


Capacity for Care

As Important Now As It Ever Was

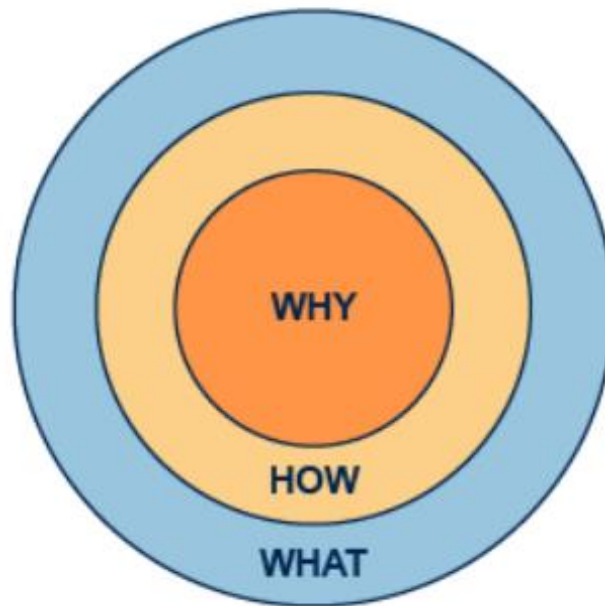
Sarah Hicks, Outreach Veterinarian

University of Wisconsin Shelter Medicine Program

- 
- A tiger is walking on a rocky path in a zoo enclosure. The tiger is orange with black stripes and is looking towards the left. In the background, there are some green plants and a building.
- 2013 Grad of LSU School of Veterinary Medicine
 - Mixed animal practice in rural Louisiana
 - Staff veterinarian at Companion Animal Alliance Baton Rouge Louisiana
 - Interim Director CAA
 - Medical Director CAA
 - Maddie's UCD UW Fellowship 2020-2021
 - Outreach Veterinarian for UW SMP 2022

Roadmap

What's our Why



- **WHY**
Your purpose, why do you do what you do
- **HOW**
You do what you do
- **WHAT**
You do and your results

 [Maximise](#)

Figure 3 Simon Sinek's 'Golden Circle' (2009)

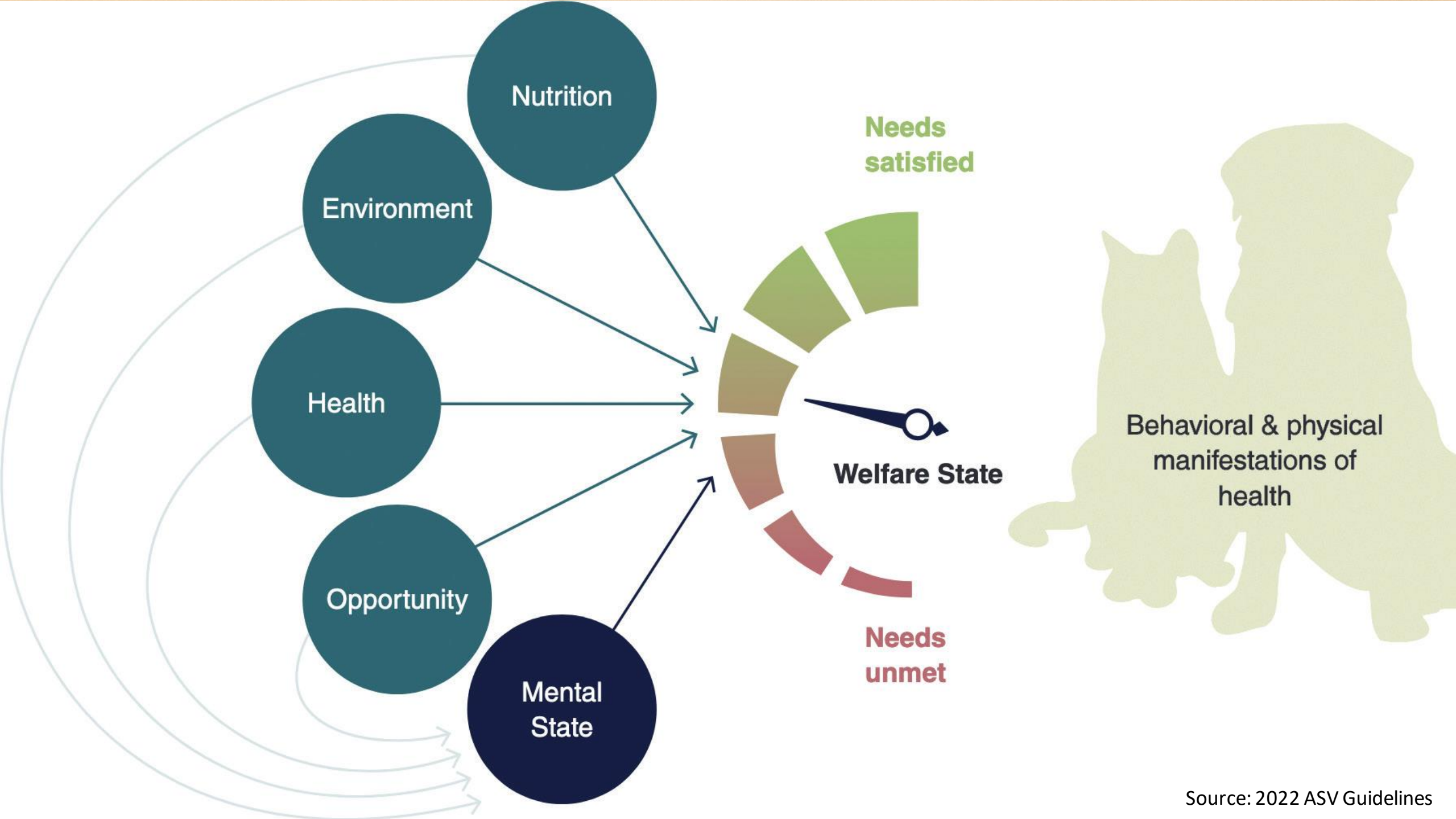
WHY

Pause:

-
- Why is Capacity for Care important?

The 5 Freedoms plus 1





Challenges of Sheltering Today



- Long Stays
- Staffing
- Crowding

Pause:

- What is capacity for care?
 - What is your definition?
 - What does it feel like?

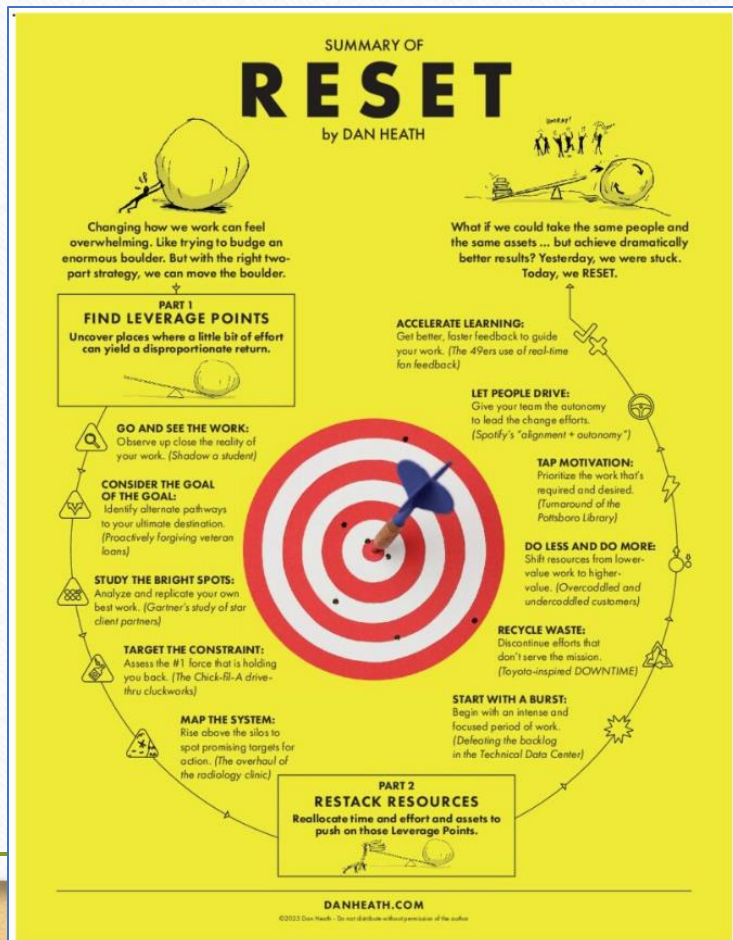
For Your Consideration

- **Our most commonly used one..." (operating within) We match the number of animals in our care with the resources we have in order to assure that we meet the needs of every animal admitted"**
- "Individual animals are managed in consideration of the shelter's ability to provide care for that animal and their entire population in a manner consistent with the guidelines outlined in this document"- ASV Guidelines
- "Intentional and active population management, considering each animal and considering the current resources of the shelter"

“[The] capacity to provide humane care has limits for every organization... When a population is not managed within an organization’s capacity for care, other standards of care become difficult or impossible to maintain.” – ASV Guidelines

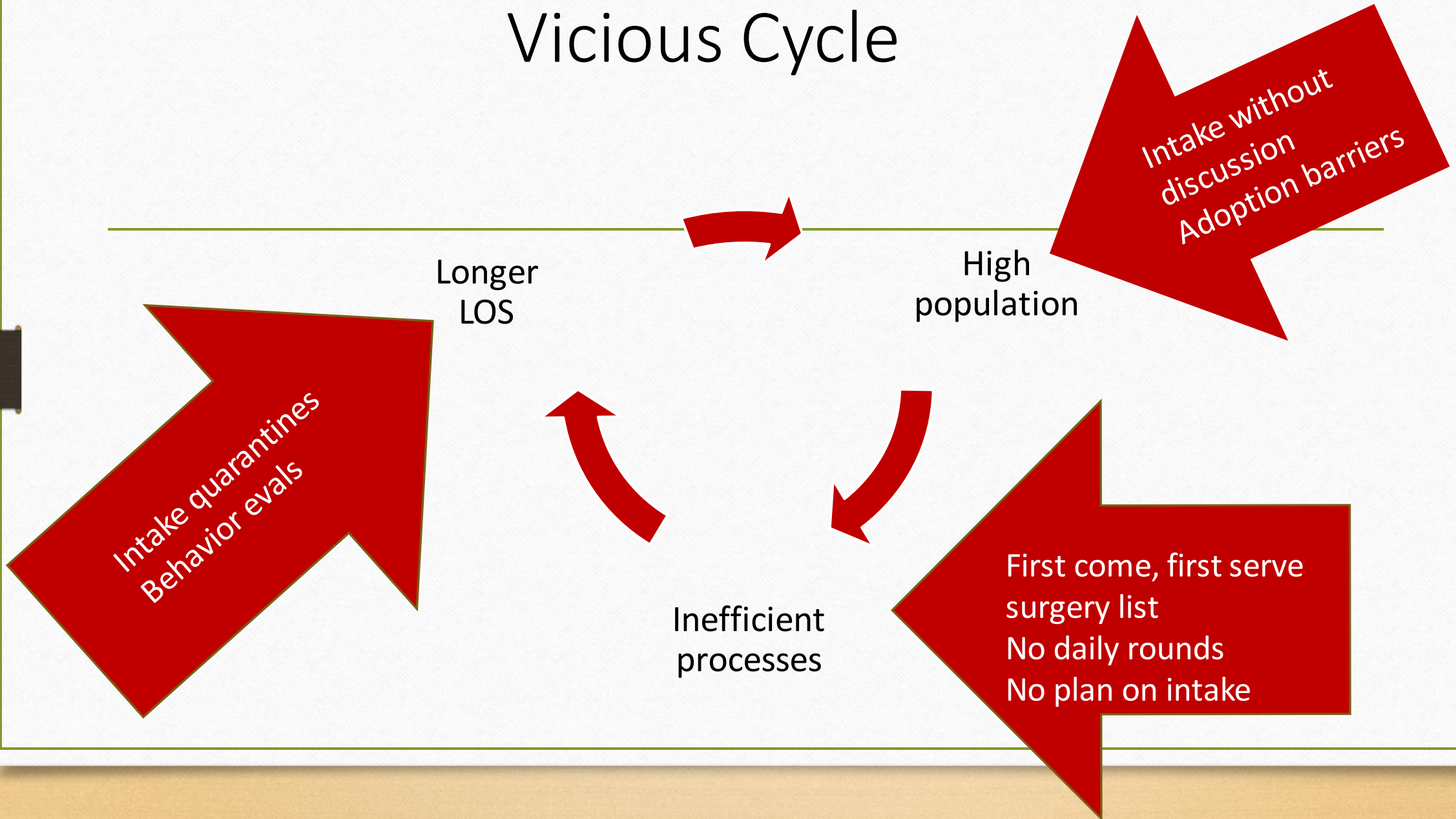


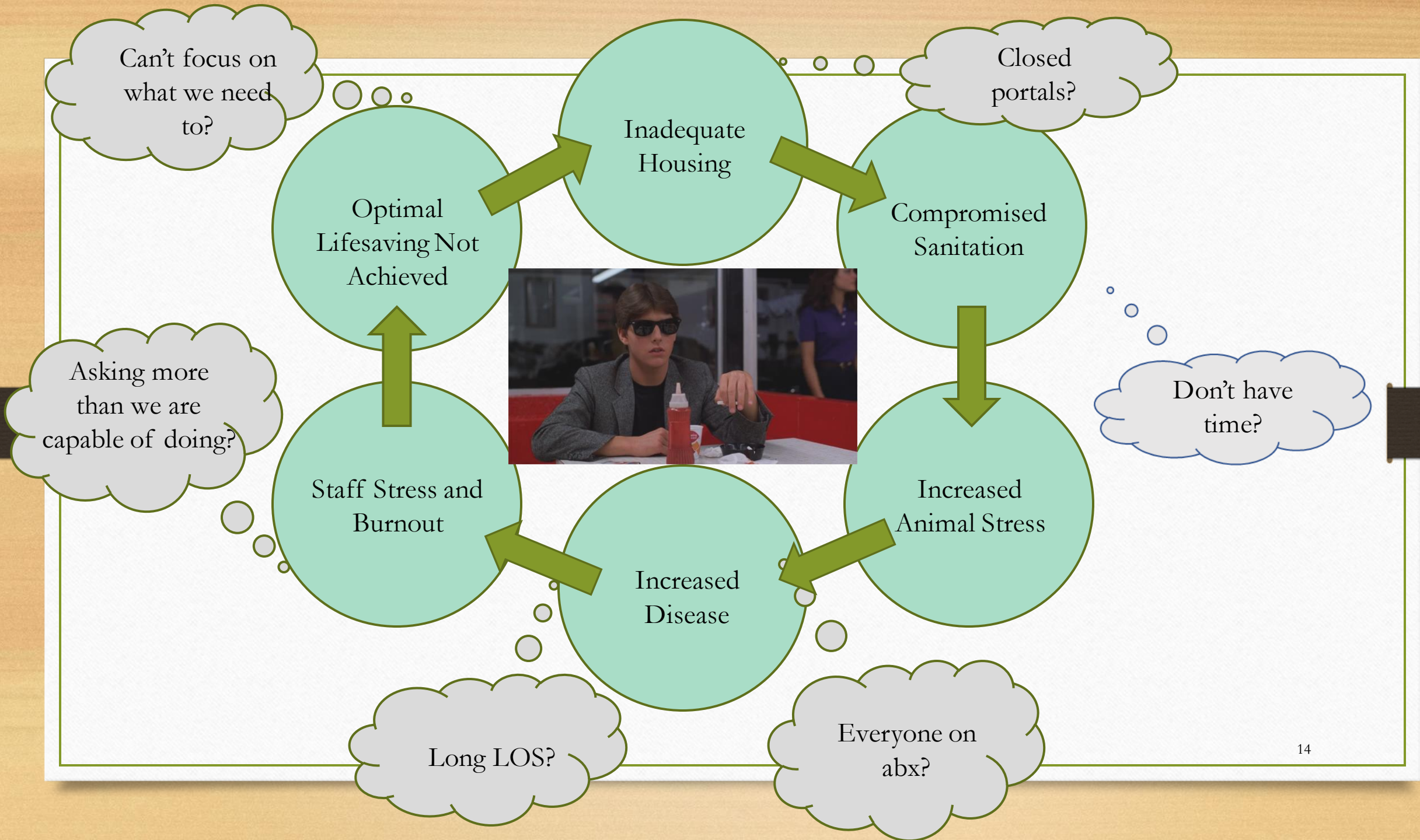
Self-Perpetuating Systems



rethink the way they worked. As Paul Batalden, a health care expert, once said: “Every system is perfectly designed to get the results it gets.” Meaning that once you change your aspiration—when you set your sights on *different results*—the system you have is wrong, by definition. Because the system is designed, intentionally or not, to yield the results you got yesterday.

Vicious Cycle





2022 ASV Guidelines

Operating beyond an organization's capacity for care is an unacceptable practice.

When shelter populations tax the organization's ability to provide care for their animals, living conditions worsen, and population health and well-being are compromised.

When Doing Wrong Feels So Right: Normalization of Deviance

Mary R Price ¹, Teresa C Williams

Affiliations + expand

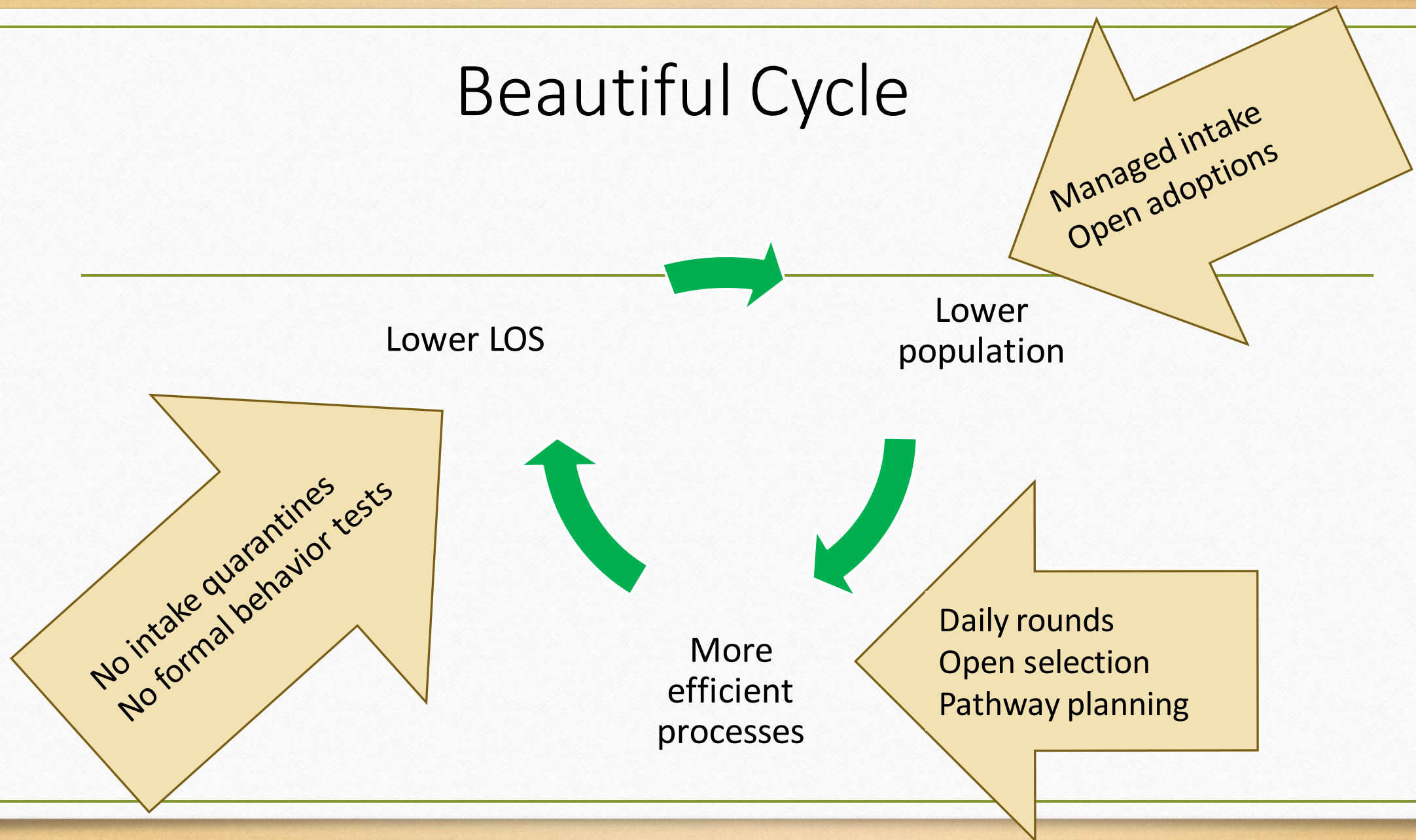
PMID: 25742063 DOI: [10.1097/PTS.0000000000000157](https://doi.org/10.1097/PTS.0000000000000157)

Abstract

Normalization of deviance is a term coined by Diane Vaughan when reviewing the Challenger disaster. The Challenger disaster was related to the repeated occurrence of a design flaw with the O-ring. The organization became so insensitive to deviant practice that it no longer feels wrong. Insensitivity occurs insidiously and sometimes over years because disaster does not happen until other critical factors line up.

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Beautiful Cycle



...WHY



Core Considerations

- Population management (including intake, flow through, and outflow pressure)
- Housing quality
- Resources (staffing, space, funding)

Types of Capacity Calculations

- Intake driven capacity
- Flow through capacity- LOS
- Outcome driven capacity
- Housing capacity
- Staffing/team capacity



Intake

- **Intake-driven capacity:** the number of animals in care is determined by how many are brought in
 - Monthly daily average

Required physical holding capacity (RPHC) = Monthly daily average intake x required holding period

A	B	C	D
Time period	Intake	Days in month	MDA
Jan-14	82	31	3
Feb-14	68	28	2
Mar-14	94	31	3
Apr-14	111	30	5
May-14	168	31	5
Jun-14	244	30	8
Jul-14	302	31	10
Aug-14	344	31	5

Outcomes

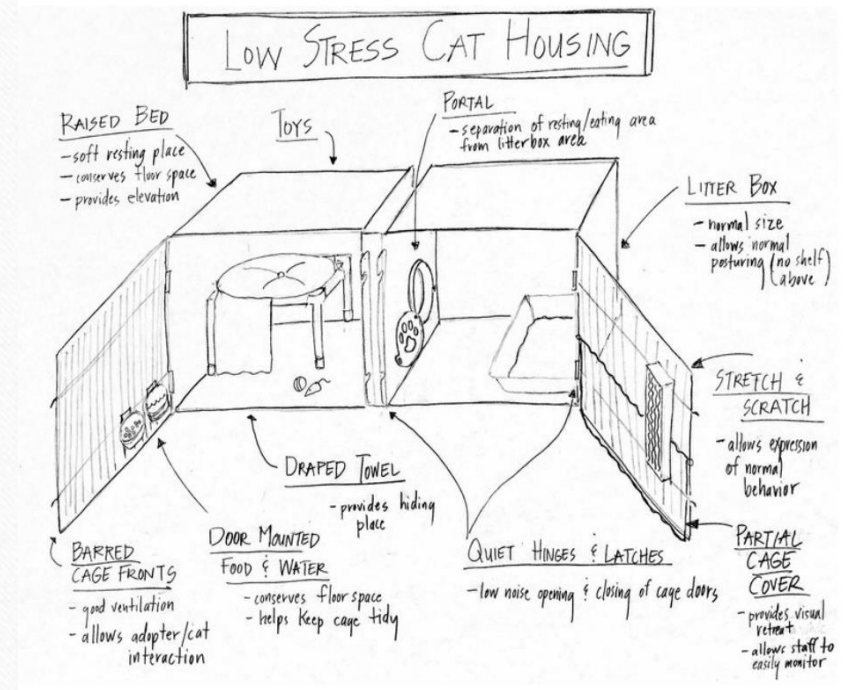
- Outcome driven capacity: The number of animals you can find the desired outcomes for drives the number of animals in care
 - Remember, adoptions aren't the only type of desired outcome!

*Adoption Driven Capacity = Target Average Length of Stay * Monthly Daily Average Adoptions*

A	B	C
Time period	MDA adoptions	Adoption driven capacity
Jan-14	2	14
Feb-14	2	17
Mar-14	3	21
Apr-14	4	26
May-14	5	38
Jun-14	6	42

Housing Capacity

- Holding capacity: physical capacity of humane housing units
- Needs to include surge capacity



Housing Capacity

- Holding of human
- Needs

Professions with a long history of studying burst capacity, like hospital nurses for instance, consistently come back to the finding that 80% utilization is an important threshold. When nursing ratios are set up for 80% patient care, nurses can absorb surprises, cover off for each other, keep their own skills current, and do good work. Absenteeism drops, patient outcomes improve. We've known this for a long time. The findings are similar for nuclear plants. Air traffic control staffing isn't calibrated against a typical day, but against a 90th-percentile busiest day. There's...y'know. There's a pattern here. And if your team can't handle more change, we'll bet you a dollar that they're running hotter than that.

✓
BARRED
CAGE FRONTS
- good ventilation
- allows adopter/cat
interaction

✓
DOOR MOUNTED
FOOD & WATER
- provides feeding
place
- conserves floor space
- helps keep cage tidy

✓
QUIET HINGES & LATCHES
- low noise opening & closing of cage doors

✓
STRETCH &
SCRATCH
- allows expression
of normal
behavior
PARTIAL
CAGE
COVER
- provides visual
retreat
- allows staff to
easily monitor

✓
LITTER BOX
- normal size
- allows normal
posturing (no shelf)
(above)

Staffing/ Team/ Resources

- Staffing capacity/ Care capacity: capacity is determined by the number of animals we have the staff to care for

"6 times an hour for a 15 minute task"

"I'm only one person"

"There aren't enough hours in the day"

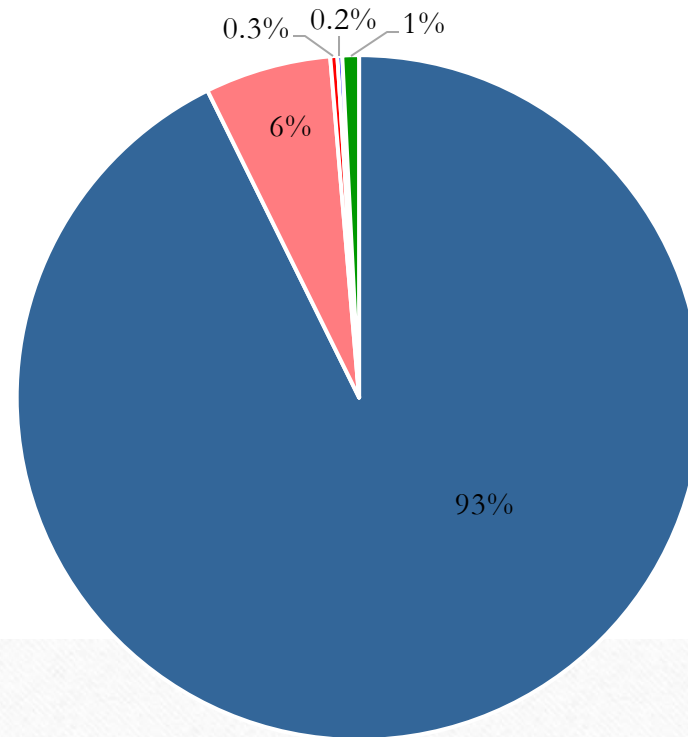


Flow Through

- Flow-through capacity
 - Capacity driven by how long animals stay in care
 - Required physical holding capacity: daily average of intakes x required hold period.

A	B	C	D	E	F
Time period	Intake	Days in month	MDA intake	Intake holding period (days)	RPHC
Jan-14	82	31	3	6	16
Feb-14	68	28	2	6	15
Mar-14	94	31	3	6	18
Apr-14	111	30	4	6	22
May-14	168	31	5	6	33

What is the welfare status of the animals in this shelter?



2019 Canine Outcome Statistics

Adoptions - 825
Redemptions - 53
Transfers - 3
Died - 2
Euthanized - 7

Total= 890

Live Release Rate: 98.9%

We don't know!

Action!

- ☐ Self Awareness
- ☐ Understand-capacity is not infinite
- ☐ Question 1
- ☐ Question 2
- ☐ Plan



Question 1

"Are you operating within your capacity for care, on the border all the time, or beyond?"

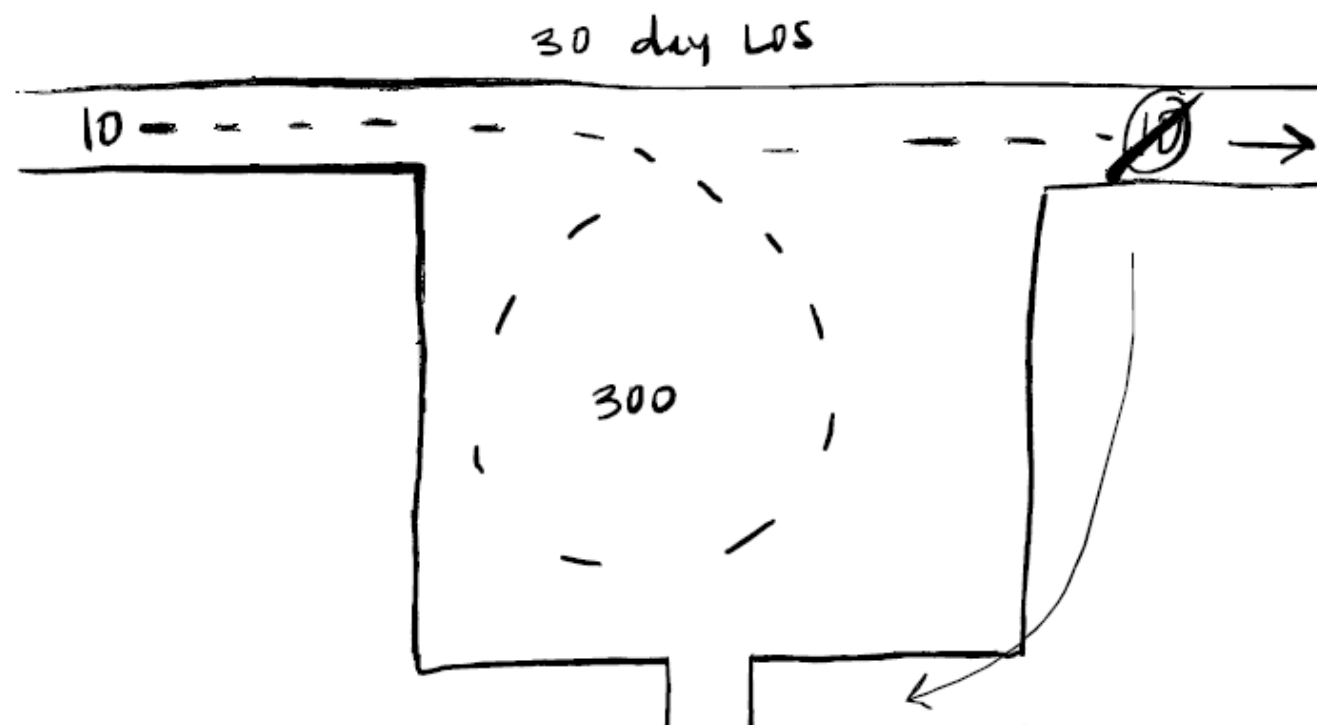
Question 2

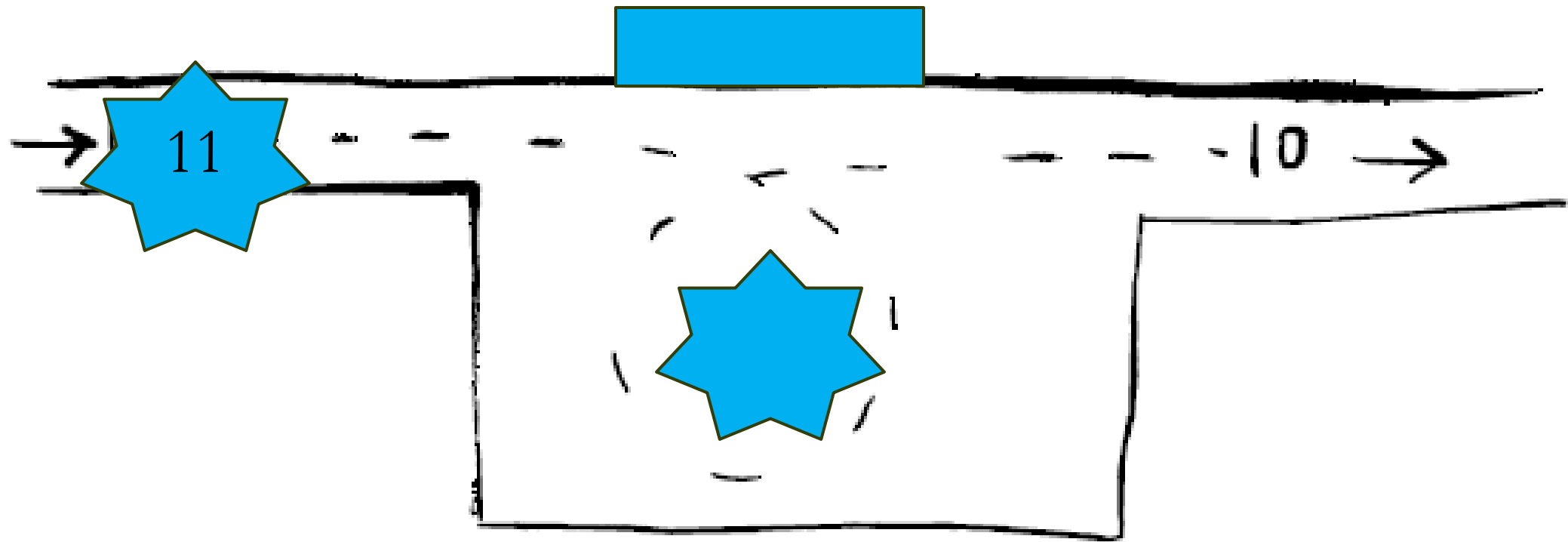
"Which are you?"

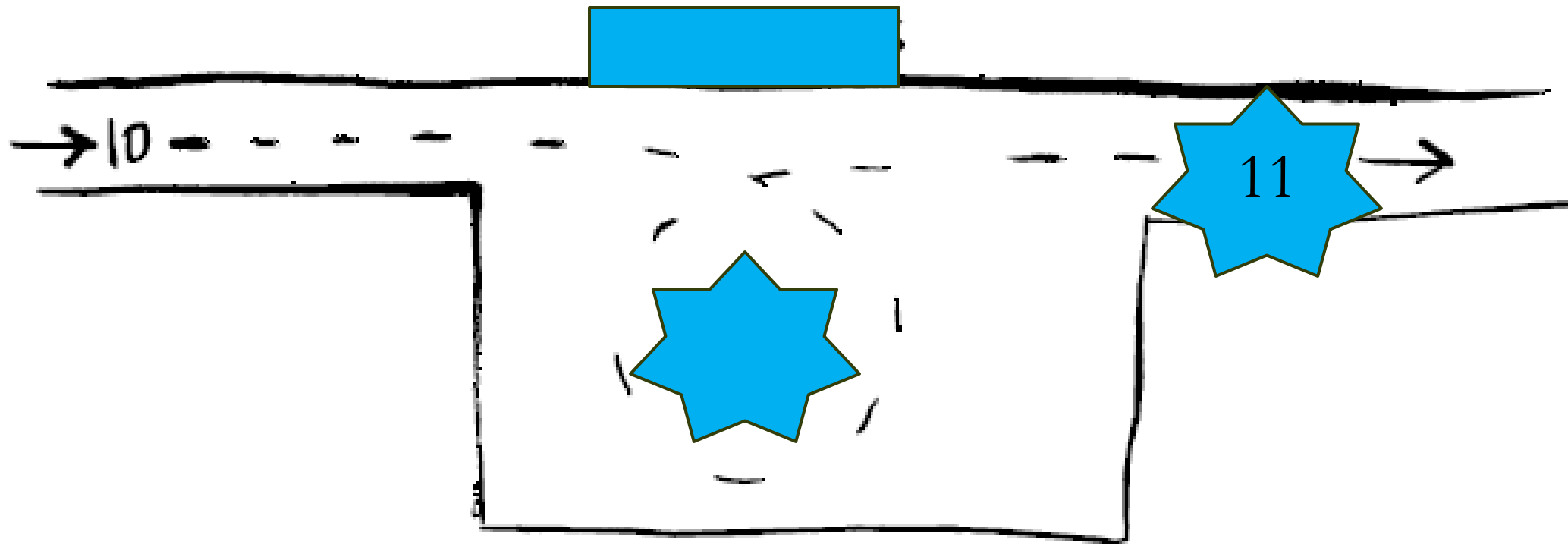
5 day LOS

→ 10 - - - - - 10 →

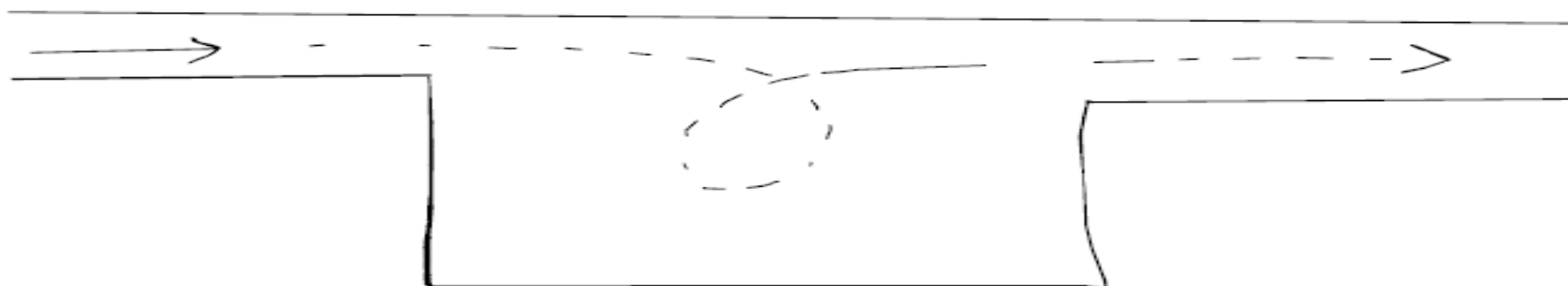
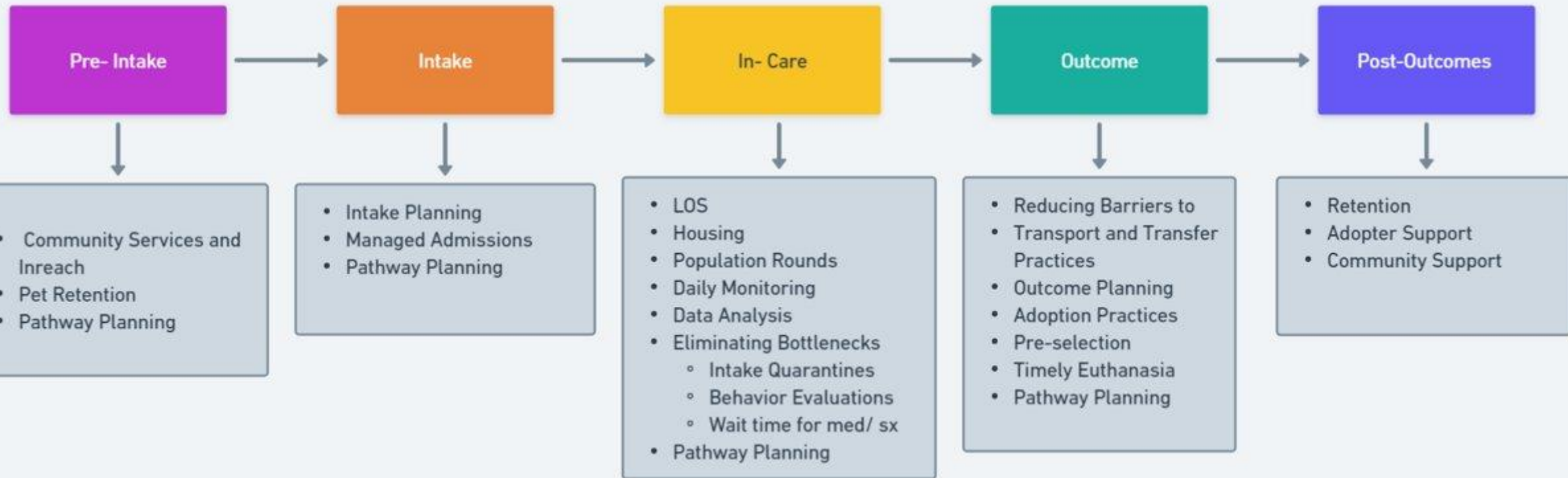
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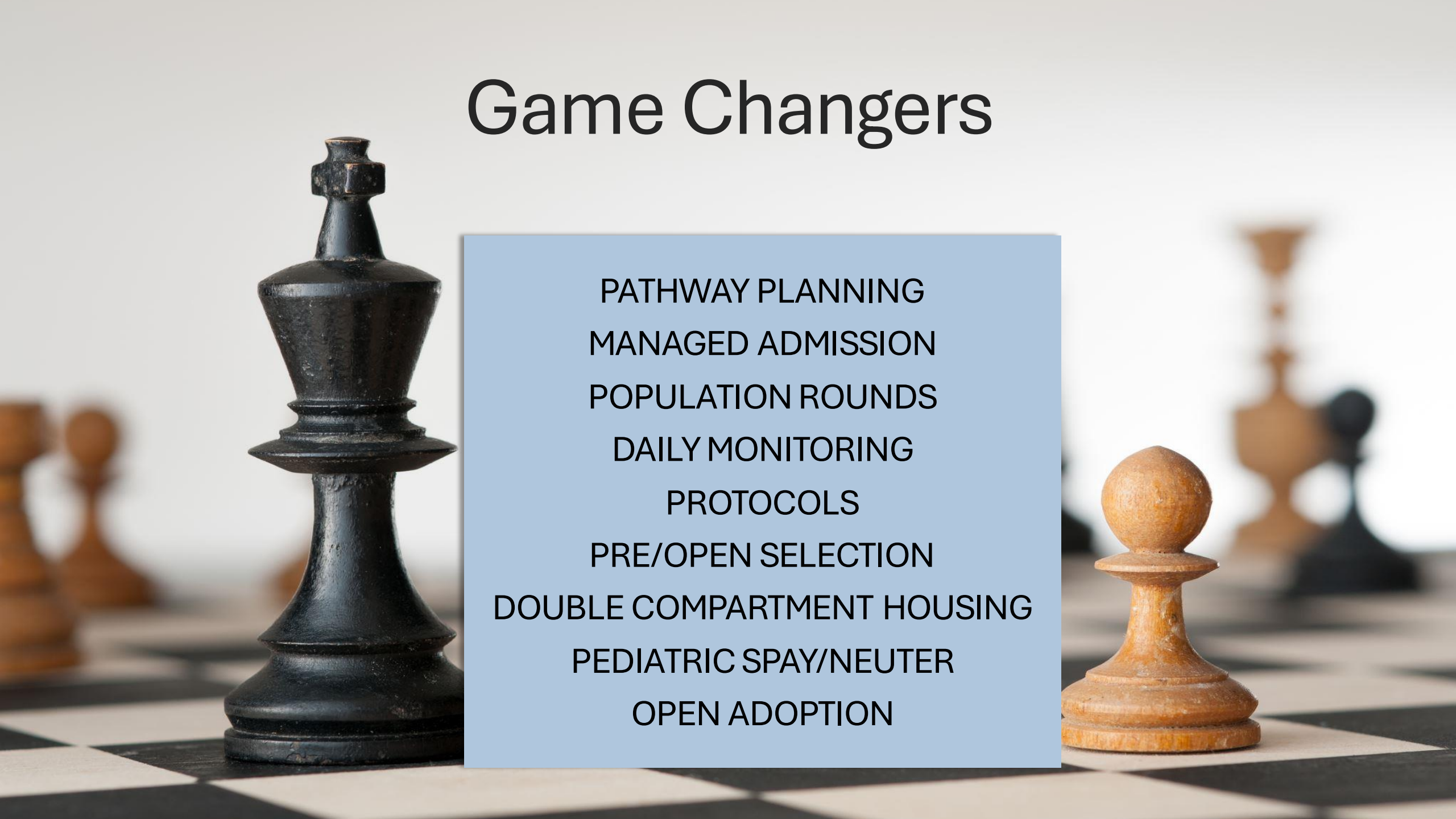




PATHWAY PLANNING!



Game Changers



PATHWAY PLANNING
MANAGED ADMISSION
POPULATION ROUNDS
DAILY MONITORING
PROTOCOLS
PRE/OPEN SELECTION
DOUBLE COMPARTMENT HOUSING
PEDIATRIC SPAY/NEUTER
OPEN ADOPTION

Can you do a calculation for me please? A shelter has an average intake of 10 animals per day and an average of 10 outcomes per day. The average length of stay is 30 days. The population is currently 300 animals. Their physical holding capacity is 200 animals. If they set a goal to increase their adoptions by 10 percent, how long will it take to get to their physical holding capacity?

If the shelter increases its adoptions by 10%, it will reduce its population by 1 animal per day. At that rate, it will take **100 days** to bring the population down from 300 to the physical holding capacity of 200 animals.





Resources


- Overview of Capacity for Care Information Sheet
- Calculating Shelter Capacity Information Sheet
- Facility Design, Shelter Animal Housing and Shelter Population Management

Original Article

An observational study of the relationship between Capacity for Care as an animal shelter management model and cat health, adoption and death in three animal shelters

C.L. Karsten^a  , D.C. Wagner^a, P.H. Kass^b, K.F. Hurley^a

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<https://doi.org/10.1016/j.tvjl.2017.08.003> ↗

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Questions?

CE Sign-In



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Evaluation



THANK YOU!

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