it is because healthy patients and sick patients are being triaged appropriately.

## Success Story

### **Austin Pets Alive:**

“Sashi is a 4-month-old kitten that recently went to a foster home 3 days ago. The foster emails the clinic concerned that she seems to have a cold. The clinic staff obtained the following information via **email**: Sashi started having yellow nasal discharge last night, sneezing, and lowered appetite. A one-minute video is sent of Sashi which shows moderate nasal discharge, audible congestion, but an otherwise bright kitten. The foster reports that she is still eating about 80% of her meals, she is playful (but not as much as the first few days), her bowel movements and urination are normal, and there have been no instances of vomiting.

A **clinic technician** responds to this email saying that Sashi is likely having a herpes flare-up and the clinic is going to prescribe some doxycycline for 10 days, which is ready for pick up today. They recommend putting her in a steam room to help with the congestion. Foster is instructed to monitor for further loss of appetite or if nasal discharge does not improve within 3-5 days, and to reach out if so.”

### **Cincinnati Animal CARE:**

“Karen is a 2-year-old dog that went to a foster home 4 days ago. The foster **emailed** with concerns about Karen coughing. The email was forwarded to the Medical team from the Foster Coordinator and the following information was able to be obtained via email: I’ve had Karen for a few days and she is having repeated episodes of coughing and sneezing. Sometimes it seems like she is trying to cough up something, but nothing comes up. She is eating and drinking well. Karen hasn’t had a nasal discharge. Her eyes look a little watery but not much eye goop. She has played with two toys, but I watch her while she plays with them. The toys aren’t missing any pieces. I’ve attached a video of her during a sneezing/coughing fit. This now happens over 10 times a day.

Response from Clinic Technician:

A **clinic technician** responds to this email saying It looks like Karen has Kennel cough based on what you are seeing and the video you sent over (Thank you so much for sending this video!). We can fill medications today for you to pick up for Karen. They will be ready for pick up anytime between 12p-6p today and can be picked up at the front desk. Please start the medication when you get home today. She will get 1 capsule twice a day (morning and night) for the next 14 days. Ideally, this medication should be given with food to avoid an upset stomach. If you notice any other symptoms or she seems to be worsening despite the medication, please don't hesitate to reach out.”



## Supporting Resources

### General

- [Austin Pets Alive After Hours Emergencies](#)
- [Email Response Expectations](#)
- [Austin Pets Alive Medical Clinic Request Foster Google Form](#)
- [Virtual Care Definition](#)
- [Foster Centric Model](#)
- [One Tail at a Time Foster Emergencies](#)
- [ASPCA 5 Tips for effective foster communication](#)

### Web Articles

- [The Most Underutilized Resources in Your Clinic](#)
- [How to be a more efficient veterinarian | VETgirl Veterinary CE Blog](#)

### Other

- [URI Sample Treatment Protocol](#)