### APPLICATION OF STANDARDS IN WILDLIFE REHABILITATION

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### INTRODUCTION

Many wildlife rehabilitators find the concept of state or national standards intimidating, or even threatening. The implementation of standards can sometimes be perceived as interference or over-regulation where government, quasi-government or associated bodies seek to impose an artificial rigidity over hard working, unpaid volunteers.

For those charged with the task of developing standards, the prospect can appear daunting.

In human health care facilities, standards are used so that the organisation and the people who work in it can assess themselves and gauge how well they perform in key areas which support the delivery of quality care to all clients.

Wildlife rehabilitators have the opportunity to develop similar tools to help us gauge how well we perform in applicable equivalent key areas.

Standards should remain separate from legislation, best practice and clinical guidelines, to which they relate as part of an integrated and coherent system. For those involved in developing best practice guidelines at local and state level, standards can be used to provide a starting point and a framework.

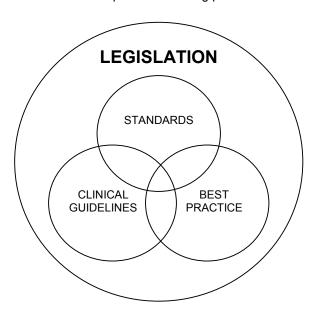


Fig 1. – Standards mesh with Clinical Guidelines and Best Practice, all of which remain subject to Legislation

### **OBJECTIVES**

In this discussion we will examine ways in which we can simplify the process of developing standards and their associated criteria, which can then be used to develop other associated documentation such as best practice guidelines.

It is envisaged that wildlife rehabilitators and others involved in the administration and management of wildlife services will be able to utilise the basic concepts explored here to establish their own systems of assessment and quality improvement.

### WHAT ARE STANDARDS?

A standards document should never constitute a "how to" manual. A good standards document tells us *what* we should be achieving, not *how* we as individuals and organisations go about achieving it.

Standards should remain separate from best practice and clinical guidelines, which are more specific and provide more information for us about how we can best conduct our core business.

A standard, as opposed to a best practice, is deliberately broad-reaching and does not define a process or a procedure. If we think about continuous improvement as an on-going journey, then standards are the waypoints to which we navigate, using legislation as the road rules, and best practice and clinical practice guidelines as our road maps.

Standards help us determine where we want to be. It's then up to us to decide how we want to get there.

For example, a standard for euthanasia could possibly be couched in the following terms:

"Euthanasia as a final disposition is always carried out by appropriately trained personnel in accordance with best practice and clinical guidelines."

Legislation makes it clear that any suffering must be minimised. Best practice guidelines will list a number of acceptable methods such as barbiturate overdose and carbon dioxide induction among others and will briefly touch on the circumstances under which each method should be considered. Clinical guidelines will tell us how to determine the most appropriate method and detail how we carry out the procedure itself (eg: dosage and rate of gas induction.)

Whilst this may seem complex at first glance, it simplifies the development process, allows each set of documents to be updated or altered independently in many cases, and allows broad based standards to cover highly diverse areas of expertise and varying legislation such as that which exists from state to state.

### APPLICABLE STANDARDS - A SAMPLE

In human health care, an organisation called the Australian Council on Healthcare Standards (ACHS) sets national standards of health care delivery. When facilities such as our biggest tertiary (teaching) hospitals demonstrate that they meet these standards, they are awarded Accreditation status for a period of up to three years.

The standards do not try to dictate to each hospital or health service how to deliver care to their patients: this is determined by each organisation's policy, best practice and clinical guidelines, which are set and developed by the management and senior staff of the facility itself.

The standards developed by the ACHS are so broad based and easy to apply, that they can be adapted for use by wildlife rehabilitators. There are six areas of achievement:

Continuum of Care – The Care Pathway
Leadership and Management – Organisation
Human Resource Management – Personnel
Information Management – Record Keeping and Communication
Safe Practice and Environment – Safety and Health
Improving Performance – Ensuring Quality.

These relate directly back to the national standards used by hospitals and health services throughout Australia. When you go to a major hospital in any Australian city and see the Accreditation certificate in the lobby, you know that these are the standards that are being applied to the system that looks after you and your family.

Very few of us would put ourselves in the same class as a tertiary hospital, however, similar principles can apply to us.

### **CRITERIA**

Each standard has a set of criteria. We examine each criterion and ask ourselves how it relates to us.

### The Care Pathway

This is where we look at the paths taken by the fauna that comes into our care. The pathway can be divided into several distinct stages:

Access: The facility can be located and contacted by its client base.

Are the people who need to be able to find you able to find you? How do they find you? Can they do so in a simple and straightforward manner? Do you have backup messaging systems in place for if you can't get to the phone?

Once you've been contacted, what mechanisms and processes do you have in place to ensure that fauna reaches you in a timely manner? Are the people you work with aware of those processes?

2. Limitations: The facility operates within its limitations.

Do you have clearly defined limits on your capacity? Do you stick to them?

Planning: Appropriate care plans are developed and implemented for all fauna.

Do you have a system of referrals for fauna that you can't care for appropriately at your facility? Do you specialise? Do you move fauna on to other specialists depending on a variety of parameters?

4. Assessment: Care plans are subject to assessment and revision at all stages.

Do you have a system of on-going assessment to ensure that care is being delivered in an appropriate manner at all stages of rehabilitation?

5. Disposition: Final disposition is determined in accordance with applicable legislation, best

practice and clinical guidelines. Euthanasia is always carried out by appropriately

trained personnel

Do you have a system of determining final disposition? Do you wish to conduct

post-release studies?

### Organisation

This standard relates to how we run our operations.

Strategic Direction: The organisation has a vision and a plan to achieve its goals.

Do you have a plan for the way you operate? Do you set clear limits on where, when and how your operation fits in with your life and that of your family?

2. Legislation: All statutory requirements are met or exceeded.

Do you meet all the requirements of your State governing body? If your Wildlife Officer or Ranger came to inspect your facility today, would you pass? If you have

volunteers, are you insured?

Quality: A Quality Improvement plan exists and is implemented regularly.

Do you have a plan to ensure that you operate according to "best practice" and do

you have a plan for improving the way you do things?

4. Safety: Occupational Health and Safety requirements are met or exceeded.

Are you aware of, and do you adhere to occupational safety and infection control

guidelines at all times for you and your volunteers?

### Personnel

This standard relates to the way we manage the people who deliver services at our facilities.

Recruitment: Recruitment guidelines are in place and are adhered to.

Do you have a set of guidelines relating to who can and can't work in your facility -for example, do you set age limits? Do you require police clearances for adult

volunteers who may come into contact with children?

Safety: All personnel are aware of safety issues.

Are all personnel oriented and educated as to occupational health and safety

guidelines?

3. Education: A training programme is in place.

Are all personnel trained to deliver appropriate care, and is that training kept up to

date with a regular system of continuing education?

4. Performance: A performance management system is in place.

If volunteers make mistakes or behave inappropriately, do you have a system in

place to manage this? Are skills regularly assessed?

### **Record Keeping and Communication**

This standard often ties in closely with the requirements of our governing bodies. Information and data are valuable tools for us as rehabilitators.

All statutory requirements are met or exceeded. Records are updated in a timely Record Keeping:

manner.

Does your record keeping system meet the requirements of your State governing

body?

Are your records stored in such a way that you can retrieve relevant information as required? (Eq. you may wish to review a set of case notes to find out what drug

was prescribed for an uncommon condition.)

2. Confidentiality: Confidential information is kept secure.

If you keep information on volunteers and other rehabilitators, is that information

handled appropriately? Is your mailing list secure?

3. Communication: Communication is maintained in a timely and effective manner.

Do you have a system of following up and getting back to vets, rescuers and other

rehabilitators if they request it?

If you have a newsletter, is it published on time with accurate and correct

information?

Do you ensure that the appropriate individuals and organisations have accurate

and up-to-date information about your facility?

4. Recovery Plans: A system of backing up and recovery of data in the event of loss or damage to the

primary storage system is in place.

Do you back up your computer system regularly? If a report goes astray in the mail, do you have copies? Could you recover critical records if something went

wrona?

### Safety and Health

This standard relates to safety for us and the fauna in our care.

1. Risk Management: Risks are identified and managed.

Do you have a system in place that allows you to identify risks and manage them to ensure the safety of yourself, your family, your staff and volunteers, and visitors? Do you have a system in place that allows you to identify risks to the fauna in care and manage them? (Eg: regular fire and safety inspections?)

2. Maintenance: Buildings, equipment and consumables are kept in good condition. Adequate

supply levels are maintained.

Do you ensure that your equipment is well maintained and that you retain adequate stocks and supplies of essential equipment? Do you have a back up plan to ensure the care and safety of your fauna in the event of an essential

services failure?

3. Infection Control: Infection Control guidelines are in place.

Do you have a system in place to ensure that cross infection does not occur between patients? Do you have a system in place to ensure that cross infection does not occur between personnel? Are all personnel aware of zoonosis issues? Is your doctor aware of zoonosis issues? Do you have a sharps injury protocol in

place?

4. Security: Security risks to personnel, the facility and information are managed effectively.

Do you have a system to maximise the safety of all personnel and fauna from

external risks? Are drugs kept secure?

5. Physical Safety: The facility, equipment and consumables are managed in a safe manner.

Do you observe safe manual handling practices? Do you obtain and comply with

materials safety data sheets? Do you maintain an adequate first aid kit?

6. Waste Management: Appropriate waste management guidelines are followed.

Do you have a safe and effective waste management system?

### **Ensuring Quality**

This standard deals with how we can implement and measure improvement.

1. Benchmarking: The organisation, its management and personnel are aware of the level at which

they are required to perform.

Do you have an idea of what you should be achieving? Can you define a successful release, a "good" year, or a "bad" one? How much of what you do –

and what you would like to achieve -- can be quantified?

2. Assessment: The organisation and its performance are regularly assessed.

Do you have a system of self assessment in place to ensure that you are delivering the best possible care to fauna and providing a positive, safe and healthy environment for all personnel? How do you know whether you are

improving, deteriorating or staying the same?

### THE QUALITY CYCLE

Continuous improvement is possible through the establishment of a cycle of periodic assessment, review and action.

By implementing actions for improvement within a reasonable time frame, we initiate a 'Quality Cycle.' In human health care, this is a four year cycle of self assessment, implementation of improvement plans, reassessment, reporting and external assessment, with the goal being constant improvement and national accreditation by the Australian Council on Health Care Standards.

A simplified version of a twelve month continuous improvement cycle looks something like this:

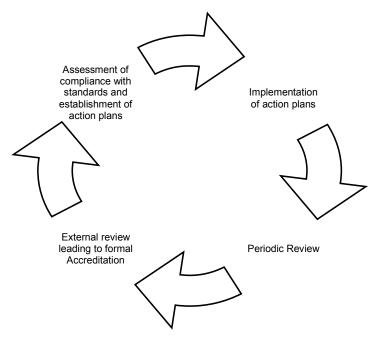


Fig.2 – The Quality Cycle ensures continuing improvement.

The standards work sheets provided are set out as action plans. These plans are used at each stage of the cycle and are submitted to the external review body (eg: state authority) on inspection.

### CONCLUSION

From the examples, we can see that this sample set of standards raises more questions than it answers. This is the purpose of standards, not to tell us how to run our facilities, but to provide a framework for us to ask ourselves how we are performing, and help us to plot a path for continuous improvement.

Standards prompt us to ask what we are doing and how we are doing it. We then have the opportunity to take the answers and use them to develop such other related documents such as best practice guidelines and training manuals.

In wildlife rehabilitation, our governing bodies would need to adopt a leadership role, consulting actively with key stakeholders such as veterinarians, carers and rehabilitators to establish appropriate standards, benchmarks and time frames. All of this would then need to be integrated into the concept of a quality cycle where individuals and organisations can then work actively toward becoming accredited, either to state or national standard, and maintain that accredited status through constant improvement.

By giving rehabilitators clearly defined goals to work toward, an accrediting body such as a state authority can utilise standards to provide improved guidance and support for all of us in providing the best possible care for wildlife. The use of published standards in this manner has the added benefit of making the assessment and accreditation process transparent for all the participants.

### **BIBLIOGRAPHY**

Shroeder, Patricia - Improving Quality and Performance: Concepts, Programs and Techniques 1994 Mosby-Year Book, Inc. St Louis Missouri pp3-11

The Australian Council on Healthcare Standards EQuIP Standards 3rd Edition 2002 ACHS

### WORKSHEETS

These worksheets are samples which allow us to assess and evaluate how well we (and others) comply with the criteria that make up standards and how we can start to formulate plans for continuous improvement

Achievements can be rated as follows:

- Not applicable. This criterion is not relevant to the organisation or facility being assessed. Ϋ́
- Little achievement. This criterion is, as a general rule, not met by the organisation or facility being assessed, but has been recognised as requiring attention.
- Moderate achievement. This criterion is partially met by the organisation or facility being assessed. Σ
- Extensive achievement. This criterion is largely or fully met by the organisation or facility being assessed.

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Benchmark facility. This criterion is exceeded by the organisation or facility being assessed and may be considered a benchmark for others. (Rarely used in self-assessment but useful for inspections or surveys by outside bodies, particularly if a formal accreditation process is put in place.) Ω

When completing the worksheets, select a rating that reflects the status of the organisation or facility being assessed, and write a few sentences in each section supporting the rating.

In the following example, we will assess the Society for the Preservation of Raptors (Inc.) on its compliance with Criterion 2 (Safety) of the Personnel standard

Standard: Personnel				
This standard relates to the	This standard relates to the way we manage the people who deliver services at our facilities	our facilities		
Criteria	Achievement (E) B	Action	By whom	By when
2. Safety - All personnel are aware of safety issues	Extensive achievement – all new volunteers are taught safe handling at induction. The use of safety equipment is taught and supported. Rehabilitators are taught not to work alone. Members can seek assistance	contínue with existing training programme and ensure that new developments in health and safety are monitored, reviewed and implemented.	All members under the direction of the Coordinator	On-going
	and advice from other members. A mentoring programme is in place for new rehabilitators.	Introduce a system of annual retraining and checking to ensure everyone is kept up to date.	Working party	Dec 2005
	Registered Wildlife Carers are provided with zoomosis information by CALM.			

Standard: The Care Pathway This standard relates to the path	<b>Standard: The Care Pathway</b> This standard relates to the paths taken by the fauna that comes into our care.			
Criteria	Achievement N/A L M E B	Action	By whom	By when
Access: The facility can be located and contacted by its client base.				
2. Limitations: The facility operates within its limitations.				

Standard: The Care Pathway This standard relates to the path	<b>Standard: The Care Pathway</b> This standard relates to the paths taken by the fauna that comes into our care.			
Criteria	Achievement N/A L M E B	Action	By whom	By when
3. Planning: Appropriate care plans are developed and implemented for all fauna.				
4. Assessment: Care plans are subject to assessment and revision at all stages.				

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Standard: Organisation This standard relates to how we run our operations.	w we run our operations.			
Criteria	Achievement N/A L M E B	Action	By whom	By when
3. Quality: A Quality Improvement plan exists and is implemented regularly.				
4. Safety: Occupational Health and Safety requirements are met or exceeded.				

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<b>Standard: Personnel</b> This standard relates to the	Criteria	Recruitment:     recruitment guidelines     are in place and are     adhered to.	2. Safety: all personnel are aware of safety issues.

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This standard relates to the n	Standard: Record Respiring and Communication. This standard relates to the requirements of our governing bodies and how we manage information and data.	nanage information and data.		
Criteria A N	Achievement N/A L M E B	Action	By whom	By when
Record Keeping: all statutory requirements are met or exceeded. Records are updated in a timely manner.				
2. Confidentiality: confidential information is kept secure.				

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Standard: Safety and Health This standard relates to safety.	Standard: Safety and Health This standard relates to safety for us and the fauna in our care.			
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2. Maintenance: buildings, equipment and consumables are kept in good condition. Adequate supply levels are maintained.				

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Waste Management: appropriate waste management guidelines are followed.				

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