

LETTER TO THE EDITOR

Update to cataloguing the response by emergency veterinary hospitals during the COVID-19 pandemic

Dear Editor,

As we mark over a year of living with COVID-19, we want to again share themes from the last 6 months of our survey project of small animal emergency veterinary hospitals, previously summarized.^{1,2} Seventy small animal 24-h emergency veterinary hospital representatives were recruited from the ACVECC and ACVIM listservs. Surveys were sent monthly with questions tailored based on current issues managing 24-h emergency veterinary hospitals during the COVID-19 pandemic. Raw data summaries of the surveys are shared back with listservs and recruited hospital representatives 1 week after surveys are initially sent.

A range of 23–34 hospitals across 25 states and one in Canada responded to monthly surveys between September 2020 and March 2021. Most hospitals responded consistently month to month, with 0–2 responses each month representing hospitals that had not previously responded. Four to six academic institutions and zero to two non-profit hospitals are represented monthly with the remainder responding from corporate or privately owned hospitals.

All responding hospitals were still restricting access to clients in March, with only one reporting increased access, allowing clients in specific areas under specific circumstances. Six of 25 responding hospitals in March have started discussing plans to bring clients back inside the hospital, with four of six planning to re-open their lobbies to clients under limited circumstances and three of six planning to allow increased access for client visitation of hospitalized pets.

Almost all responding hospitals have had at least one COVID positive employee (and/or student where applicable) in the last 3 months. Only one had to close the entire hospital, and a few had to dramatically reduce caseload or close a specific service, but most were able to continue to function as normal. Three reported known spread of COVID-19 in their hospital. All responding hospitals said they were unable to maintain social distancing in the emergency department with about half saying “we try, but are not able” and about half responding, “not realistic, we don’t even try.” All responders said employees are eating in common spaces with other people present, though many said it was not allowed, and 11 of 28 said it was done infrequently (less than daily) while 11 of 28 said it occurred on a daily basis.

In states where veterinarians are eligible, many hospitals are helping to coordinate vaccine appointments with state or local pharmacy and providing information about where and how to book appointments.

Five of 13 responders said they knew someone in the veterinary field who was eligible but refusing a vaccine. More than half of responders reported drug shortages perceived to be related to COVID-19 over the last 6 months, and similar numbers reported shortages of personal protective equipment, with none reporting that it was affecting their ability to function.

Almost all responding hospitals reported an increase in caseload when compared to the same month last year, and many reported substantial increases of 25% or greater. In March, 10 hospitals reported that they were never diverting, six were diverting if owners called ahead, and seven diverting if they called ahead and also if they showed up with a pet that did not have a life-threatening emergency. Most hospitals reported that other area hospitals were also diverting cases at times. Many of those hospitals that never diverted said there was no other hospital in their area to divert emergency cases to, even when overwhelmed with cases. For hospitals that reported diverting cases, some were informally coordinating with other local hospitals, but no one had a formal communication system among area hospitals. To determine when to divert, hospitals reported point systems for technician: patient ratios or when client wait times in the emergency room reached a certain threshold.

In March, 13 of 26 responding hospitals were projecting continued growth and were actively looking to expand staff, another three hospitals reported that they were expecting continued growth but were unable to expand staff. Most hospitals reported staff fatigue around COVID-19, challenges with demanding and frustrated clients, not enough staff, low morale, and continued high caseload. Hospital responses to stress included frequent and open communication around COVID-19 policy changes and challenges, providing bonuses for staff, offering hiring or referral bonuses, and trying to relieve workload for emergency doctors by hiring medical scribes, increasing communication with clients about wait times, and encouraging noncritical cases to wait or go to primary veterinary to other practices.

When this project began in March 2020, we had no idea how wide-reaching and long-lasting the COVID-19 pandemic would be. As we hopefully emerge to a post-COVID-19 world, hospitals will need to continue to be flexible to meet changing demands on emergency veterinary medicine. We will continue to send monthly surveys to representatives and to share the summary data with listservs and other audiences as appropriate.

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