A New Solution: Relief Veterinary Technicians

It didn’t take too long after the first veterinary college opened its doors in France in 1762 for the veterinary profession to realize that quality care meant using a team approach. As early as 1908, the first effort to formally train veterinary assistants began in England. In 1960, the first formal organization of veterinary assistants in the United States formed in California, and in 1961, the first official training program for animal technicians was introduced at the State University of New York.

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Fast forward more than 50 years later to find veterinary medicine quickly catching the heels of our human counterparts. With 40 veterinary specialties recognized by the American Veterinary Medical Association (AVMA) and 16 veterinary technician specialties recognized by the National Association of Veterinary Technicians in America (NAVTA), the profession continues to demand and recognize better-educated personnel to meet consumer expectations.3,4

In 2017, veterinary services was the second-largest segment of the pet industry, reaching $27 billion. This is driven by pet owners, who are increasingly demanding a wider range of services and hours and shopping for the perfect practice to entrust the care of their pets and give their loyalty.5 This has resulted in an industry that more often than not does not have the appointments and support staff to meet those needs. While the use of relief DVMs is commonplace to help remedy this shortage, the concept of a Relief Credentialed Veterinary Technician (rCVT)/Nurse is new to many managers and practice owners.

WORTH THEIR WEIGHT IN GOLD
Perhaps the most common reason to contract a rCVT is for financial reasons. Years of research have shown the link between the proper use of a Credentialed Veterinary Technician (CVT) and higher revenue for practices. In one study, it was found that a typical veterinary practice grosses an average $93,311 for each CVT per doctor, resulting in a CVT generating $44.86 per hour.6 In a practice absent just one CVT, failure to fill those hours with another credentialed individual has the potential of costing the practice over $1700 per week. This figure does not consider the additional payroll costs associated with overtime when practices attempt to fill these hours with already scheduled employees. Given the current mean wage for a CVT in the U.S. ($17.10/hour7), 8 hours of overtime, including the associated employer taxes, etc., results in a 3-hour deficit in CVT gross revenue.6 In practices that are chronically understaffed, the snowball effect of this revenue deficit will soon start to impact other revenue-generating areas, resulting in poor overall financial health.

Inadequate or rushed client and patient care is another consideration for the inclusion of a rCVT in practice. When the institution is short-staffed, clients and patients are often the first to suffer. Client compliance declines as CVTs are not able to spend a satisfactory amount of time delivering client education and counseling—when too many competing demands are placed on the staff, customer service declines.8 Poor customer service often translates into undereducated and misinformed clients, further leading to the perception of inadequate and devalued relationships by the client. The result is often the loss of the client, which in turn has a negative impact on the clinic’s bottom line and public reputation.

HASTE MAKES WASTE
Inadequate patient care follows very closely as each patient is tied to each client. As the CVTs rush through appointments, diagnostics, and treatment processes, mistakes may occur. These mistakes include hasty handling of patients, resulting in increased fear, anxiety, and stress, making handling even more difficult and possibly dangerous. When procedures are rushed, it results in multiple attempts at essential practices such as venipuncture and radiographs, potentially causing pain, injury, and increased risk for patients and CVTs.

The same results are seen in intensive care unit and critical care settings when CVTs are expected to manage a caseload that surpasses an ideal patient-to-CVT ratio. Due to the underlying reasons for hospitalizing these patients, oversights and mistakes can have far more serious consequences, including increased mortality rates.7

THE PICTURE OF HEALTH
The well-being of the entire veterinary healthcare team is by far the most compelling reason to utilize rCVTs. Recent studies are beginning to shed light on the previously overlooked and chronic issues caused by poor emotional well-being in veterinary medicine.10 Perhaps the largest contributing factor to poor emotional well-being is the inability to achieve work-life balance. Increased rates of burnout and turnover in the veterinary profession have been correlated to poor work-life balance. Team members express concern and anxiety over never-ending days, filling in at multiple positions, working unending amounts of overtime, and not being able to say “no,” take a sick day, or use vacation leave. This situation leads to increased fear, anxiety, and stress in patients. It also contributes to the self-perpetuating understaffing cycle.10

The professionals who have gotten certified as rCVTs understand these daily obstacles and want to help.
Many rCVTs have spent significant time in practice, increasing their knowledge base and refining their skills, and actively seek the challenge of working with new and different teams, clients, and patients. These CVTs love “jumping in” and are happy to rotate through different departments, and sometimes institutions, often in the same day. They excel as rCVTs, and just like relief DVMs, rCVTs demand a higher hourly rate and act as independent contractors, which helps to minimize payroll-related expenses, resulting in a fully staffed, win-win situation for everyone. Among the companies and resources that can connect veterinary nurses to hospitals and clinics looking for help is NAVC’s Retriever (navc.com/retriever).

CONCLUSION
Including rCVTs as part of the scheduling process in an institution can positively impact and potentially reverse some of the negative financial, client, patient, and team issues. Utilizing rCVTs to minimize overtime, increase client satisfaction, improve patient care, and allow team members to fully explore paid-time-off benefits increases the overall wellbeing of the veterinary healthcare team. This new career avenue also acts as an outlet for CVTs for continued advancement in their career, helping to decrease the incidence of burnout and attrition within the field.

References