

# A NIGHT IN EMERG

## THE ROLE OF THE REFERRAL AND OPERATIONS COORDINATOR

BY CHELSEA FRIESEN

**T**here are many different roles in a 24-hour animal emergency hospital, some more visible than others. Sometimes one person floats from the back office to the front of house and from there to the community. That person is the referral and operations coordinator and at Mountainside Animal Hospital & 24 Hour Emergency Services, that's me. "Is this part of your job?" In my first week on the job, I heard that question at least 10 times a day and my answer was often "It might be!" As we've all adapted to my new role, we've learned to define it better and have made it an integral part of our daily operations.

Have you ever been at a job with a bunch of tasks that fell through the cracks? A job where things passed from one person to the next because there wasn't enough time in a day? That is often what happens in an emergency hospital. There are many tasks and projects that fall behind or get lost in the shadows, projects that have been triaged as important yet are not urgent enough to be pushed to the top of the list. Like a dog with an open wound that needs to be stitched but isn't actively bleeding, it gets passed by as we pay immediate attention to the cat in respiratory distress or the actively seizing senior dog.

Important and in need of attention, yet left to wait. Keeping up with those tasks is my job.

When looking at this list of tasks, near the top you can find health and safety. In emergency medicine we often spend so much time thinking about the health and safety of our patients that we forget the human workers and clients who are here. A hospital needs emergency protocols for its employees and clients too. What do we do with all these living beings if there's a fire? Or an earthquake? If an angry client escalates to the point where a weapon is pulled, who calls the cops? Important and in need of attention, yet left to wait.

Also on this list, you'll find equipment upkeep.

We recently found that after two hours in the dryer, our towels were still wet. Realizing no maintenance had been scheduled, I made the necessary call. As it turned out, the dryer vent had become compacted with years of hair and fur. Important and in need of attention, yet left to wait.

Along with those not-so-fun things, I've been able to work on some exciting advancements such as getting our ultrasound and endoscopy machines up and running. These projects had been in the works for a long time but getting them over the finish line required time and resources that previously were not available.

Lately, a growing challenge in the world of emergency veterinary medicine is the ever-increasing shortage of veterinarians. While we struggle to find veterinarians with either specialist or general practices, the emergency realm has been hit hard. With its stressful environment, changing schedules, and emotionally charged cases that often end in loss, our veterinarians are susceptible to burnout. As a result, along with many other 24-hour emergency hospitals, we have struggled to find full time DVMs.

Now more than ever we rely on strong relationships with our locum veterinarians to allow us to provide 24-hour care to our patients. Because of this, creating the veterinarian schedule, which was once meant to be a small part of my role, has quickly grown to envelop a large part of my week. This easily could be a stressful situation, yet I've found much joy in regularly connecting with the brilliant doctors who diligently pick up shifts and fill our schedule.

This task was once piled onto the endless list of tasks that our medical director already carried. By shifting this task to my desk, we've been able to spend the time needed to keep our hospital staffed with veterinarians 24/7—even when that coverage needs to happen in the final hour before a shift starts.

The referral coordinator part of my job is equally important but carries a far higher level of visibility. My focus in this area has allowed our hospital to move forward exponentially in a short time. Over the last six months I have been able to get out into the community and get to know our local clinics. I listen to the problems they're facing, and the areas where care is lacking. We've put a huge focus on building relationships with the community and it has been incredibly fulfilling.

Though we don't have specialist referrals coming into our hospital, our patients often need care that their family vet is unable to provide, such as overnight hospital care, ongoing oxygen therapy for respiratory distress, or immediate foreign body surgery on a patient whose owner brings him in five minutes before closing. The handover from family veterinarian to



emergency hospital plays a large part in the patient's recovery—and a big part of my job is to ensure it goes as smoothly as possible.

Often the referral process is so simple that I'm not needed. The primary care vet will call to tell us about an animal in need of our care and ask about our availability. We'll have them speak with the doctor on duty, who will decide if we have space to take the patient in. Once we confirm the transfer, we request medical records, and the patient is on their way. We send an email to let them know the patient has been hospitalized, and we happily provide updates as requested. After discharge we send the full medical records back to the family veterinarian and encourage clients to follow up there. We place a lot of importance on transferring aftercare back to a pet's primary care veterinarian because they know the patient and family best and will provide the most consistent long-term care.

Although most cases go smoothly, sometimes things can get tricky and mistakes can be made. We're all human after all. When things go wrong, I step in.

For example, in the middle of transitioning to doing our own endoscopies, communication was one of our biggest hurdles. In one situation, a dog was sent to our facility for a scope procedure. Not knowing we could perform the scope ourselves, the other clinic had called a doctor that regularly visited us to perform this procedure. Lines of communication crossed, and our doctors decided to perform the endoscopy themselves.

Unfortunately, although our doctors had the necessary skill and experience, the foreign body could not be removed via endoscopy and the pet needed to visit another clinic for surgery a few days later. On learning of this situation, I reached out to the various clinics to smooth things over and ensure the patient received the care he needed. I've learned how crucial it is to address these problems quickly before one bad experience snowballs into a broken clinic relationship. The patient made a full recovery and so did all the relationships that were impacted along the way.

It's been incredible to work with other clinics and it is so fulfilling to see everyone work together so well. The veterinary industry is small, and it is increasingly important for us to support each other and help each other grow. It's been fun to meet other veterinary staff and see some of our past patients during my visits—even if it's because a pup has ingested tampons for the ninth time!

I love being out in the community and learning about rescue organizations that provide financial aid to injured pets. I love bouncing ideas around with other veterinary staff and professionals. I love listening and learning about the problems other clinics have experienced and have overcome or managed effectively. I love learning more about the amazing things they are doing. I love so many aspects of this job that I have the privilege of doing. The surrounding clinics have been so kind and have opened their doors to me so that we can provide the best possible care to the animals we share our lives with.

Perhaps the referral coordinator's most important function is to bring confidence and trust into the referral process. Trust allows us to nurture the relationships between practices and build a foundation of care for our patients and their owners. Together we can improve the lives of our furry companions—because when their lives are better, so are ours. **WCV**

**“THE HANDOVER FROM FAMILY VETERINARIAN TO EMERGENCY HOSPITAL PLAYS A LARGE PART IN THE PATIENT'S RECOVERY...”**