Hi everyone. I'm one of the shelter vets at the Toronto Humane Society and I'm really happy to share with you how we got into using SOPs and how our system works.

We started creating SOPs as a way to standardize and improve patient care at the Toronto Humane Society. We are a shelter with a full service veterinary clinic, a large medical staff and an adoption guarantee philosophy, and as a result we treat many different medical conditions, ranging from URI to heartworm to diabetes. We realized that we were wasting a lot of time looking up information every time we had a difficult case. We were also treating inconsistently -- so for example, some cats with URI were getting doxycycine, others Clavamox, and there was no consensus about when to treat and when just to monitor. Some vets ordered a lot of subQ fluids and force-feeding, others preferred IV fluids and appetite stimulants for sick, dehydrated cats. For me, Giardia was really emblematic of the need for protocols. This is a fairly simple condition, but we could never remember if we should start with metronidazole or Panacur, what dose of metronidazole to use, how long to treat, whether and when to repeat fecal tests, whether or not to isolate, what to advise adopters. The way out of this mess was SOPs.

We created a few SOPs on our own but the process was really kickstarted when Karen Ward and I attended the Maddie's Shelter Conference in Orlando in 2012 and heard Dr Groshong's talk about how they standardized and streamlined their medical care at the Humane Society of Boulder Valley. Boulder Valley were kind enough to share their documents and formats with us too. We came back full of ideas and energy, and from there we began to develop our own SOPs and disclosures in a much more focused way. I wanted to create a shelter journal like the Boulder one, but others argued for sticking with our existing format of having a folder on the computer for each condition. That has worked really well for us because it gives us tremendous flexibility to add and update protocols and procedures without one affecting any others. We also made the decision not to have paper copies of the protocols. That way, there is no need to update protocols anywhere except on the hard drive, so a change made today can in some cases be implemented tomorrow.

We have an informal, flexible process of developing protocols. Karen and I get some admin time to work on them, but in general we write them as needed. There is no task force and no specific agenda. If we have a common condition, we make sure there is a protocol for this. We are still missing protocols for some common but complicated syndromes like vomiting and diarrhea. If we have a single complex case that needs a lot of work and research, and we think we might see a few more of those, we try to throw that information into a complete or sometimes just a draft protocol. Then at least next time we can find that information much faster. A recent example is a cat that bled after a spay and had to be sent to a referral hospital for transfusion. I did some reading on transfusion to see if we could do it ourselves next time, so now we have a draft transfusion protocol for those emergencies where you really don't have the time to look up all that information. We update our protocols regularly, as new information comes to light or if someone points out a mistake or an operational issue. Anyone is allowed to write a protocol but we have limited the ability to edit and add protocols on our main

database to four key people. That way we can ensure the protocol is coherent and makes sense, and has a look and feel similar to the others. We did this because the protocols and disclosures started to become a bit chaotic and unprofessional with too many people making changes. However we strongly encourage others to help with protocols and we allocate different topics to different staff members.

Our SOPs are recipes -- designed to be used, not studied. We use direct speech in the newer ones and we avoid long explanations. People can go to a textbook for detail. Our goal is to provide a step by step process for everyone to follow, and we write our protocols that way.

Some of the protocols are very simple

While others are far longer more complex

The protocols are also dynamic. In April we heard about Dr Litster's new research on ponazuril doses for coccidiosis so I changed the protocol. One of our ongoing goals is to use evidence-based medicine and current best practices, and our protocols really help us with that

We also have protocol formats that are different from the standard ones, depending on what we need. This is a fluid therapy spreadsheet that we are working on, that calculates fluid requirements. This will make fluid calculations more consistent between the vets as well as allow us to delegate more to the veterinary technicians. The calculations are based on the 2013 Fluid Therapy Guidelines, so this is another example of using current best practices.

Here's another example of a format that's a little different from our usual ones, in that it includes photos to help the users to understand the process

There's always a concern that a shelter can expend huge resources on developing protocols and then have people not use them. You definitely need the authority to instruct staff to use protocols and to correct them if they are slipping back into old habit. We found that most of the veterinarians and staff quickly complied with the SOPs because they immediately saw the benefits, while others were slower to come on board but did come around. There are some protocols that we insist on having followed quite closely, like our URI protocol, and others where we are more relaxed. Veterinarians always have the ability to deviate from a protocol if they feel it is in the animal's interests. Interestingly, we have found that all of our medical staff are now asking for new protocols and we have now reached the tipping point where we have a culture of protocol-driven medical care.

Also as a result of the talk by Dr Groshong, and with her kind permission to use their disclosure format, we started to set up standardized disclosures. Until then we had been writing an individual disclosure for every animal that was made available for adoption but still had open conditions -- for example an animal still on treatment for ear mites or roundworm; or one with a chronic or recurrent condition like allergic skin disesae or arthritis. We still occasionally make up an individual

disclosure for a unique situation, or where there are too many disclosures and we think this is a barrier to adoption. But for most cases we just open the disclosure and hit print, and we're done. We do disclosures for anything where we have to research what to say and we think there is a chance we could see the condition again. So the disclosure on ventricular arrhythmia is a weird one, but seeing that we had to do one for this puppy, we just threw it in the mix and if we ever see another one, we won't have to reinvent that particular wheel.

This is an example of one of the disclosures we use frequently. Our adoption staff report that adopters really like the format. Oh, and one of my rules is that no protocol can be longer than one page and you can't make the font smaller to make it fit!

I really love writing and crafting documents, and I am very process driven, so I love writing protocols. Not everyone enjoys it, and not everyone is good at writing. I've worked with some brilliant people who are just not writers. So since we have created all these protocols, we want to share them with other shelters. We decided to put them all on Dropbox, and have set it up so that they synchronize to the server at the shelter, so we can make changes from anywhere we like and they will be available to the shelter medical staff straight away. We can also send the link to any veterinarians who want access to them. The slide shows the SOPs that we share. Not all our protocols will work for everyone, and maybe very few of them will work just as they are -- but we think they could be a useful starting point so that other shelter veterinarians could just edit and adjust some of the SOPs instead of starting all over again. A lot of our disclosures could be used just as they are. Our local regulatory body, probably like all others, does not allow us to give patient care SOPs to non-veterinarians, so we only make our Dropbox link available to veterinarians and now also, for the first time, to students in a university shelter medicine program. We have a lot of requests for our Dropbox link whenever we mention it on the ASV listserv. We know that our SOPs are saving lives in our shelter and we are happy to be able to share them with others.