

February 27, 2019

HVHQSN

Traditional small animal private practices can vary greatly in style of medicine, caseload, staffing, and general setup, however none are quite as unique as the High Volume High Quality Spay & Neuter (HVHQSN) practice. While these clinics are slowly becoming more common in the industry, they are primarily associated with animal welfare organizations, who use pre-adoption sterilization in their mission to reduce the number of homeless pets. Due to their relative rarity, many veterinarians are still unfamiliar with HVHQSN practices. This primer is designed to introduce the concept of HVHQSN (specifically the BCSPCA model) to veterinarians who may be looking at employment in, or are simply interested in learning more about this style of practice.

What are the basic differences between a traditional practice and a HVHQSN clinic?

The core difference between the two models is the limited scope of practice offered by a spay/neuter clinic. While the majority of general private practices offer a wide range of services, such as medical, surgical, diagnostic and ancillary services, most spay/neuter clinics offer only sterilization, along with a very small selection of other services. Within the BCSPCA, these other services are limited to immunizations, parasite control, and permanent identification – anything outside of this scope of practice is referred elsewhere.

Any other differences between the practice models invariably relate back to this core tenant – for example, HVHQSN clinics often run with a smaller staff, lower operating budget, and with reduced business hours compared to traditional practices. All of these difference can be attributed to the limited scope of practice, which reduces staffing, medical supplies and equipment, and allows a more normalized schedule.

What is the business financial model for HVHQSN clinics? Are they only feasible as low cost practices?

The majority, if not all spay/neuter clinics are run as low cost entities, relying on a large volume of patients and high level of efficiency to maximize revenues and minimize costs.

Individual surgeries are priced relatively low to encourage as many bookings as possible, and the high volume capacity makes up for the loss-leader pricing. Ancillary services offered at the time of surgery can also help generate additional revenue, as can stand-alone vaccine

appointments which are offered in some clinics. Besides increasing surgical volume capacity, maintaining a high level of efficiency reduces overhead, medical expenses, and staffing costs which helps offset the lower pricing model.

The HVHQSN business model is primarily used by animal welfare organizations, such as humane societies and shelters, operating in a non-profit or not-for profit capacity. While a positive revenue budget is achievable, it is generally not the primary goal, leaving more room for flexibility in pricing strategies. Charitable donations are also a significant source of revenue, which can help offset some of the operational expenses.

How does the quality of care compare between a traditional practice and a HVHQSN clinic?

The level and quality of care provided by *any* veterinary clinic is highly variable, so it is impossible to make generalizations in comparing the care received between traditional practices and HVHQSN clinics. However, for those high volume practices following the “Association of Shelter Veterinarians Veterinary Medical Guidelines for Spay Neuter Programs”, the quality of care offered is most times equivalent to, or even higher than can be found in more traditional practices.

Contrary to popular belief, the ability of spay/neuter clinics to provide lower priced sterilizations is not substandard practice or a reduced quality of care, but rather due to charitable donations and the high efficiency of the practice. Experienced staff in these clinics minimize surgical time, reduce down-time between surgeries, and excel at routine tasks, so more animals can be processed in a shorter amount of time while still maintaining a good quality of care.

For example, at the BCSPCA high volume clinics, each patient receives a pre-anesthetic exam, pre-medication/sedation, intravenous induction, gas anesthetic (with monitoring) and a complete post-operative pain control regimen. They also receive a nail trim, microchip and other ancillary procedures if elected by their owners. Each surgery is completed in an average of 10 minutes or less, and even with a schedule of up to 16 sterilizations a day, all patients are ready to go by mid-afternoon.

Are there differences in pre-surgical or surgical requirements for spay neuter clinics compared to traditional practices?

Each practice and clinic will have their own standards for spays and neuters performed in their facility. HVHQSN clinics typically have fewer requirements, to keep costs low and avoid creating barriers for clients, and to help maintain a high level of efficiency.

Pre-anesthetic blood screening may be offered, but is rarely required in spay neuter clinics for young, healthy animals (their main demographic). The logistics of obtaining, processing, and interpreting lab samples for upwards of a dozen or more patients a day is nearly impossible, so this option is most often only offered for older patients or those with specific health concerns.

In addition, the likelihood of detecting anything that will significantly alter the anesthetic or surgical protocol is extremely small, making this a low priority for routine surgery.

Intravenous catheterization and fluid administration is often required by practices for all surgical procedures. In young, healthy animals the benefits are debatable, especially with short procedures such as routine spay/neuter, with the exception of the emergency access an IV provides. As such, due to the time required for a large number of patients, this is another item that is often considered optional in spay/neuter clinics, unless the animal is aged, or is otherwise of higher surgical risk (pregnant, multiparous, etc.).

Up to date immunizations are commonly required by general practices for the protection of the patient as well as other patients in the hospital. Because the risk of infectious disease in spay/neuter clinics are much lower (since only healthy animals are admitted and treated), this requirement is often forgone in order to avoid creating an additional client barrier to sterilization.

Spay/neuter clinics rarely keep patients overnight after their procedure for observation and recovery. With a high patient volume and daily turnover, it would be impractical, however it is still relatively common in lower volume traditional clinics. While some would argue that patients recover better and have less complications being hospitalized overnight, unless 24 hour monitoring is available, others would argue that being home with owners who can keep an eye on their pet and call if they have concerns is a better choice.

What are the advantages to patients and clients choosing to have their pet sterilized at a HVHQSN clinic?

Experienced veterinarians working in spay/neuter facilities have more familiarity with sterilization surgeries than most others in the field – in fact, in some cases they may perform more spays and neuters in a year than another practitioner does in a decade! Practiced spay/neuter surgeons are quicker and make smaller incisions, and many have lower complication rates than those in private practice. Morbidity and mortality for anesthesia and surgery generally increase with procedure time, therefore the quicker a patient is in and out of surgery the better. Veterinarians who do sterilization surgeries day in and day out also become very familiar with anatomical variations and other complications that may occur.

While some may feel that price should not be considered an advantage or a disadvantage, to clients, it is unequivocally an important consideration. Lower priced clinics encourage more clients to sterilize their pets, and so long as the patients receive good care and the surgery is successful, veterinarians shouldn't begrudge individuals for this choice.

What are the disadvantages to patients and clients choosing to have their pet sterilized at a HVHQSN clinic?

The most significant disadvantage to clients is the inability of a spay/neuter clinic to provide

additional care or services, due to the limited scope of practice. Medical issues found at the time of surgery will necessitate a separate trip to another facility, and procedures that are frequently combined with spay/neuter (such as dewclaw removal) will either need require referral or two separate anesthetic episodes at two different facilities. In addition, due to limited equipment and the necessity for running efficiently, HVHQSN clinics must often turn away higher risk patients, such as those that are significantly aged or have significant health concerns. Without a prior relationship, these issues are often only discovered at the pre-surgical exam, and clients may experience anger and/or disappointment that the clinic is unable to provide the services they desire.

The lack of a permanent, long term relationship with a specific veterinarian for all their pets medical needs can also be a deal-breaker for some clients. While some spay/neuter clinics do offer routine wellness services such as vaccines, many clients would prefer to have a specific veterinarian or a single clinic that can handle all types of visits for the life of their pet.

What strategies do HVHQSN clinics use to increase efficiency and therefore volume capacity?

Each clinic has its own distinct approach to maintaining running an efficient practice, which will depend on various factors such as caseload, schedule, staffing levels, and services offered. The BCSPCA high volume clinics focus on three key areas to maintain an overall high level of efficiency – forms and templates, standardized protocols, and staffing.

Forms & templates

Clear, detailed, and standardized forms and templates for client communications and patient records can reduce intake time, improve “front to back” communication, and reduce staff time required for medical records. For example, the BCSPCA high volume clinics use a single page, detailed intake form, which includes a patient history, surgical consent, and request for ancillary services. This form helps streamline intake, and reduces the time spent with each client. Similarly, a “fill in the blank” exam and surgical template minimizes the time required to fill out each medical record, and standardized aftercare instructions make discharge more efficient.

Standardized protocols

Using “one size fits most” anesthetic and surgical protocols is quite advantageous in a high volume clinic. The majority of patients are young and healthy, so any number of traditional, basic anesthesia protocols can be used safely, without spending valuable staff time on individually tailored drugs and dosages. Premade charts with patient weights and corresponding drug volumes save further time and reduce the risk of calculation errors. Using only one or two basic protocols also reduces inventory costs as less products need to be stocked in the clinic.

Using standardized surgery protocols that include the same base level of care for all patients is another way to assure efficiency, as staff develop a strong rhythm and routine, resulting in better flow from patient to patient.

Staffing

Maintaining efficiency and the ability to push through a high volume of patients in a day is highly reliant on having the appropriate level of suitably trained staff. When staffing levels are low, surgical capacity drops as individuals need to take on more tasks with less help; however increasing staff past a certain point doesn't necessarily increase the ability to do more procedures, so the key is finding the proper balance. There are several staff related bottlenecks that will define the maximum surgical capacity, depending on the exact set up of the practice.

Surgical speed is a limiting factor based on the experience of the veterinarian. For surgeons relatively new to the field or to high volume spay/neuter, the time it takes them to get through one surgery and move onto the next can be a significant holdup for pushing animals through the line. This factor can also be affected by the specific type of caseload that the clinic allows; more complicated surgeries (very large or aged dog spays, cryptorchids, etc.) will result in much longer surgical times, regardless of the experience of the surgeon.

In contract, an experienced surgeon may have significant downtime if their prep team cannot keep up with their speed. Members of the prep team must be highly trained, efficient, and able to work under pressure to be able to keep up with the pace of surgery. However, as above, the type of caseload on a particular day will also play a role in overall efficiency; difficult, aggressive or otherwise time-consuming patients will impact the staff's ability to keep the flow going.

Cross-training of all employees so that they are able to provide support in multiple areas in the hospital is invaluable. Staff members that are competent and can jump in wherever is needed on a particular day or with a certain patient will help keep things running smoothly. For smaller clinics, this is doubly important as the loss of a staff member to illness, vacation, or other absence will have a less significant impact if another employee can take over at least part of their role.

What can veterinarians do to improve their surgical efficiency and decrease surgery time in spay neuter procedures?

In general, increased efficiency and decreased surgery time comes simply with experience over time. Performing the same procedures numerous times per day will very quickly build confidence and familiarity. Starting with a lighter surgical schedule and young, routine surgeries (avoiding very large or in heat/pregnant dogs and cryptorchids) is recommended for newer grads or those with minimal surgery experience, but is also likely to be beneficial for all new surgeons joining the team.

Learning to make smaller incisions will significantly speed up overall surgery time. Long incisions, while providing excellent exposure and visualization, also take significantly longer to close. A smaller incision, if placed correctly, can still provide enough room to remove the reproductive organs and check for bleeding before closure. If a complication does occur that requires more visualization, the incision can be extended as necessary mid-surgery. It may take many months or even upwards of a year for new grads or surgeons with minimal spay/neuter experience to feel comfortable enough to start working through smaller incisions but the effort of learning this skill is well worth it in the long run.

Where can I get more information on high volume, high quality spay and neuter?

If you have any questions about HVHQSN, including specific anesthetic and surgical protocols, please contact Dr. Kim Yuill at the BC SPCA Prince George Spay Neuter Clinic. Dr. Yuill has over 12 years of experience in HVHQSN, and has performed over 30,000 surgeries since joining the BC SPCA in 2006.

In addition, a copy of the Association of Shelter Veterinarians Veterinary Medical Guidelines for Spay Neuter Programs can be downloaded [here](#).

Dr. Kim Yuill, Prince George Spay/Neuter Clinic