

Introducing and Implementing Guidelines in Your Practice

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Ask any 5 veterinarians how they do something and you will get at least 8 answers. One of the best responses I have ever had was “Well...it depends.” This inconsistency of approaches leads to a lot of client, staff and hospital confusion. While certainly there is a place and a need for individual risk based decisions, even exceptions to the rule need to be standardized. “If not this then that,” rather than “If not this then something.”

Guidelines strive for...in fact anticipate a certain level of consensus when it comes to clinical care. In fact the first step to introducing any change in your practice is information changing. Some changes such as hours of operation, may well be in the wheelhouse of the practice owner and people will generally show up when they are supposed to and stay according to a set schedule.

On the other hand medical decisions if they are to be adhered to require a lot of discussion. What are we going to recommend, to whom and when? Under what circumstances might there be variability in hospital protocol? Who will monitor compliance?

For instance...there needs to be a standardized and agreed upon set of core vaccines and a standardized and agreed upon interval between vaccinations. Noncore vaccines should be recommended in the same circumstances by all. If an individual doctor does not want to encourage vaccination of at risk dogs against Lyme disease, for instance, the inconsistency can only undermine the credibility of the recommendation and confuse both clients and staff.

If annual heartworm testing of all dogs is to be recommended it must be recommended and advocated for ALL dogs by ALL of the staff.

So what are the cookbook steps?

- First the doctors must reach consensus. This is the time for discussion, disagreement and acceptance. This is not the time for lines being drawn in the sand but rather to come together.
- While there is always room in veterinary medicine for personal preference in the treatment of patients, wellness and preventive care must be in lock step.
- Second decisions must be shared with the team. What will we be recommending? Why has it changed? What are the benefits for the patient, the client and the hospital? Everyone needs to be aware that the goal is best patient care. Again, THIS is the time for discussions and commitments.
- Third every staff member must commit to walking the talk...not some times but all of the time.
- Finally internal compliance must be monitored. Doctors as well as staff must be held accountable for the success of the change.

Change is not simple nor is it easy. But if we are to succeed we need to approach it with a plan.