Examination of Referring Veterinarians' Satisfaction with the AVC Veterinary Teaching Hospital

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Abstract

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As one of six revenue generating centers at the Atlantic Veterinary College (AVC), the Veterinary Teaching Hospital (VTH) continues to look for ways to better serve its customers and thus increase its financial viability. With over half of all cases seen by the VTH being referred by Atlantic Canada's veterinarians, this project undertook a survey of veterinarians in the region to determine their satisfaction with the quality and types of services offered by the VTH. Based on the response of 79 veterinarians in the region, 70% were satisfied with the overall referral services and 92% were satisfied with the medical care of their patients at the AVC VTH. Notably, only 22-40% (depending on the referral process assessed) of referring veterinarians were satisfied with communication, both verbal and written, from the AVC.

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CHAPTER 1: INTRODUCTION

Overview

The primary goal of a veterinary teaching hospital (VTH) is to educate future veterinarians through presenting cases to fourth year veterinary students in a clinical setting (Hubbell, 2008). The VTH must attract clients to the hospital to ensure an adequate case load to help hone students' clinical skills. Additionally, VTH administrators must look at increasing service revenue through the provision of clinical services, particularly in light of operating grant decreases brought on by difficult economic conditions (Burrows, 2006). In addition to increasing prices, service revenue can be increased by keeping existing customers and gaining new ones. To do this, VTHs must utilize the core marketing concepts of creating service value and increasing customer satisfaction. Delivering product or service value that meets or exceeds a customer's expectations increases customer satisfaction, which can lead to increased brand loyalty and increased business performance (Oliver, 1980; Szymanski & Henard, 2001).

In the report, *Development of a Veterinary Teaching Hospital Business Model* (Lloyd, Harris, & Marrinan, 2004), customer service is recognized as an important component of the VTH business model. The two main market segments for VTHs are general practitioners (referring veterinarians) and clients (owners of veterinary patients) who either self refer or are referred to the VTH by general practitioners. Although similarities exist in how the VTH goes about providing service to both customer groups, the VTH must meet the needs and expectations of the referring veterinarians in more

specific ways. To aid the Atlantic Veterinary College (AVC) VTH administration in determining referring veterinarians expectations and needs this study examined Atlantic Canadian general practice veterinarians' satisfaction with services offered by the AVC teaching hospital in Prince Edward Island.

Background

Customer Service in the Medical Field

In the marketing textbook, *Marketing: An Introduction*, Armstrong, Kotler, Cunningham, and Mitchell (2004) identified the core marketing concepts as: identifying markets; determining the needs, wants, and expectations of customers; and meeting or exceeding these customers' needs, wants, and expectations with either a product or service; and creating value for the customer which leads to customer satisfaction. In a service industry, the level of customer satisfaction is a function of the customer's perception of the quality of the service and the service value to the customer (Cronin, Brady, & Hult, 2000, p.195). Since the service itself cannot be separated from the service provider, the customer's perception of quality of service is directly related to the relationship between the service provider and the customer (Kotler, Cunningham, & Mitchell, 2004, p. 330).

In human medicine, the relationship between doctor and patient can be just as important as the level of medical expertise that a doctor possesses (Woodside, Frey, & Daly, 1989). Medical doctors gain patients' satisfaction by building relationships of trust with their patients through strong patient rapport skills and effective communication (Habbal, 2011). In veterinary medicine the health care model is different than in human

medicine in that the *client* (owner) and the *patient* (animal) are two separate entities. However, similar to human medicine the principle of building strong relationships with the client through effective communication is recognized as an important component of quality veterinary service (Lloyd, Harris, & Marrinan, 2004).

The Veterinary Teaching Hospital- Business Model

Within the field of veterinary medicine, much like human medicine, general practitioners look after the everyday needs of patients. Often general practitioners will refer more complicated medical or surgical cases to veterinary specialists in various disciplines. Veterinary specialists can be concentrated in groups either in privately owned specialty clinics or employed by universities in schools of veterinary medicine.

Within an academic setting, the clinical division of a veterinary school is the VTH. As the name implies, teaching hospitals train future veterinarians in practical, clinical skills under the direct supervision of Doctor of Veterinary Medicine (DVM) specialists. The key mission of VTHs is three-fold: teaching, service and research (Lloyd, Marrinan, & Harris, 2005). Profit is not the main mission, however financial viability is important. In difficult economic times, VTHs are being asked to increase revenues to offset the loss of funding from other sources, i.e. government and research grants (Burrow, 2006).

The VTH provides clinical cases for students by offering veterinary service to the market. Although the general public can access the services of the VTH directly, most VTHs draw over 50% of their clientele from general practitioners' referrals to the hospitals (Lloyd, Marrinan, & Harris, 2005). Therefore, both the general public and referring veterinarians are an important part in the VTH business model.

Veterinarians refer clients to VTHs for various reasons, the most common being the expertise and equipment/facilities the teaching hospitals offer (Burrows, 2008). In addition, general practitioners contact VTHs to consult with specialists about patients or aspects of cases that remain under the care of the general practitioners. Given the VTH's caseload generated by the general practitioners, the importance of identifying and then meeting or exceeding the expectations and needs of this market segment cannot be ignored.

The Atlantic Veterinary College

The Atlantic Veterinary College (AVC) is the sole veterinary school in Atlantic Canada, and one of only five within Canada. Established in 1986, the AVC is part of the University of Prince Edward Island (UPEI), located in Charlottetown, Prince Edward Island. The institution consists of four academic departments: Biomedical Sciences, Pathology& Microbiology, Health Management, and Companion Animals. Additionally, AVC has three main service areas: the Veterinary Teaching Hospital, Diagnostic Services, and Animal Resources; and various smaller centers of professional service and research (personal communication, AVC Dean's Office, July 2012).

Funding of AVC

The AVC is a not for profit academic institution. However, the University of Prince Edward Island has mandated that AVC operate with a balanced budget. Adhering to this mandate has become more challenging, given the recent regional and global economic conditions, steadily increasing costs, and uncertainty in funding sources and dollars. The interprovincial funding agreement between Nova Scotia, New Brunswick, Prince

Edward Island and Newfoundland and Labrador is the largest component of total revenues for AVC at 59-63% of operating revenue. Sales and services generate an additional 16- 20% of the overall revenue. Other revenue comes from tuition fees (personal communication, AVC Dean's Office, July 2012).

In the 2012 economy, AVC faced very real economic pressure due to increased fiscal restraint by the regional provincial governments (personal communication, AVC Dean's Office, July 2012). Uncertainty surrounding the interprovincial agreement between the Atlantic Canadian provinces and the AVC influences the budgetary planning process. The AVC administration had identified growth in revenue sources other than the interprovincial funding agreement as important. The AVC VTH is one of six revenue generating centers within the college which could possibly provide increased revenue to offset the increased financial pressures.

The AVC Veterinary Teaching Hospital

The AVC VTH is the only full service veterinary referral hospital in Atlantic Canada. The VTH offers services in community practice, internal medicine, soft tissue and orthopedic surgeries, reproduction services, radiology, cardiology, herd health, and exotic animal health (personal communication, T. Matthews, VTH Administration, July 2012). In 2011, AVC treated one thousand large animal and six thousand companion animal cases. Approximately 50% of these cases were client referrals from general practice veterinarians in Atlantic Canada (personal communication, T. Matthews, VTH Administration, July 2012).

The VTH operational model is that of a teaching institution with a focus on the education of veterinarians and the provision of quality service to customers. The VTH has historically operated at a deficit, with the shortfall being made up from the contribution from the AVC's operating fund, approximately $1.5 million per year (personal communication, AVC Dean's Office, July 2012). Given the financial pressures on the AVC, administration of both AVC and the VTH are looking at measures to cut expenses and increase revenues. One component of future revenue growth identified by the VTH administration is expanding referral sources.

AVC VTH Referral Procedures

The referral process, as part of customer service offered to general practitioners in Atlantic Canada, is important to use as a starting point in the exploration of the level of satisfaction of this market segment. The Executive Director of the AVC VTH has good knowledge of this process. Based on a recent interview with the Executive Director, T. Matthews, the 2012 procedure used for referrals to VTH was:

1. The referring veterinarian completes the referral submission form. The form is either obtained off the website or the clinic is already in possession of the form.
2. The referring veterinarian generally faxes the form to AVC prior to the arrival of the patient at AVC.
3. Either the client (owner of animal) or the referring veterinarian calls a receptionist at the VTH to make an appointment for the patient. If the case is an emergency, the referring veterinarian usually makes the appointment.

4. Once AVC has accepted the patient and scheduled the appointment, the treatment path flows as follows:

a. When the patient arrives at the VTH for the appointment, a fax is automatically sent to the referring veterinarian to inform them of the patient's arrival at AVC.

b. If the patient is hospitalized, routine updates are made to the owner by either the faculty member overseeing the case, the resident, or a fourth year veterinary student, depending upon circumstances.

c. Upon discharge of the patient from the hospital, the owner receives a written discharge instruction. Additionally, either the resident or clinician in charge of the case calls the referring veterinarian on day of discharge.

d. Referring veterinarians also receive, via fax, a *referral letter* within 48 hours of patient discharge. The letter is written by the clinician overseeing the case. It outlines, in professional terms, the diagnosis, treatment and follow-up plans for the case. Ideally, the letter should be written by the clinician and faxed by AVC VTH front desk personnel within 24 hours of patient discharge. However, the Executive Director noted "within 48 hours" was a more realistic timeframe.

e. In the case of Large Animal patients, the referring veterinarian receives a copy of the client's discharge instructions via fax.

Orientation of new faculty, residents, interns, and students regarding referral procedures is done verbally by senior clinicians. No written format currently exists for referral procedures.

Research Overview

Introduction

Atlantic Canada has approximately 190 veterinary clinics, the majority being general practice clinics employing one to five veterinarians (personal communication, T. Matthews, AVC VTH, July, 2012). Not all these veterinarians refer cases to the AVC VTH. However, feedback from the veterinarians that do refer cases to the AVC VTH has not been collected by survey in the past. This study utilized an electronic customer survey to examine the level of satisfaction of referring veterinarians with the services being offered by the AVC VTH. The survey results may provide a baseline on which to build improved customer service for this segment of the VTH market. The survey results may provide the VTH administration with information about the expectations and needs of referring veterinarians in relation to services being offered at the VTH. Recommendations will be made to the VTH administration on ways to maximize opportunities for increased revenue by meeting the identified needs of referring veterinarians in Atlantic Canada.

Problem Statement

Increased financial pressure due to the downturn in the economy and subsequent reductions in funding by provincial governments has forced the AVC VTH to

examine ways to reduce expenses and increase its revenues. The threat of increased competition from privately owned specialty clinics in the region adds to the financial pressure. In addition to providing a quality service to current referring veterinarians, the AVC VTH would like to increase revenues by attracting new clients (personal communication, AVC Dean's Office, 2012). In order to service current and future clients effectively, the VTH administration must determine the needs, wants and expectations of referring veterinarians.

The AVC VTH administration lacks information about the satisfaction level of referring veterinarians which may impact the administration's ability to respond to this market segment. With a better understanding of the expectations and needs of referring veterinarians, the VTH administration may be able to better serve this market segment. Quality customer service to general practitioners in the region can increase their satisfaction with service at AVC VTH leading to increased referrals.

Purpose of the Study

General practitioners have been identified by hospital administration as a major market segment for the VTH; therefore, this market segment will be the focus of the study. The purpose of this study is to obtain feedback from Atlantic Canada's veterinarians regarding their level of satisfaction with service provided by the AVC VTH. This study will identify both strengths and weaknesses in the referral model. Based on survey results, areas of the referral model that are working well will be identified, shortfalls in servicing referring veterinarians will be identified, and recommendations for correction of these shortfalls will be given to hospital administration. Finally, potential

areas of service growth to meet the needs of referring veterinarians in Atlantic Canada will be identified. The information gathered in the survey may aid the AVC VTH administration in determination of future budget allocations to service areas in the VTH.

Nature of the Study

This study utilized a non-experimental quantitative research design. A survey was determined to be an appropriate method of collecting information from the target population because a "survey design provides a quantitative description of trends, attitudes, or opinions of a population by studying a sample of that population" (Creswell, 2009, p. 145). The target population was determined to be general practitioners actively practicing veterinary medicine in Atlantic Canada. An anonymous, electronic survey, developed on Survey Monkey, was undertaken to determine general practitioners' satisfaction with services offered by the AVC VTH, and to identify possible areas of expansion in services needed to better serve this market.

By email, an invitation to participate in the study and a link to the electronic survey was distributed by the Nova Scotia, New Brunswick, and Newfoundland and Labrador Veterinary Medical Associations to all licensed veterinarians within those provinces. A total of 642 veterinarians were sent the invitation in this manner (NB =220, NL=80, NS=298). In Prince Edward Island, a letter with the description of the study and an invitation to participate was sent via fax to twelve Canadian Veterinary Medical Association listed veterinary clinics within the province. The twelve clinics were then contacted by phone to collect email addresses of veterinarians who were willing to

participate in the survey. The link to the survey was sent by email to 44 Prince Edward Island veterinarians who indicated possible interest in participating in the survey.

The survey was open for three weeks in September 2012. The completed surveys were stored on the Survey Monkey web site until the survey closing date. An email was sent to veterinarians half way through the time period to remind them of the survey closing date and to encourage participation. In addition, during this time period, the faculty at the AVC VTH, when speaking to referring veterinarians on case related matters, encouraged these veterinarians to participate in the survey.

Once the survey period had closed, the results from the completed surveys was exported to both Word documents and Excel spreadsheets, and stored on a password protected computer. Cross tabulation of survey questions based on respondents' province of practice and respondents' school of DVM degree was performed. The participants were coded and the results cleaned for any identifying information.

Descriptive analysis was performed on the results of the nominal and ordinal scale questions. The open ended questions were analyzed by looking for themes within the answers. The themes were organized in tables. The response rate was low, so no further analysis was performed on the data.

Research Questions

In qualitative research, research questions ``explore a central phenomenon or concept of study`` (Creswell, 2009, p.129). One or two central questions can be followed by five to seven sub-questions. In quantitative research, the research question

``inquires about relationships between variables that an investigator seeks to know`` (Creswell, 2009, p.132). This study sought to address the following research questions:

- What is the level of satisfaction among referring veterinarian with respect to the quality of service provided by the AVC Veterinary Teaching Hospital?
- What factors influence referring veterinarians' satisfaction with AVC?
- How can the AVC Veterinary Teaching Hospital improve referring veterinarians' satisfaction?

Assumptions and Limitations

Assumptions are conditions researchers assume to be true for the purposes of fulfilling the study objectives (Creswell, 2005). The first assumption was that a survey was a valid and appropriate methodology to use to gather information to answer the questions posed. The second assumption was that the participants answered the survey voluntarily. A third assumption was that the subjects understood the questions being asked and that the subjects answered the questions honestly. Fourth assumption was that the confidentiality of the survey was communicated to participants adequately, so that the participants felt comfortable answering the questions.

Limitations are potential weaknesses or problems with the study as identified by the researcher (Creswell, 2005). The limitations of the study are as follows: The sample size may not represent the sentiments of the general population veterinarians. Although invitation was sent to all licensed veterinarians based on the veterinary medical associations' databases, some of these veterinarians may not be practicing in the region. The survey was limited to AVC and therefore the results cannot be generalized

to other VTHs. Lastly, only participants who referred to the AVC VTH were included and therefore the findings don't reflect the views of veterinarians who do not refer to the AVC VTH.

Summary

In Chapter 1, the introduction gives a broad overview of the project and the research questions being answered. The purpose, nature of the study, research questions, and assumptions and limitations are covered. In Chapter 2, the review of relevant literature is explained, including the method used for searching articles and books. After outlining the key terms searched and the search engines used for the searches, the remainder of the chapter looks at the relevant literature organized by major themes.

In Chapter 3, the method used to carry out the research is examined; included are the research design, the sampling method, data collection information, the data collection instrument, and a description data analysis. In Chapter 4, the results of the survey are presented in relation to the posed research questions, included are detailed descriptions of the results. In Chapter 5, the results of the survey are interpreted, with conclusions being drawn from this information. Recommendations are offered to the AVC VTH based on the interpretation of the results.

CHAPTER 2: LITERATURE REVIEW

Introduction

The purpose of this project is to examine referral veterinarians' satisfaction with the AVC VTH. To fully address this purpose and to devise a meaningful survey instrument, an understanding of accepted concepts related to customer service was necessary. In addition, literature related to referral veterinarians, VTHs, and customer service was sought for a better understanding of this subject. Therefore, an organized and systematic search for relevant literature was employed.

Database Searches and Results

The literature review began with identifying key terms and determining appropriate databases to search. Next, database searches started with the broader topics and narrowed to more specific topics. Further search refinements were made based on information obtained from the initial relevant articles. Additional literature was obtained from cited references in articles obtained in earlier searches.

The searches were conducted using the following data bases: Academic Search Complete, Business Source Complete, Agricola, CAB, Google Scholar and Pub Med. A final search was done using the search engine, One Search, to ensure no relevant literature was overlooked. When initial searches obtained an overwhelming number of hits, searches were refined by searching full text, limiting time periods searched, and limiting the types of references searched, such as journal articles and books. In the case of the broad subject area of customer satisfaction, after the initial search resulted

in over 100,000 hits, the search was restricted to the past 15 years. Then “titles only” search was employed to narrow the results further.

In the more specific literature search on customer service as associated with veterinary medicine, veterinary teaching hospitals, and referral veterinarians results were far fewer. Broad searches brought up few relevant articles, even when full text was searched in addition to titles. In addition, the publication date time frame was expanded to 40 years in an effort to capture more relevant literature. Even with these refinements to the searches, limited relevant literature was discovered.

Since the topic of customer service is basic to marketing, the literature search on this broad topic was started by looking at recent marketing textbooks to get a basic understanding of the concept and its components. Then the search moved on to literature related to customer satisfaction, its antecedents and outcomes, and the measurement of customer satisfaction. Key terms used in these searches were: *customer service*, *customer satisfaction*, *service quality*, *consumer loyalty*, and *satisfaction survey* OR *questionnaire*.

As more recent data and publications is generally more useful in understanding conditions, this first part of the review focused on literature published in the last ten years. However, frequent citations of certain older articles led to their inclusion, as these articles were seminal and important to gaining a broad overview. The more recent literature provided a view of the current trends in customer satisfaction research. Completion of this part of the literature review created a foundation for the remainder of the literature review and a theoretical basis for this project.

Next, the review examined literature concerning veterinary teaching hospitals' (or specialty clinics') business models, particularly marketing to and interactions with customers. Finally, the literature was reviewed for information about the relationships between the veterinary teaching hospitals and referring veterinarians specific to customer service, service quality, and customer satisfaction.

Key terms used in the more specific literature search were:

- *veterinary teaching hospital AND business model*
- *(veterinary or animal) hospital AND (referring or referral) veterinarian*
- *veterinary (practice or hospital or service or specialist) AND (client or customer or consumer satisfaction*
- *(customer or client) satisfaction AND (survey or questionnaire) AND (medical or veterinary) service*

These refined searches related to customer service associated with veterinary medicine and referral veterinarians yielded several hundred results, or *hits*. However, careful review of the hits showed only a small fraction were relevant. The number of hits, quantified by gross total, and by relevant total is listed below.

1) (veterinary or animal) hospital* AND (referring or referral*) veterinarian*

   Academic Search Complete: 57 results, 2 relevant
   Business Source Complete: 2 results, 0 relevant
   Agricola: 6 results, 1 relevant
   CAB: 123 results, 12 relevant
   Pub Med: 76 results, 2 relevant
   One Search: 8315 results, 10 relevant

2) veterinary (practice or hospital or service or specialist) AND (client or customer or consumer) satisfaction

Academic Search Complete: 58 results, 3 relevant
Business Source Complete: 20 results, 1 relevant
Agricola: 20 results, 4 relevant
CAB: 339 results, 4 relevant
Pub Med: 62 results, 2 relevant
One Search: 8652 results, 4 relevant

3) (customer or client) satisfaction AND (survey or questionnaire) AND (medical or veterinary) service

Academic Search Complete: 466 results, 1 relevant
Business Source Complete: 230 results, 1 relevant
Agricola: 5 results, 2 relevant
CAB: 87 results, 3 relevant
Pub Med: 448 results, 0 relevant
One Search: 114,505 results, 4 relevant

After the literature search was completed, relevant articles were read and organized by theme. The remainder of Chapter 2 summarizes the articles reviewed for this project. First, the articles on customer service, service quality and customer satisfaction were read and summarized. Second, articles pertaining to customer service in the professional service industry articles were reviewed. Third, relevant articles about the VTH business model, specifically marketing and client services were read. Last, the articles related to referral veterinarians and customer service were summarized.

Review of Literature by Theme

Customer Service, Service Quality and Customer Satisfaction

This project examined the level of satisfaction experienced by referral veterinarians, who are one segment of the veterinary medicine service market. Ideally, the results of this study may be used by the AVC VTH to improve customer service to this market segment. Since veterinary medicine is a professional service industry, the understanding of the concepts of service quality, customer satisfaction, and the potential outcomes of higher satisfaction is important.

Introductory marketing text books point out the difficulty of defining service. In fact, the main characteristics of service are described as intangible, inseparable, variable, and perishable. In other words, services cannot be seen before they are bought, and cannot be separated from their providers. Services cannot be stored for later sale or use. The quality of service depends on who provides it; as well as when, where and how service is provided (Armstrong, Kotler, Cunningham, & Mitchell, 2004).

By providing higher quality services, businesses differentiate themselves from their competitors. Service quality depends both on the service deliverer and the quality of delivery. The ultimate goal of a business is to increase service value to customers. If this is accomplished, more customer utilization of the service will ensue, thereby increasing profits (Armstrong, Kolter, Cunningham, & Mitchell, 2004). These concepts guided this project's particular interest in literature examining the link between service qualities, customer satisfaction, and buying behavior.

Gronroos (1983) defined service quality as technical (what is done) and functional quality (how it is done). Later Gronroos(1984) elaborated that quality service is dependent on the difference between expected service and perceived service. Expected service is the expectation that customers have on a particular service, while perceived service is what customers feel they actually receive. Knowing what customers think about the service becomes critical for organizations (Choy, Lam, & Lee, 2012). Parasuraman, Zeithaml, and Berry (1988) developed SERVQUAL a service quality measurement instrument. SERVQUAL attempts to quantify five components of perceived customer service: tangibility, reliability, responsiveness, assurance and empathy. Taken together, these SERVQUAL assessments indicate overall quality of customer service.

Customer service quality has influence on customer's perceptions and their buying behaviors (Oliver, 2010). Additionally, customer judgments of specific service events within service acts influence overall satisfaction (Woodside, Frey, & Daly, 1989). What is the relationship between service quality, customer satisfaction and behavioral intentions? Rahman, Khan, and Haque (2012) found service quality is closely related to customer satisfaction. Although Wicks and Roethlein (2009) found no universal definition of quality, they stress the importance of quality on customer satisfaction and ultimately customer retention.

Oliver (1980) proposed that in the service industries quality improvement is a key factor affecting customer satisfaction and when accomplished will increase purchase intention among consumers. Oliver (1989) viewed customer satisfaction as an outcome

resulting from the consumption experience. Satisfaction is an evaluation that the experience was at least as good as it was supposed to be.

In an interesting refinement, Boshoff and Gray (2004) defined satisfaction as a process which is not inherent in the product or service. Rather, satisfaction is formed by the interaction of perceptual interpretations of service and consumer expectations of service. Different consumers will have varying levels of satisfaction for an experience which is essentially the same. Both schools of thought are widely recognized. The process-orientated approach seems more appropriate in the service environment given that consumption is an experience and consists of collective perpetual evaluative and psychological process combine to generate consumer satisfaction (Boshoff & Gray, 2004).

In the past, research has focused on modeling, measurement, and analysis of antecedents and consequences of satisfaction. A growing body of evidence confirms beneficial impact of customer satisfaction on a range of attitudinal, behavioral and performance variables (Yeung, Ging, & Ennew, 2002). In the literature, the terms used to describe behavioral intentions are *word of mouth*, *repurchase intentions*, *loyalty*, *customer complaining behavior* and *price sensitivity* (Zeitham, Berry, & Parasuraman, 1996; Olorunniwo, HSU, & Udo, 2006). Satisfied customers who are loyal are more likely to recommend the services to others (Choy, Lam, & Lee, 2012).

The assumption of a linear relationship between satisfaction and company performance was examined by Yeung, Ging, and Ennew (2002). Their study of company profitability in relation to customer satisfaction levels shows the relationship to

be linear. Some studies have looked at positive relationship between satisfactions and repurchase (Burton, Sheather, & Roberts, 2003; Cronin, Brady & Hult, 2000). Other research examined the relationship between dissatisfaction and negative word of mouth, dissatisfaction and complaining behavior (Oliver, 1987).

Szymanski and Henard's (2001) meta-analysis described the rationale behind general antecedents, outcomes, and potential moderators of customer satisfaction. Satisfaction was thought to increase the likelihood that consumers will become repeat purchasers (Szymanski & Henard , 2001). In 2010, Oliver provided a highly regarded conceptual model of customer satisfaction, defining the factors influencing customers' satisfaction as expectations, disconfirmation of expectations, performance, affect and equity.

Specifically, per Oliver (2010):

- Customers' expectations form the baseline for satisfaction assessments. Empirical findings support a positive relationship between expectations and satisfaction.
- Customers experience a disconfirmation of expectations either when actual outcomes exceed expectations (*positive disconfirmation*); or when expectations exceed outcomes (*negative disconfirmation*). Customers are simply satisfied (*simple disconfirmation* or zero) when outcomes match expectations.
- Regarding performance, customers are likely to be more satisfied with an offering when the ability of the offering to provide consumers what they need, want or desire increases relative to the cost incurred.

- Affect has a two dimensional quality. Overall affect has an impact on satisfaction levels above the classical expectancy-disconfirmation effects. Emotions elicited during consumption are proposed to leave affective traces in consumers' memory, which may be incorporated into their satisfaction assessments.
- Finally, equity is a fairness, rightness, or deservedness judgment that consumers make based on their perception of what others receive (Oliver, 2010).

If a consumer is not satisfied based on any of the previous factors, negative behavior will result. These may include complaining, negative word of mouth, and abandonment of repurchase intentions. If a consumer is satisfied based on previous factors, a decrease of complaining and negative word of mouth, and an increase of repurchase intention is observed (Oliver, 2010).

Professional Service and Customer Satisfaction

Services can be categorized as being either consumer services or professional services. Examples of professional services include medical services provided by doctors and veterinarians. As noted by Woodside, Frey, and Daly (1989) medical services come close to being pure service as no tangible good is exchanged, the good is consumed simultaneously, and the consumer is important part of delivery. This point became important when examining the dimensions of the quality of service and its relationship to customer satisfaction in the medical industries (Woodside, Frey, & Daly, 1989). Boshoff and Gray (2004) noted that the Gaps Model/SERVQUAL approach suggested by Parasuraman, Zeithaml and Berry (1988) was the best method of operationalisng service quality in the medical services industry.

Regarding measurement of service quality and customer satisfaction in veterinary medicine only two published articles were found after searching the literature for the past 30 years. The two published questionnaires (Woodcock & Barleggs, 2005; Coe, Adams, Eva, Desmarais, & Bonnett, 2008) were developed to measure client satisfaction in companion animal practices. The questionnaires' questions were based on the client-veterinarian interaction and did not involve referral veterinarians. Harris, Lloyd, and Marrinan (2004) advocated surveys to help understand client satisfaction levels in veterinary medicine, specifically clients of veterinary teaching hospitals.

Veterinary Teaching Hospitals Business Model - Client Services

Referral veterinarians are recognized as one of the most important VTH customers. Lloyd, Marrinan, and Harris (2005) noted that success of VTHs is "all about relationships". Lloyd et al. (2005) stressed VTHs need to recognize that clients' perceptions, including referring veterinarians, are critical to building strong relationships. The authors noted that clients' expectations both for clinical expertise and for customer service form the basis for customer satisfaction in veterinary medicine. The VTHs need to understand clients' perceptions and to exceed these expectations in order to be successful (Lloyd et al, 2005).

Lane (2005) stated "the main impetus for referral has always been the bond of trust between the private practitioner and the specialist." Lane also alleged VTHs are unresponsive and inefficient. But Burrows (2006) countered this opinion of Lane's, saying that Lane "paints with too broad a brush," as Burrows own experience as chief of

staff at the University of Florida VTH Small Animal Clinic is contrary to Lane`s descriptions.

Baker (2008) presented steps that veterinary teaching hospital personnel can take to improve their management of client expectations. Baker (2008) advised VTH personnel to keep current on expectations for veterinary care, master service essentials, and discuss expectations at the beginning of the clinician-client relationship. Also VTH personnel should use a web site to describe what clients can expect, create a sense of belonging, and identify expectation gaps. Perhaps most importantly, Baker recommended VTHs take advantage of the key driver of loyalty: client experiences that result from the VTH identifying and respecting a client's unique preferences (Baker, 2008).

Meisels (2008a) recommended that specialty hospitals success rely upon the delivery of unparalleled quality service and reliability. No step in the process is too small to ignore. Meisels (2008b) advised the following:

> The referring DVM receive the same or a higher level of communication than is provided to the animal's owner. Further, the referring DVM should be updated daily on hospitalized patients, called even before the owner regarding critical events, and generally kept foremost in the loop. Every referring DVM should receive a referral letter, no later than 7 days after discharge. Interns should not be used to communicate with referring DVMs. Furthermore, discrediting of other peoples' opinion, complaints, and frustrations should not be voiced. Specialty hospitals must strive for a positive collegial environment. In summary, good and

clearly understood policies, core values and culture are important to build successful businesses (Meisels, 2008b).

Lloyd, Harris, and Marrinan (2004) offered specific recommendations to VTHs to improve communication and aid in developing realistic expectations by referring veterinarians. The recommendations were:

> Hospital faculty should be actively involved in continuing education with current and potential referring veterinarians. Newsletters, along with physical experiences such as offering wet labs and VTH tours will help communication and the development of reasonable expectations. Perhaps new faculty could visit every local VMA group within the first year or two after hired to get to know practitioners sooner and better. Enhance the profile of successful alumni. Perhaps sending photos and short biographies of specialty hospital staff will help. General practitioners should be kept informed of VTH staffing changes (Lloyd et al., 2004).

Further, Lloyd et al. (2004) posited that specialty hospitals be more “user friendly” by instituting the following recommendations:

> Employing a referral coordinator to handle complaints, give update on cases, and address other issues related to referring DVMs. Referral letters need to be timely and professional. Providing a referral notebook for referring DVMs with faculty information, VTH operational information, and referral protocols and forms (Lloyd et al., 2004).

A final point offered by Lloyd et al. (2004) related to faculty attitudes toward referring veterinarians being of concern. If faculty commented negatively in front of student, the students were thought to be less likely to refer cases after they graduated and became DVMs in private practice. In summary, each VTH must identify what referring veterinarians need and act upon those needs. If this is done, improved service will result. Intentional, frequent, and respectful communication is essential to identifying needs, successes, and shortfalls (Lloyd et al., 2004).

Referral Veterinarians and Customer Service

The literature related to referral veterinarians and their relationships with veterinary teaching hospitals is limited. Most of the literature available is either from conference proceedings, from periodicals, or non-research related articles in veterinary medical association journals. In 2001, a staff paper from the Department of Agricultural Economics and College of Veterinary Medicine at Michigan State (Lloyd) was published outlining a survey of referring veterinarians in Michigan over a one year period 1999-2000. The purpose of this study was to determine what factors influenced veterinarians to refer cases to the Michigan State University VTH, and to identify areas of possible expansion/contraction of services at this VTH. The results of the Michigan survey aided in the identification of several opportunities to improve customer service: decreasing time to schedule orthopedic appointments; improving communication between clinicians and referring veterinarians; and increasing the quality of customer service provided in the areas of telephone consults and progress reports. Lloyd (2001) noted that the quality of service includes medical outcomes and the clients'/referring veterinarians' experience with the clinic.

In a second relevant article, Burrows (2008) discussed expectations of referring veterinarians in regards to veterinary teaching hospitals and referrals. Burrows (2008) used the example of the University of Florida as a model for meeting referral veterinarians' expectations. Communication and building relationships with referral veterinarians was stressed as important in meeting referral veterinarian expectations. Burrows (2008) noted that many veterinary teaching hospitals "have hired one or more skilled and medically knowledgeable individuals as referral liaisons." The duties of the liaisons include performing all the administrative tasks associated with referrals, i.e. making appointments, sending referral letters, and keeping the referral veterinarian in the loop. Burrows (2008) reported a dramatic increase in the hospital's case load based on their aggressive client service and focus on the referring veterinarian.

Milani (2004) noted that few things are more frustrating for general practitioners than a specialist that does not communicate detailed reports on findings. Block (2006) stressed that effective communication is essential between specialists and the general practitioner that refer patients. Block (2006) recommended notification to the referring veterinarian the same day an animal is examined at the referral hospital is important and referral letters should be sent within one week of discharge or death of the patient.

Towell, Hampe, and Wayner (2010) reported that significant communication gaps between general practitioners and specialists exist. The basic requirement for successful referral depends on effective two-way communication. Clear effective communication is an essential prerequisite for successful collaboration (Towell, Hampe, & Wayner, 2010).

Donnelly (2008a) advocated that general practice veterinarians embrace referring clients to specialists as a means to improve patient advocacy and increase clinic revenues. Use of specialists can increase client satisfaction and increase clinic revenues from follow-up recommendations of specialists. Donnelly (2008b) reported that lack of effective communication by specialty practices is one of general practitioners biggest frustrations. These practitioners felt they were not receiving timely return of their phone calls, that specialists were often not available or accessible, and that they did not receive referral reports in a timely manner or even at all. Plus, some practitioners complained specialists sometimes communicated in a condescending or disrespectful manner, and that pet owners received poor client service.

On the other hand, specialists reported their own communication challenges and frustrations. They felt too much time was consumed by some return phone calls. Specialists resented providing general practitioners with information via phone and later finding out no case was referred. Specialists were frustrated by practitioners who weren't available to take phone calls. Specialists also reported difficulty keeping track of what type of follow-up is required by each referring veterinarian (Donnelly, 2008a).

In part 2 of the report on enhancing communication and collaboration between specialists and general practitioners, Donnelly (2008c) suggested specialty hospitals adopt and follow consistent protocols to ensure timely follow-up reports about referred cases. Donnelly recommended assigning a staff person to oversee written communication between specialists and referring veterinarians. Referral reports should be sent within 24 hours of discharge. In addition daily progress reports on hospitalized patients should be sent to the referral clinics. Additionally, Donnelly recommended the

use of a referral veterinarian liaison to ease the referral process. The report also recommended ways in which to build relationships with referring veterinarians through newsletters, clinic visits, and continuing education, so that referring veterinarians get to know specialists, thereby strengthening the relationship.

As a referring veterinarian, McVey (2003) outlined expectations of specialists to whom clients are referred: Specialists should never talk down to a client about a referring veterinarian; Specialists should be prompt in providing appointment times, and be excellent communicators. McVey expected great service from not only the specialists, but also their employees, interns, front-end staff. Daily involvement in the referred case and frequent reports from the specialists were included in McVey's definition of great service.

Brogdon (2007) reported that general practitioners want information sent back to them about the case in a timely manner and they want the case itself sent back when appropriate. Communication was stressed as very important, keeping referral veterinarian informed. Brogdon (2007) recommended outreach to general practitioners through newsletters and continuing education.

Articles by Simmons (2012), Davis and Pritchard (2011), and Schultz (2007) all gave tips for the referring veterinarian to make a better referral. Effective communication between the referring veterinarian and the specialist and other hospital personnel was listed in all three articles as very important to a smooth process. Working with the owner of the animal to ensure understanding of the process was also important. All articles

stressed a team approach between referring veterinarian and specialist to enable working together to improve the animals' health and well being.

Literature pertaining to referring veterinarians and veterinary teaching hospitals was limited. The information disseminated regarding marketing and customer satisfaction in veterinary medicine was drawn from general business texts and was not specific to veterinary medicine, VTHs and referral veterinarians. In addition, much of the literature contained references to human medicine in regards to patient satisfaction.

Despite the shortcomings, the common thread of the importance of effective communication was found running through many of the articles written for referring veterinarians and specialists. A quote from Dr. Downing cited by Lofflin (2003), may serve as a cogent summary: "Building a bond between the general practitioner and the specialists "with free and open ongoing communication is essential."

Gaps in the Literature

The literature relating to referring veterinarians and their satisfaction with veterinary teaching hospitals was limited. The available articles were limited in scope. Most of these articles were from veterinary medical association conferences, or appear in trade periodicals, not academic journals. The few that were in academic veterinary medical journals were instructive or antidotal in nature, not research orientated. No literature was found that surveyed referring veterinarians in Canada as to their satisfaction with specialty clinics or veterinary teaching hospitals. Nor has the Atlantic Veterinary College undertaken this type of survey in the past.

Although this study does not fill the gap in evidence based research related to referring veterinary satisfaction with veterinary teaching hospitals, this project may aid with future decisions made by the AVC VTH. The project attempts to provide information to the Atlantic Veterinary College VTH administration that will be useful in improving the relationship with Atlantic Canadian referring veterinarians. In addition the information gleaned from the survey can provide ideas that could be used to increase referrals to the AVC VTH, thereby generating greater revenue.

Conclusion

Chapter 2 reviewed literature related to the broad topic of customer service, service quality, and customer satisfaction. Once the basic concept of this area of marketing was explored, the literature review focused on the client services aspect of the VTH business model. A further refinement in the search focused on the limited literature on referral veterinarians and satisfaction with VTHs. The common thread of effective communication was found throughout the literature on quality customer service in veterinary medicine. Chapter 3 describes the research methodology and design, specifically covering population and sample, data collection instrument, data collection, and data analysis.

CHAPTER 3: METHODOLOGY

Introduction

Chapter 3 covers the research methodology and design. Included in this chapter are descriptions of the type of research design utilized in this study. In addition descriptions of the population and sample, the data collection instrument, method of data collection, and method of data analysis. The chapter concludes with a summary of the methodology used in this study.

Research Methodology and Design

Qualitative, quantitative, and mixed method are the three main approaches to research design. Creswell (2009) broadly defines these three as follows:

> Qualitative research is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. Data is typically collected in the participant's setting, data analysis inductively building from particulars to general themes.
>
> Quantitative research is a means for testing objective theories by examining the relationship among variables. The variables can be measured on instruments, so that numbered data is generated and can be analyzed using statistical procedures.
>
> Mixed method research is an approach of inquiry that combines or associates both qualitative and quantitative forms. (Creswell, 2009, p.4)

For this project qualitative research methods of focus groups or one-on-one interviews could have been used to gather data from referring veterinarians. However, a quantitative method survey was a better choice to use as the data collection instrument. The reason for this is three-fold. First, a survey was an accepted and appropriate method of collecting data from consumers (Creswell, 2009; Dillman, Smyth, &Christian, 2009). Second, the cost and time needed to recruit participants and carry out one-on-one interviews or conduct focus groups was much more than the costs of designing and running an internet based survey. Third, most prospective participants judged the convenience and the flexibility of an email survey preferable to being personally interviewed or to participating in a focus group, and were more likely to buy into this method (Dillman, Smyth, & Christian, 2009).

Quantitative research design can be either experimental in form or use non-experimental designs. A survey is considered a non-experimental design (Creswell, 2009, p. 12). Surveys have a long history of being used to gather information from consumers (Dillman, Smith, & Christian, 2009). *The Survey Fundamentals – A Guide to Designing and Implementing Surveys* (Thayer-Hart, 2010, p. 4) described a survey as a "systematic process of gathering information on a specific topic by asking questions of individuals and then generalizing the results to the groups." Hayes (2008) noted that "a survey is an appropriate instrument to assess customers' perceptions and attitudes towards the quality of service a business offers to its customers" (p. 6). Answers to properly developed survey questions can be quantified and analyzed statistically. These expert opinions, along with the practical reasons given prior, supported the choice of a survey as an appropriate data collection instrument for this project.

Population and Sample

The population for this study is the general practitioner veterinarians who are currently licensed and actively practicing veterinary medicine in the Atlantic Canada provinces of Newfoundland and Labrador, Nova Scotia, New Brunswick, and Prince Edward Island. Government regulations require that veterinarians be licensed to practice veterinary medicine in the province in which veterinary services is provided (Canadian Veterinary Medical Association, 2012). The Veterinary Medical Associations of the four Atlantic Canada provinces maintain electronic databases containing the most up-to-date contact information of licensed veterinarians in their provinces.

For this study, the cooperation of the relevant Atlantic Canada provinces Veterinary Medical Associations was sought. With one exception, which will be detailed later, permission was received for the associations to aid in electronic distribution of a letter containing information about the project and a link to the survey to all licensed veterinarians in the Atlantic Provinces. Using this channel to distribute the invitation ensured that all practicing veterinarians had an equal chance of receiving access to the survey.

However, although all veterinarians listed in the database are licensed, not all are necessarily actively practicing veterinary medicine in a private, clinical setting (personal communication, T. Matthews, AVC VTH, 2012). The exceptions are veterinarians who are government employees; academics, and some veterinarians who practice in other jurisdictions, but keep their license current in an Atlantic province for future use. Therefore, not all recipients of the email invitation were members of the target

population. This concern was addressed by making the introduction letter sufficiently clear so that those veterinarians not actively practicing in a private clinical setting would not be apt to respond. Additionally, if non-practicing veterinarians did respond, certain responses on the survey would show that these non-practicing veterinarians were not members of the target population. The surveys from these individuals would be eliminated from the study.

The Veterinary Medical Associations of Nova Scotia, New Brunswick and Newfoundland and Labrador assisted in the distribution of the survey information and link. The Prince Edward Island Veterinary Medical Association declined to distribute the survey information and link, necessitating a different approach to distributing the survey to Prince Edward Island general practitioners. As recommended by the Prince Edward Island Veterinary Medical Association, an up to date list of Prince Edward Island veterinary clinics containing contact information was obtained from AVC VTH Executive Director, T. Matthews. The invitation letter explaining the project was faxed to the clinics on Prince Edward Island.

Since the invitation letter reached all licensed veterinarians in Atlantic Canada the target sample was the same as the population. In a strict definition of terms this would be considered a census (Dillman, et al., 2009). However, no legal requirement to participate existed, so this survey was not a census. Participation was voluntary as outlined in the informed consent form and the instructions for the survey. Further, some recipients of the email would not be in the target population as they would not be actively practicing veterinary medicine in a private clinic setting. In addition, no incentive, monetary or other, was offered to participants in exchange for completing the

survey. For all these reasons, one hundred percent participation was not expected. The sample size would be the number of participants that actually completed the survey.

Data Collection Instrument

A 16 question survey was developed using Survey Monkey (Appendix A). The survey questions were developed to answer the following research questions:

- What is the level of referring veterinarian satisfaction with the quality of service provided by the AVC Veterinary Teaching Hospital?
- What factors influence referring veterinarians' satisfaction with AVC?
- How can the AVC Veterinary Teaching Hospital improve referring veterinarians' satisfaction?

The survey development was aided by using several resources as reference to survey question design and layout (Dillman, Smyth, & Christian, 2009; Bradburn, Sudman, & Wansink, 2004; and Salant & Dillman, 1994). Dillman, Smyth, and Christian (2009) emphasized the importance of question wording and design of the survey to avoid survey errors. Mindful of this, the project survey was designed so that it contained a mix of nominal scale, ordinal scale and open-ended questions. Several of the closed format questions were hybrid allowing participants to choose to fill in an "other" choice. The open ended questions allowed participants to freely answer the question without limiting the responses.

The validity of an instrument is "whether one can draw meaningful and useful inferences from scores on instruments" (Creswell, 2009). The validity of this survey was

established by consulting with the AVC VTH Executive Director, T. Matthews, to develop the survey questions which would best answer the research questions. The completed survey was reviewed by T. Matthews. In addition, the survey was run through a test run with two support staff at AVC, to ensure that the survey worked correctly before it was opened for the participants.

Data Collection

The data was collected anonymously by Survey Monkey. The Veterinary Medical Associations of the four Atlantic Canada provinces were contacted via email (Appendix B) and asked to distribute an invitation letter electronically to the associations' members. The Veterinary Medical Associations in Nova Scotia, New Brunswick, and Newfoundland and Labrador agreed to distribute the invitation to their members. The letter to veterinarians contained information about the project, an invitation to participate, and link to the survey which was hosted on Survey Monkey (Appendix C). Since the Prince Edward Island Veterinary Medical Association declined to distribute the invitation letter to its members, the veterinarians in Prince Edward Island were contacted through the veterinary clinics in the province.

In Prince Edward Island a list of clinics with contact information was obtained from an administrator from the AVC VTH. A cover letter explaining the study (Appendix D), an invitation to participate from the researcher (Appendix E), and an informed consent form (Appendix F) were faxed to each clinic. A phone call to the Prince Edward Island clinics the following day was made to ensure the fax had been received and to collect email addresses of those veterinarians willing to participate in the survey.

Additional phone calls were required at some of the clinics as veterinarians had not had a chance to look over the information. Once email addresses were obtained, the veterinarians that had indicated an interest in participating in the study were sent an email explaining the purpose of the survey and a link to the survey on Survey Monkey. An informed consent form, in a writable PDF format, was also attached to the email.

To further encourage general practitioners to participate in the study, faculty members at the AVC VTH were informed about the study. The AVC clinicians were asked to invite veterinarians in Atlantic Canada to participate in the survey when speaking to the general practitioners regarding cases that were referred to the AVC VTH during the time period that the survey was open. Since all veterinarians in Nova Scotia, New Brunswick, and Newfoundland and Labrador would have already received the email from their Veterinary Medical Associations, this reminder from the faculty at the AVC VTH was additional incentive to participate.

The survey was open for three weeks (21 days) in September 2012. Ten days after the survey opened, follow-up emails were sent to veterinarians. These follow-up emails thanked veterinarians who had completed the survey. In addition, the email encouraged veterinarians who had not filled out the survey to follow the provided link to the survey. The total number of veterinarians invited to participate in the study was 44 Prince Edward Island veterinarians, 220 New Brunswick veterinarians, 80 Newfoundland and Labrador veterinarians, and 298 Nova Scotia veterinarians.

Data Analysis

The completed surveys were stored on Survey Monkey until the survey closed. Once the survey closed to further responses, the results were exported to an excel spreadsheet and stored on a password protected computer. The results were also printed. Cross tabulation of survey questions based on respondents' province of practice and on respondents' school of DVM degree was performed. These results were also exported from Survey Monkey, stored in a word file, and printed. The Survey Monkey account was then closed.

The results were reviewed and cleaned by removing any references within open-ended question responses that might compromise anonymity, such as names or places. The respondents were coded. Descriptive analysis was performed on the results of the nominal and ordinal scale questions. A detailed statistical analysis was not performed on the data, since the response rate was low.

The responses to the three open-ended questions were manually analyzed for themes. Each response was reviewed and the main themes were extracted from the responses. The extracted themes were grouped and reported in table format.

Conclusion

Chapter 3 explained the difference between quantitative and qualitative research, and presented the rationale for choosing quantitative research design for this project. Next, a complete description of the population, sample, data collection instrument, data collection, and data analysis was presented. Chapter 4 will present the results of the

survey. The results for the demographic questions will be presented first. Then, the results will be organized by research question that it answers. The data from the nominal and ordinal questions will be presented in text and table formats. The data from the open-ended questions will be summarized by themes and presented in text and table format. Chapter 5 will present the conclusions drawn from the results. Recommendations to the AVC VTH administration will also be presented.

CHAPTER 4: RESULTS

Introduction

In Chapter 1, the detailed description of the project was outlined. Chapter 2 presented the literature review of customer satisfaction, veterinary teaching hospitals and referral veterinarian satisfaction with veterinary teaching hospitals. Chapter 3 explained the methodology used to carry out this project including the survey instrument and data analysis that was employed. Chapter 4 reports the results of the survey in text and table formats.

A total of 82 surveys were received. However, a closer inspection of the detailed responses indicated that one individual had started the survey three times, and had actually only completed the entire survey once. These two partial surveys, although coded, were eliminated from the results tabulation. In addition, one participant began the survey, but did not complete it. In this incomplete survey, the participant indicated in the Question 6 text box that they were not actively practicing veterinary medicine. Since the criterion of practicing veterinary medicine was not met by this participant, this survey was not included in the tabulation of results. Therefore, 79 valid surveys were used in tabulation of results.

Each survey was coded and this coding was used to report the survey results. The first survey was S1, the second survey S2, and so on to S82. S70 and S71 were eliminated from the results as they were both partially completed surveys by the same individual (coded S72). In addition, S20 was eliminated from the tabulation as this

person was not actively practicing veterinary medicine and had no referrals to the AVC VTH.

Demographics

Questions 10-16 on the survey were demographic in nature. Three participants chose not to answer these demographic questions. Of the 76 participants that answered question 10 pertaining to location of their veterinary practice (Table 1) 44 (57.9%) were from Nova Scotia, 13 (17.1%) were from Prince Edward Island, 11 (14.5%) were from New Brunswick, and eight (10.5%) were from Newfoundland and Labrador. Based on these numbers and the total number of invitations to participate in the survey the response rate for each province (Table 2) was as follows: Nova Scotia 44 out of 298 (14.8%), Prince Edward Island 13 out of 44 (29.6%), New Brunswick 11 out of 220 (5%) and Newfoundland and Labrador eight out of 80 (10%). The total response rate was 76 out 642 (11.8%).

Table 1 Location of Veterinary Practice

Province	Response Count	% of Population
Nova Scotia	44	57.9
New Brunswick	11	14.5
Prince Edward Island	13	17.1
Newfoundland and Labrador	8	10.5
Skipped survey question	3	

Table 2 Response Rate by Province			
Province	**Invites to Participate**	**Response Count**	**Participation Rate (%)**
Nova Scotia	298	44	14.8
New Brunswick	220	11	5
Prince Edward Island	44	13	29.6
Newfoundland and Labrador	80	8	10
Total	642	76	11.8

Question 11 asked in what type of setting the participant's practice was located (Table 3). 27 (35.5%) indicated urban, 24 (31.6%) indicated suburban, and 25 (32.9%) indicated rural. Question 12 asked how many DVMs worked in the practice (Table 4), three (3.9%) had one, 11 (14.5%) had two, 20(26.3%) had three, 16 (21.1%) had four, seven (9.2%) had five and 19 (25%) had more than five.

Table 3 Type of Setting for Practice Location		
Setting	**Response Count**	**Response Percentage**
Urban	27	35.5
Suburban	24	31.6
Rural	25	32.9

Table 4 Number of DVMs in Practice		
Number of DVMs	**Response Count**	**Response Percentage**
1	3	3.9
2	11	14.5
3	20	26.3
4	16	21.1
5	7	9.2
More than 5	19	25

Question 13 asked what percentage of the clinic cases were in the categories of small animal, large animal, equine and exotics (reptile, avian, pocket pets) (Table 5). In the small animal category a total of 71 participants indicated a percentage of small animal cases. The result is as follows: 56 (78.9%) indicated that small animal was 81-100% of their cases; six (8.5%) indicated 61-80% of their cases were small animal; seven (9.9%) indicated 41-60% were small animal; and two (2.8%) indicated 21-40 % were small animal cases. No participants indicated 0-20% of their cases was small animal.

In the large animal category a total of 29 participants selected a percentage. The breakdown is as follows: two (6.9%) indicated large animal cases were 81-100% of their caseload; one(3.4%) indicated large animal cases were 61-80% of their caseload; three(10.3%) indicated large animal cases were 41-60% of their caseload; five (17.2%) indicated large animal cases were 21-40% of their cases; five (17.2%) indicated that

large animal were 1-20% of their cases; and 13 (44.8%) indicated that large animal patients were zero percent of their cases.

In the equine category a total of 29 participants selected a percentage. The itemization is as follows: one (3.4%) indicated equine cases were 61-80% of their caseload; five (17.2%) indicated that equine were 21-40% of their caseload; 12 (41.4%) indicated equine was 1-20% of their caseload; and 11 (37.9%) indicated that equine cases were zero percent of their caseload. In the exotics category a total of 50 participants selected a percentage. The result is as follows: 46 (92%) indicated that exotics were 1-20% of their caseload and 4(8%) indicated that exotics were zero percent of their caseload.

Table 5 Practice Caseload

Species	0%	1-20%	21-40%	41-60%	61-80%	81-100%	Response Count
Small Animal	0	0	2 (2.8%)	7 (9.9%)	6 (8.5%)	56 (78.9%)	71
Large Animal	13(44.8%)	5 (17.2%)	5 (17.2%)	3 (10.3%)	1 (3.4%)	2 (6.9%)	29
Equine	11(37.9%)	12(41.4%)	5 (17.2%)	0	1 (3.4%)	0	29
Exotics	4 (8%)	46 (92%)	0	0	0	0	50

Question 14 asked how many years the participant had been a practicing veterinarian (Table 6). The results are as follows: one (1.3%) answered less than 1 year; 14 (18.2%) indicated 1-5 years; 19 (24.7%) indicated 6-10 years; eight (10.4%) indicated 11-15 years; 11 (14.3%) indicated 16-20 years; and 24 (31.2%) indicated more than 20 years. Question 15 asked how many hours a week the participant worked

(Table 7). The results are as follows: three (4%) indicated less than 20 hours; 31 (41.3%) indicated 20-39 hours; 34 (45.3%) indicated 40-50 hours; and seven (9.3%) indicated greater than 50 hours.

Table 6 Number of Years in Practice		
Years	**Response Count**	**Response Percentage**
Less than 1 year	1	1.3
1-5 years	14	18.2
6-10 years	19	24.7
11-15 years	8	10.4
16-20 years	11	14.3
More than 20 years	24	31.2

Table 7 Number of Hours Worked per Week		
Hours of work per week	**Response Count**	**Response Percentage**
Less than 20	3	4
20-39	31	41.3
40-50	34	45.3
Greater than 50	7	9.3

Question 16 asked from what veterinary school they received their DVM degree (Table 8). The five Canadian veterinary schools were listed and text box for “other”

responses was provided. The results are as follows: 50 (65.8%) graduated from AVC; 22 (28.9%) graduated from the Ontario Veterinary College; two (2.6%) graduated from the University de Montreal; and three (2.6%) filled in the text box in the “other” category. Of these three respondents, one graduated in the Netherlands, one from Tufts University and one from an unnamed U.S. school.

Table 8 Participants’ DVM Degree Institution

Institution	Response Count	Response Percentage
Atlantic Veterinary College	50	65.8
Ontario Veterinary College	22	28.9
Western College of Veterinary Medicine	0	0
University de Montreal	2	2.6
University of Calgary – Faculty of veterinary medicine	0	0
Other	3	2.6

In summary, from the demographics questions, participants were almost evenly divided between rural, urban and suburban practice locations. The number of DVMs in a practice varied between one and more than five, with the highest percentage of respondents being in a practice of three DVMs. Most of the veterinarians work in practices which have a very high percentage of small animal cases. Few practices concentrate on large animal or horses. Exotics in practice are the lowest percentage (1-20%) of the species identified in the survey. The two highest response groups in the

survey were those veterinarians who have worked either 6-10 years or more than 20 years. Also, most of the respondents work between 20 and 50 hours per week.

A majority of the participants of the survey were AVC graduates (65.8%). These graduates likely have a higher level of familiarity with the institution than those who graduated from other institutions, though, depending on their graduation date, they may not personally know clinicians employed by the AVC VTH at the time of the survey. However, this familiarity did not necessarily equate to higher referral rates, which can be seen by looking at number of times the general practitioner referred patients to AVC cross tabulated with the institution from which the veterinarians received their DVM degree (Table 9).

Looking at the number of referrals for the past year for AVC graduates, the highest percentage (32%) referred between six and ten cases per year. For the Ontario Veterinary School (OVC) graduates, the highest percentage (31.8%) referred between six and ten cases per year. The results for the 11-15 times per year is very similar for the AVC and OVC graduates, 18% and 18.2% respectively. For the highest category of referrals, Greater than 20 per year, the AVC graduates are six percentage points higher than the OVC graduates.

Table 9 Number of Referrals in Past Year Cross Tabulated with School Graduated From						
Number of Referrals	**AVC Graduate**	**Ontario Veterinary College Graduate**	**Western College of Veterinary Medicine Graduate**	**University de Montreal Graduate**	**Other**	**Response Count**
0	0% (0)	4.5% (1)	0	0	0	1
1 – 5	12% (6)	18.2% (4)	0	0	50% (1)	11
6 - 10	32% (16)	31.8% (7)	0	50% (1)	0	24
11 - 15	18% (9)	18.2% (4)	0	50% (1)	0	14
16 - 20	14% (7)	9.1% (2)	0	0	0	9
Greater than 20	24% (12)	18.2% (4)	0	0	50% (1)	17

Question 4, number of cases referred to AVC VTH in the past year, was cross-tabulated by province that the participant's practice was located (Table 10). The results showed that over 53% of the PEI respondents referred cases to AVC greater than 20 times in the past year, while 15.9% of Nova Scotia respondents referred cases greater

than 20 times in the past year. For Nova Scotia veterinarians, the highest percentage (40.9%) referred cases 6-10 times in the past year. For New Brunswick and Newfoundland and Labrador the response rate to the survey, 5% and 10% respectively, was too low to establish any conclusion.

Table 10 Number of Referrals in Past Year

Cross Tabulated with Province of Practice

Number of Referrals	Nova Scotia	New Brunswick	Prince Edward Island	Newfoundland and Labrador	Response Totals
0	0% (0)	0% (0)	0% (0)	0% (0)	0% (0)
1 – 5	18.2% (8)	18.2% (2)	0% (0)	25% (2)	15.8% (12)
6 - 10	40.9% (18)	18.2% (2)	7.7% (1)	37.5% (3)	31.6% (24)
11 - 15	13.6% (6)	18.2% (2)	23.1% (3)	37.5% (3)	18.4% (14)
16 - 20	11.4% (5)	18.2% (2)	15.4% (2)	0% (0)	11.8% (9)
Greater than 20	15.9% (7)	27.3% (3)	53.8% (7)	0% (0)	22.4% (17)

Research Question 1: Level of referring veterinarians' satisfaction

Before examining the referral veterinarians' satisfaction with the AVC VTH, several questions on the survey examined the level of referrals to the AVC VTH in the past year by the survey participants (Table11). First, participants were asked how many times in the past year they recommended or offered referral to AVC for their clients. The results were as follows: 14 (17.1%) offered referral 1-5 times; 24 (29.3%) offered referral 6-10 times; 14 (17.1%) offered referral 11-15 times; 10 (12.2%) offered referral 16-20 times and 19 (23.2%) offered referral greater than 20 times in the past year.

Table 11 Number of Referrals Offered in Past Year

# of Referrals Offered	Response Count	Response Percentage
0	0	0
1-5	14	17.1
6-10	24	29.3
11-15	14	17.1
16-20	10	12.2
Greater than 20	19	23

In a further refinement participants were asked the number of referred cases that were actually seen at AVC in the past year (Table 12). As the table shows two (2.6%) indicated 0 cases were seen at AVC; 46 (59%) indicated that 1-5 cases were seen at AVC; 20 (25.6%) indicated that 6-10 cases were seen by AVC; four (5.1%) indicated 11-

15 cases were seen by AVC; three (3.8%) indicated 16-20 cases were seen by AVC; and three (3.8%) indicated that greater than 20 were seen by AVC.

Table 12 Number of Referred Cases Seen By AVC		
# of Referrals Seen by AVC	**Response Count**	**Response Percentage**
0	2	2.6
1-5	46	59
6-10	20	25.6
11-15	4	5.1
16-20	3	3.8
Greater than 20	3	3.8

To determine if the referral rate of the past year is typical of past practices, Question 7 asked participants if the rate of referral in the past year has increased, decreased or remained the same as previous years (Table 13). Here the results show: 14 (17.9%) said their rate of referral had increased, 15 (19.2%) said their rate had decreased, 46 (59%) said the rate of referral had remained about the same, and three (3.8%) were unsure.

Table 13 Rate of Referrals in Past Year		
Rate of Referral	**Response Count**	**Response Percentage**
Increased	14	17.9
Decreased	15	19.2
Stayed the same	46	59
Unsure	3	3.8

Once the level of referral was established, the next question on the survey asked participants to rate their level of satisfaction with various aspects of the referral process. In addition participants were asked their level of satisfaction with the overall referral experience. For the process of setting up a referral appointment six areas were identified: ease of setting up an appointment, access to the forms necessary for referral, ability to schedule an appointment in a reasonable time period, ease of sending or transmitting patient records and or radiographs, ease of sending or transmitting radiographs for independent interpretation, and ease of communicating with reception staff for setting up an appointment or seeking information.

For the ease of setting up an appointment, 62 participants (80.5%) indicated very satisfied or satisfied. For access to forms necessary for referral 65 participants (87.8%) indicated very satisfied or satisfied. For the ability to schedule an appointment in a reasonable time period 46 participants (60.1%) indicated satisfied or very satisfied, while 30 participants (39.9%) indicated somewhat or very dissatisfied. For the ease of

sending or transmitting records and /or radiographs for an appointment 65 participants (86.7%) indicated satisfied or very satisfied. For the ease of transmitting or sending radiographs for independent interpretation 63 participants (90%) indicated satisfied or very satisfied. For ease of communication with reception staff to set up an appointment 60 participants (81.1%) indicated satisfied or very satisfied. Similarly, for ease of communicating with reception staff when seeking information 63 participants (83%) indicated satisfied or very satisfied.

The communication portion of the referral process involved five areas identified by the VTH administration: ability of referring veterinarian to discuss cases with a clinician on a non-emergency basis, ability to discuss cases with a clinician on an emergency basis, receiving notification that the patient had arrived at AVC, receiving a written referral summary upon discharge of the patient and accessing information from AVC website. The ability of referring veterinarians to discuss cases with clinicians on a non-emergency basis can be summarized as follows: 52 participants (67.5%) indicated satisfied or very satisfied, leaving 35 (32.5%) somewhat or very dissatisfied. For the ability to discuss cases with a clinician on an emergency basis 49 participants (66.2%) were satisfied or very satisfied compared to 25 participants (33.8%) who indicated they were somewhat or very dissatisfied. For receiving notification that the patient had arrived at AVC 29 participants (38%) indicated satisfied or very satisfied compared to 47 participants (62%) who indicated somewhat or very dissatisfied. For receiving written referral summaries upon discharge of patient 18 (23.4%) indicated satisfied or very satisfied compared to 59 participants (76.6%) who indicated somewhat or very dissatisfied. For accessing information on the website 49 participants (72%) indicated

satisfied or very satisfied compared to 19 participants (28%) who indicated somewhat or very dissatisfied.

The final two areas covered in this question concerning the referral veterinarians' satisfaction with past referrals of patients to AVC were the medical care that the patients received at AVC and their overall satisfaction with the referral experience. For the satisfaction with the quality of medical care that their patient received 71 participants (92.2%) indicated satisfied or very satisfied. For their overall rating of satisfaction with the referral experience 54 participants (70.1%) indicated satisfied or very satisfied compared to 23 participants (29.9%) who indicated somewhat or very dissatisfied. The results for all the above areas in the referral process are summarized in Table 14.

Table 14 Satisfaction Rating of the Referral Process					
	Very Satisfied	**Satisfied**	**Somewhat Dissatisfied**	**Very Dissatisfied**	**Response Count**
Ease of setting up an appointment	33.8% (26)	46.8% (36)	18.2% (14)	1.3% (1)	77
Ability to schedule an appointment in a reasonable time period	23.7% (18)	36.8% (28)	36.8% (28)	2.6% (2)	76
Access to the forms necessary for referral	41.9% (31)	45.9% (34)	12.2% (9)	0.0% (0)	74
Ease of sending or transmitting patient records and/or radiographs for an appointment	37.3% (28)	49.3% (37)	13.3% (10)	0.0% (0)	75
Ease of sending or transmitting radiographs for independent interpretation	37.1% (26)	52.9% (37)	8.6% (6)	1.4% (1)	70
Ability to discuss cases with a clinician on a non-emergency basis	16.9% (13)	37.7% (29)	41.6% (32)	3.9% (3)	77
Ability to discuss cases with a clinician regarding an emergency	20.3% (15)	45.9% (34)	24.3% (18)	9.5% (7)	74
Ease of communicating with reception staff when setting up an appointment	45.9% (34)	35.1% (26)	17.6% (13)	1.4% (1)	74
Ease of communicating with reception staff when seeking information	40.8% (31)	42.1% (32)	13.2% (10)	3.9% (3)	76
Receiving notification that my patient has arrived at the AVC the same day	15.8% (12	22.4% (17)	31.6% (24)	30.3% (23)	76
Receiving a written referral summary upon discharge of patient	7.8% (6)	15.6% (12)	40.3% (31)	36.4% (28)	77
Access to general information through the AVC website	7.4% (5)	64.7% (44)	25.0% (17)	2.9% (2)	68
Quality of medical care for your patient	45.5% (35)	46.8% (36)	6.5% (5)	1.3% (1)	77
Overall referral experience	19.5% (15)	50.6% (39)	24.7% (19)	5.2% (4)	77

Research Question 2: Factors influencing referring veterinarians' satisfaction with AVC

To answer research question 2 as to factors influencing referring veterinarians' satisfaction a text box for comments in regards to the referral of cases to the AVC VTH was employed. The use of an open ended question allowed participants to express their views on the referral process. This text box followed the series of questions rating participants' levels of satisfaction with various activities of the referral process, thereby possibly triggering the participant to reflect and comment further on these activities. In fact out of the 77 participants that answered the level of satisfaction questions 57 participants (74%) offered comments in the text box with regards to the referral of cases to the AVC VTH.

The comments in the text box were scanned for themes. The most common theme (31 participants) concerned referral reports upon discharge not being timely, inconsistent, or totally absent. A sample of the comments follows: "information on the patient is late in coming after discharge" (S1); "I never get any discharge summaries and have to wait until my client comes back in for recheck to find out what has been done" (S11); "only get report after I ask" (S14); "about half the time it takes some time (weeks) to get a report of the visit" (S27); "..I find written discharge instructions do not follow in a timely manner. Often times I am doing a recheck appointment before written files received" (S79).

The second most common theme was difficulties with communication during the referral process. Twenty-seven respondents commented on problems with some aspect

of communication during the referral process. Examples of statements related to communication follow: “There is minimal communication between the referring veterinarian and the doctors at AVC…” (S54); “very, very poor communication from clinicians to referring veterinarians” (S52); “the quality of communication between clinicians and staff of AVC and the referring veterinarian is currently very disappointing” (S47); “communication once our patients are referred to AVC is poor” (S43); “my concerns are mainly around communication…” (S13) and “If communication was improved, we would not be so hesitant to send cases there…” (S59).

A subset of the communication theme was those comments concerning information about their patients hospitalized at AVC. A sample of five participants’ comments related to obtaining information about their patients follows: “often times I have to call several times to get an update on a patient” (S5); “ getting info while patients are in hosp. at AVC is nearly non-existent” (S9); “ I never get updates while they are there, and when I do call for an update, I usually do not get to talk to anyone on the case” (S11); “status updates are poorly communicated” (S31); “patient’s progress isn’t reported back to us in a timely manner….and client contact me to talk over the case and get advice….One is left feeling out of the loop and not sounding very professional to the client” (S82).

On the subject of medical care for patients there were positive comments made by participants. Respondents S14, S23, and S37 all made positive references to the quality of care at AVC and the fact that their clients were very pleased with the service and care they had received at the AVC VTH. Dr. X was also singled out by several respondents as issuing timely referral reports on patients referred to his service for

treatment. Various other comments were made concerning the referral process and the relationship of the clinicians at AVC and referring veterinarians which can be seen Appendix H. The results are summarized by theme Table 15.

Table 15 Comments on the Referral Process

THEMES	RESPONDENTS
Timeliness of discharge information (inconsistent, slow or not at all)	S1, S5,S6,S9,S10,S11,S13, S14,S16,S19,S24, S23,S25, S27, S34, S35, S36, S41, S43, S45, S47, S48, S52, S53, S54, S58, S66, S74, S76, S79, S80
Communication difficulties	S2, S4,S5, S9, S10, S13,S14, S21, S31, S35, S43, S47, S49, S52, S54, S58, S59, S66, S80
NL patients seen quickly	S3
referring vets case summaries not read carefully	S4
treatment by intern on call not good	S6, S76
wants updates to referring vet by AVC while patient hospitalized	S5,S7,S9,S11,S16, S25, S31, S59, S82
distance from AVC deterrent to referring	S8
poor client satisfaction with AVC	S10
no notification of arrival of patient	S11
be able to refer for specific service without AVC work up	S12, S53
wait time for appointments/surgery	S13, S19, S61
excellent quality of care	S14, S23, S37
Clients are pleased with service	S14, S23, S37
hard to get through to reception (phone system)	S17, S58
non referred services given (negative)	S18
reception staff not friendly	S23
lack of consistency of clinicians for follow-up care/	S23
more detailed discharge summaries	S25
duplication of info requested from referral vet when emergency coming in (owners info)	S26
[redacted]s reports are timely	S27, S76
negative comments by AVC clinician about referring vet to client	S31, S64
AVC clinicians reluctant to see problem cases	S31
AVC clinicians do not value certain info from referring vet	S31, S41
Negotiated prices for LA services	S39
website needs improvement	S41
wants submission of forms on line	S41
Lack of respect of referring vet by AVC clinicians (unprofessional comments made by AVC clinicians)	S47
process to book appointments for both emergencies and routine referrals is frustrating	S48
lack of comprehensive communication with owners	S49
current price list for services	S58
sloppy inaccurate referral summaries (wrong patient name or signalment)	S58
lack of professionalism by AVC during referral process	S62
diagnostic tests repeated at AVC adding to owners costs	S64
suggest using email to communicate files (information)	S68, S72

Research Question 3: Improving referring veterinarians' satisfaction with AVC Veterinary Teaching Hospital

In the survey several questions were used to focus on potential areas of improvement regarding referring veterinarians' satisfaction with the referral service at the AVC VTH. First, the survey attempted to determine which AVC VTH services the referring veterinarians were aware of and how they became aware of them. Second, the question was posed as to what services not currently offered at the AVC would be beneficial to them. Third, the participants were asked to describe ways in which the AVC VTH could better provide services to veterinarians in the region. These questions were designed to provide insight as to what direction the AVC VTH could take to increase satisfaction of this market segment.

Question 1 listed the current services offered by AVC to clients. Survey participants were asked to identify all of the services that they were aware of being offered. Services with the highest recognition (97.6% of respondents) were Small Animal Internal Medicine and Small Animal Surgery. Next highest, recognized by 90% or more of the respondents, were Anesthesiology, Cardiology, Farm Services, Large Animal Internal Medicine, Large Animal Surgery, and Radiology-Ultrasound. The least recognized services were Exotic Animal Medicine and Surgery (58.5%), Acupuncture (59.8%), Avian Medicine (57.3%) and Radiology-Nuclear Medicine (62.2%). Results are listed in Table 16.

Table 16 Recognition of the AVC VTH Services		
Services	**Response Count**	**Response Percentage**
Acupuncture	49	59.8
Ambulatory Equine Services	71	86.6
Anesthesiology	79	96.3
Avian Medicine	47	57.3
Cardiology	76	92.7
Critical Care	72	87.8
Exotic Animal Medicine	48	58.5
Farm Services	74	90.2
Large Animal Internal Medicine	75	91.5
Large Animal Surgery	75	91.5
Pharmacy	63	76.8
Radiology-Ultrasound	78	97.6
Radiology-Nuclear Medicine	51	62.2
Small Animal Internal medicine	78	97.6
Small Animal Surgery	78	97.6
Theriogenology	73	89

Question 2 then asked participants how they were made aware of the services. Personal experiences with services and a previous relationship with the AVC VTH (i.e. student, employee) were chosen by 71.3% and 70 %, respectively. Only 3.8% of the

respondents cited the VTH's website as to how they had been made aware of services. Table 17 shows the summary of results for Question 2.

Table 17 Channel of Awareness of Services

Channel	Response Count	Response Percentage
Personal Experiences / Past Referrals	56	70
Website	3	3.8
Direct mailings from AVC VTH	9	11.3
Colleagues	27	33.8
Professional Development	14	17.5
Previous Relationship (student, employee etc.)	57	71.3
Clients	2	2.5

Question 3 asked which services currently not offered at the AVC VTH would be of most benefit to the referring veterinarian or their clients. This was an open ended question to allow respondents to answer in any manner they chose. Sixty participants answered this question. Dermatology was mentioned by 38 of the respondents. Ophthalmology was mentioned by 29 of the respondents. Neurology was mentioned by 14 of the respondents and behavior was mentioned by 11. The cleaned data is contained in Appendix G. A summary of results are listed in Table 18.

Table 18 Recommended Services		
Theme	**Respondents**	**Response Count**
Dermatology	S1,S2,S4,S5,S6,S7,S9,S10,S13S15,S17,S19,S21,S23,S25,S26,S28,S31,S33,S36,S37,S38,S41,S44,S47,S53,S54,S57,S60,S61,S64,S66,S69,S72,S74,S76,S78,S80,	38
Neurology	S2, S6,S7,S10,S11,S17,S25,S28,S50,S54,S57,S58,S67,S69,	14
Ophthalmology	S2,S3,S9,S10,S11,S13,S15,S17,S18,S22,S23,S25,S26,S31,S33,S36,S53,S57,S58,S60,S62,S64,S67,S69,S72,S74,S78,S80,S82	29
Emergency medicine	S6,S12,S76	3
Behavior	S7,S21,S26,S35,S47,S48,S64,S67,S73,S74,S82	11
Oncology	S7,S47,S53,S54,S57,S80,	6
Dentistry	S15,S17,S26,S44,	4
MRI	S21,S53,S65,S74,	4
Physiotherapy	S48, S60	2

Question 9 asked referral veterinarians to describe any ways in which the AVC VTH could provide better services to veterinarians in the region. This open ended question with text box allowed veterinarians to formulate their own answer. A total of 57 participants answered this question. The answers were analyzed for themes. Better communication was brought up by 22 respondents. More continuing education and more specialists each had 4 respondents. Shorter wait time for appointments/surgery and clinics in other provinces several times per year each had 3 respondents. The complete set of raw data is contained in Appendix I. The results are summarized by theme in Table 19.

Table 19 Ways to Improve Service to Referring Veterinarians		
Theme	**Respondents**	**Response Count**
better communication	S1, S2, S5, S9, S11, S14, S19, S24, S25, S28, S31, S35, S43, S44, S52,S54, S56, S59, S62, S67, S80, S82	22
more practical treatment options	S1	1
need for happier staff	S6	1
more CE	S7, S18, S46, S47	4
more specialists	S2, S7, S80, S82	4
shorter wait times for appointments/surgery	S9, S13, S64	3
emergency services	S12	1
improved phone system	S13, S46	2
clinics in other provinces several times per year	S15, S74, S81	3
new specialists	S17	1
daily update on referred cases	S22	1
provide info about AVC clinicians	S37	1
more info about referral services	S48	1
streamline referral booking process	S48	1
referral for procedures only (CT etc)	S53, S78	1
satellite clinic	S55	1
emergency services	S76	1
increased respect for referral veterinarians	S75	1

Summary

The survey results were summarized and presented in Chapter 4, with cleaned data for open-ended questions available in Appendices G, H and I. Chapter 5 will discuss the results in relation to the research questions and the themes revealed in the literature search. In addition recommendations will be made to the administration of the

AVC VTH based on the results of the survey. Further research will be suggested to expand upon the knowledge gained form this survey.

CHAPTER 5: CONCLUSION

Chapter 1 presented an overview of this project. Chapter 2 examined the relevant literature and identified gaps within the literature. Chapter 3 outlined the methodology utilized in this project. Chapter 4 presented the results of the survey. Chapter 5 will discuss the results and how they may be used by the administration of the AVC VTH. In addition, this chapter will suggest additional research that may add to the knowledge obtained from this study.

Response Rate

The response rate was very low for New Brunswick (5%), higher for Newfoundland and Labrador (10%), Nova Scotia (14.8%) and highest for Prince Edward Island (29.6%). The lower response rate in New Brunswick and Newfoundland and Labrador may be partially due to geographic reasons, as the distance to the AVC may limit the attractiveness of AVC's services to these veterinarians. In addition, the survey was sent out in an English only version. New Brunswick is a bilingual province and perhaps some practitioners in the French speaking areas may not have wanted to answer an English only survey. The higher response rate for PEI is probably due to the fact that veterinarians are located closer to the facility. Clients living closer to AVC are more likely to bring their animals into the AVC for treatment if recommended by their general practitioner, as distance is not as much of a factor as it is with off island veterinarians.

Research Question 1: Level of referring veterinarians' satisfaction

From the survey question related to the current level of satisfaction, several trends become apparent. First, a majority of participants are satisfied with their overall referral experience (70.1%) and with the medical care that their patients receive (92.2%). However, communication, both verbal and written, is perceived as a problem by the majority of referring veterinarians participating in this survey. Anywhere from 62% to as high as 76.6% of the referring veterinarians were dissatisfied with the communication received from AVC during aspects of the referral process. Specifically, a high level of dissatisfaction with communication with AVC clinicians concerning patient status and medical condition of hospitalized cases (62% dissatisfied) and the timeliness of the written referral letter for discharged cases (76.6% dissatisfied) was indicated in the survey.

The communication with reception staff to either get information or book an appointment does not seem to be a point of much dissatisfaction, as 82% are satisfied with this process. However, the phone system itself seems to be an annoyance to some referring veterinarians as this was mentioned by four participants. In addition, the ability to book an appointment in a reasonable time period is a source of dissatisfaction for three veterinarians, especially for orthopedic procedures.

Research Question 2: Factors influencing referring veterinarians' satisfaction with AVC

The major factor appearing to influence referring veterinarians' satisfaction is communication between the referring veterinarian and AVC clinicians. When participants were asked for comments regarding the referral process at the AVC VTH, a high percentage (65%) voiced strong displeasure at the ineffective communication citing issues with both the verbal communication with clinicians concerning cases referred to AVC and the timeliness and quality of written referral letters. This result mirrored the results from the continuum question about the level of satisfaction.

A secondary factor influencing referral veterinarians' satisfaction with the AVC VTH is the perceived negative relationship between the referring veterinarians and the AVC clinicians. Three participants mentioned the fact that some clinicians speak poorly of referring veterinarians in relation to the patient presented to AVC for treatment. Also referring veterinarians feel that their work is either not valued or undervalued by the clinicians at the AVC VTH. Referring veterinarians' report that their information sent with referred cases is either ignored or diagnostic tests repeated.

Both of the above factors appear to lead to referring veterinarians feeling that they are handicapped when dealing with their clients in regard to patients referred to the AVC VTH. The referring veterinarians are left out of the information loop by either not having information concerning a referred case in a timely manner, or by being disrespected by AVC VTH clinicians. This leaves them feeling less than professional as they lack information to share with their clients.

Research Question 3: Improving referring veterinarians' satisfaction with AVC Veterinary Teaching Hospital

Overall the recognition of services offered by the VTH was high, although one would expect 100% recognition by the referring veterinarians, especially by AVC graduates. By ensuring that referring veterinarians are aware of services offered by the VTH, AVC might increase the referrals from veterinarians in the region. The low percentage of referring veterinarians that indicated that they received information about the services at AVC through communication received from AVC (website or pamphlets), indicates the passive role the AVC VTH takes in disseminating information about its services.

By offering more services that referring veterinarians would utilize, AVC has a better chance of increasing its referrals. The participants in the survey gave a clear indication that they would like to see more specialty services offered at the AVC. Dermatology was the specialty most requested. In addition Ophthalmology, Neurology, and Behaviour were all disciplines that referring veterinarians would like to have better access to services.

When asked in what ways the AVC VTH could improve its service to referring veterinarians, better communication was listed by 30% of the participants. Offering satellite or mobile clinics around the region is an interesting idea cited by several respondents. This would address the geographic challenges that some referring veterinarians face when referring cases to the AVC VTH. The financial feasibility of such service would have to be explored.

One way to improve service to the referring veterinarians is to offer more continuing education (Lloyd et al., 2004). Four survey participants mentioned additional Continuing Education courses as a way to improve services to referring veterinarians. Continuing Education would increase the knowledge of referring veterinarians, and would familiarize the referring veterinarians with clinicians at the AVC VTH. Familiarity with the AVC VTH and its clinicians and services is an important key to increasing satisfaction with the AVC VTH.

Recommendations

Based on the survey results the following recommendations are made:

- Improve communication between the VTH and referral veterinarians
    - Ensure that referral letters are sent to the referring veterinarian in a timely fashion (within 24 hours of discharge of a patient)
    - Designate a staff member to be a “liaison” between referral veterinarians and the VTH. This could be in the admitting or medical records section, either current employee or create a new staff position. Similar to what other veterinary teaching hospitals have done to create a “go to” person for referring veterinarians to facilitate the interaction of referring veterinarian with the VTH.
    - Install a distinct phone line for referring veterinarians (which could go to the referral liaison, if one existed)

  - Create an on-line system to book appointments, transmit information about the case, etc. Streamline the referral process for both AVC and the referring veterinarian and lead to fewer “missed phone calls.”
  - Create a standard protocol for communication with referral veterinarians concerning hospitalized patients, keeping the referring veterinarians updated as to patients’ conditions and treatments.
  - Ensure that new interns, residents and faculty are made aware of the above mentioned protocol.

- Examine the feasibility of adding requested services such as dermatology to the VTH. Accomplish this by either hiring faculty or increasing locums in the desired discipline.
- Increase Continuing Education to veterinarians throughout the region. More outreach to the general practitioners in the region creates familiarity with AVC clinicians which in turn leads to a stronger relationship between the two groups.
- Create a directory of clinicians and staff of AVC VTH that contains professional information about each person. This would need to be updated regularly and distributed to veterinarians in the region (probably electronically). Building the relationship between the referring veterinarians and the AVC VTH creates a level of trust between the two groups.

Further Research

As this type of survey had not been done before in this region it is a good starting point and a base on which to build. To expand on the information gathered by this

survey further research could employ focus groups of veterinarians in the four Atlantic Provinces to gather and refine information and suggestions about veterinarians' referral experiences. In addition, a further study could be done to specifically access veterinarians that do not currently refer to the AVC VTH to determine the reasons for this and to determine what could be done to encourage them to do so.

Summary

This survey was undertaken to examine the level of satisfaction of veterinarians in Atlantic Canada with the AVC VTH. Although the level of satisfaction of referring veterinarians appears to be quite high in the area of medical care of patients, it was obvious from the survey that communication between referring veterinarians and the AVC VTH could be improved. In addition, suggested ways to improve services to veterinarians in the region was gathered. A number of recommendations were made based on the information gathered in the survey with the hope that it will aid the AVC VTH meet the needs of this important group of clients.

The results of this survey were not unlike those reported in a similar survey of referring veterinarians in Michigan in 2000 (Lloyd, 2001). In fact, problematic communication between referring veterinarians and veterinary teaching hospitals is a recurrent theme throughout the literature on this subject as outlined in Chapter 2. Identifying and addressing these communication issues can lead to increased referring veterinarian satisfaction, increased referrals and increased revenues as reported by Burrows (2008). The importance of relationship building with this important group of

clients cannot be underestimated. Improved and effective communication can go a long way to build a stronger relationship between the referring veterinarian and the VTH.

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APPENDIX A – SURVEY INSTRUMENT

Exploration of Referring Veterinarians' Satisfaction with the AVC Veterinary

Exploration of Referring Veterinarians' Satisfaction with the AVC Veterinar...

Dear Participant,

My name is Carole McCarville and I am conducting research for the signature project portion of the EMBA program at the University of Prince Edward Island.

The purpose of this study is to examine the relationship between general veterinary practitioners in Atlantic Canada and the Atlantic Veterinary College (AVC) Veterinary Teaching Hospital in Charlottetown, Prince Edward Island. Specifically, the study will look at referring veterinarians' satisfaction with respect to the quantity and quality of services offered at AVC. In addition, the study will examine what factors influence referrals to AVC, what factors influence referring veterinarians' satisfaction with AVC, and how can AVC improve referring veterinarians' satisfaction. The information gathered through this survey will be used by the AVC Veterinary Teaching Hospital to improve services to veterinarians in the in the Atlantic Canada region.

Your participation in this study would be appreciated. The survey will consist of a 16 question electronic survey. The survey will take approximately 10 minutes to complete. Your participation is completely voluntary. You may withdraw from this study at any time or have the freedom not to answer any question without penalty.

All information obtained from this survey is anonymous. My supervisor, Dr. Susan Graham, and I will be the only persons with access to the raw data. All efforts will be undertaken to ensure participant anonymity.

If you have any questions, please contact Carole McCarville at (902) 566-0938, email cmccarville@upei.ca or Dr. Susan Graham at (902) 620-5143, email SCGraham@upei.ca.
This research has been reviewed and approved by the School of Business Administration Ethics Review Committee under the authority of the University of Prince Edward Island's Research Ethics Board.

Thank you,

Carole McCarville

1. The AVC Veterinary Teaching Hospital offers the following services. Please check the services you were aware of as being offered by the AVC Veterinary Teaching Hospital.

- ☐ Acupuncture
- ☐ Ambulatory Equine Services
- ☐ Anesthesiology
- ☐ Avian Medicine
- ☐ Cardiology
- ☐ Critical Care
- ☐ Exotic Animal Medicine and Surgery
- ☐ Farm Services
- ☐ Large Animal Internal Medicine
- ☐ Large Animal Surgery
- ☐ Pharmacy
- ☐ Radiology - Ultrasound
- ☐ Radiology - Nuclear Medicine
- ☐ Small Animal Internal Medicine
- ☐ Small Animal Surgery
- ☐ Theriogenology

Exploration of Referring Veterinarians' Satisfaction with the AVC Veterinary

2. How were you made aware that the AVC Veterinary Teaching Hospital offered these specialty services? (Check all that apply)

- ☐ Website
- ☐ Personal experience with services- past referrals to services
- ☐ Direct mailings from the AVC Veterinary Teaching Hospital
- ☐ Colleagues
- ☐ Professional development
- ☐ Previous relationship (student, employee, etc)
- ☐ Clients

Other (please specify)

3. What veterinary specialty services currently NOT offered by the AVC Veterinary Teaching Hospital would be most beneficial to you or your clients?

4. How many times in the past year have you offered to refer or recommended referral to the AVC Veterinary Teaching Hospital to your clients? (check one)

- ○ 0
- ○ 1-5
- ○ 6-10
- ○ 11-15
- ○ 16-20
- ○ Greater than 20

Exploration of Referring Veterinarians' Satisfaction with the AVC Veterinary

Referral Veterinarians

5. How many of your referred cases have been seen by the AVC Veterinary Teaching Hospital in the past year? (Check one)

- 0
- 1-5
- 6-10
- 11-15
- 16-20
- Greater than 20

Exploration of Referring Veterinarians' Satisfaction with the AVC Veterinary

6. Thinking about all your past referral experience with the AVC Veterinary Teaching Hospital, rate your satisfaction with following aspects of the referral process.

	Very Satisfied	Satisfied	Somewhat dissatisfied	Very Dissatisfied
Ease of setting up an appointment				
Ability to schedule an appointment in a reasonable time period				
Access to the forms necessary for referral				
Ease of sending or transmitting patient records and/or radiographs for an appointment				
Ease of sending or transmitting radiographs for independent interpretation				
Ability to discuss cases with a clinician on a non-emergency basis				
Ability to discuss cases with a clinician regarding an emergency				
Ease of communicating with reception staff when setting up an appointment				
Ease of communicating with reception staff when seeking information				
Receiving notification that my patient has arrived at the AVC the same day				
Receiving a written referral summary upon discharge of patient				
Access to general information through the AVC website				
Quality of medical care for your patient				
Overall referral experience				

Do you have any comments in regards to the referral of cases to the AVC Veterinary Teaching Hospital?

Exploration of Referring Veterinarians' Satisfaction with the AVC Veterinary

7. Compared to previous years, for the past year has your rate of referral to the AVC Veterinary Hospital increased, decreased or stayed about the same?

- Increased
- Decreased
- Stayed about the same
- Unsure

Exploration of Referring Veterinarians' Satisfaction with the AVC Veterinary

Non referral veterinarians

8. Please rate the importance of the following possible reasons you chose not to refer cases to the AVC Veterinary Teaching Hospital.

	Very important	Somewhat important	Not important
Geographical - too far away, not convenient for client to travel	○	○	○
Travel Costs	○	○	○
Cost of Services - clients unable to afford	○	○	○
Lack of confidence in services	○	○	○
AVC clinicians views of referring veterinarians	○	○	○
Level of expertise available at your own clinic	○	○	○
Location of alternative referral center closer or easier access to your hospital	○	○	○
Previous bad experience with a referral to the AVC Veterinary Teaching Hospital	○	○	○
Poor feedback about AVC from a referred client	○	○	○
Not familiar with the specialists at the AVC Veterinary Teaching Hospital	○	○	○
Not familiar with services at the AVC Veterinary Teaching Hospital	○	○	○

Other

Exploration of Referring Veterinarians' Satisfaction with the AVC Veterinary

All Participants

9. Please describe any ways in which the AVC Veterinary Teaching Hospital could provide better services to veterinarians in the region?

10. In what province is your veterinary practice located?

- Nova Scotia
- New Brunswick
- Prince Edward Island
- Newfoundland and Labrador

11. In what type of setting is your veterinary practice located?

- Urban
- Suburban
- Rural

12. How many DVMs work in your veterinary practice?

- 1
- 2
- 3
- 4
- 5
- More than 5

13. What percentage of your clinics cases are the following categories?

	0%	1-20%	21-40%	41-60%	61-80%	81-100%
Small Animal						
Large Animal						
Equine						
Exotics (reptile, avian, pocket pets)						

Exploration of Referring Veterinarians' Satisfaction with the AVC Veterinary

14. How many years have you been a practicing veterinarian?

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- More than 20 years

15. On average, how many hours a week do you work?

- Less than 20 hours
- 20 - 39 hours
- 40-50 hours
- Greater than 50 hours

16. From what school did you receive your DVM degree?

- The Atlantic Veterinary College
- The Ontario Veterinary College
- The Western College of Veterinary Medicine
- University de Montreal
- University of Calgary - Faculty of veterinary Medicine
- Other

If "other," please specify.

Exploration of Referring Veterinarians' Satisfaction with the AVC Veterinary

Thank you

Thank you for your participation in this survey. The final report will be available after April 30, 2013. If you would like a copy of the final report either indicate this on your informed consent form or contact
Carole McCarville (cmccarville@upei.ca) or 902-566-0938.

APPENDIX B – LETTER TO VETERINARY MEDICAL ASSOCIAITIONS

I am writing to your Veterinary Medical Association to request your assistance in distributing an electronic survey to your members. I am a technician in the Department of Companion Animals at the Atlantic Veterinary College and a graduate student in the Executive Masters of Business Administration (EMBA) program in the School of Business at the University of Prince Edward Island. As part of the requirements of my EMBA program, I am conducting original research under the supervision of Dr. Susan Graham from the UPEI School of Business Administration.

As the only full-service veterinary referral hospital in Atlantic Canada, the AVC Veterinary Teaching Hospital offers high quality service to clients through a dedicated team of clinicians, technicians, interns, residents and DVM students. AVC continuously strives to improve its facilities and service to reflect its goal of providing the highest level of care while providing an education for its students.

The title of my project is “An Exploration of Referring Veterinarians’ Satisfaction with the AVC Veterinary Teaching Hospital”. The purpose of this study is to examine the relationship between general veterinary practitioners in Atlantic Canada and the Atlantic Veterinary College (AVC) Veterinary Teaching Hospital in Charlottetown, Prince Edward Island. Specifically, the study will look at referring veterinarians’ satisfaction with respect to the quantity and quality of services offered at AVC. In addition, the study will examine what factors influence referrals to AVC, what factors influence referring veterinarians’ satisfaction with AVC and how AVC can improve referring veterinarians’ satisfaction. The project’s final report will be shared with the Veterinary Teaching Hospital administration and will be used to improve services to both referring veterinarians and their clients in Atlantic Canada.

The electronic survey consists of 16 questions, which will take approximately 10 minutes to complete. Participation is completely voluntary and participants may withdraw from this study at any time or have the freedom not to answer any question without penalty. All information obtained from this survey is anonymous.

Would your provincial Veterinary Medical Association be willing and able to distribute an email from me to your members containing information about the study and a link to the electronic survey? I would anticipate that the email to your members from me would be ready for distribution the week after the Labour Day holiday.

Please do not hesitate to contact me(cmccarville@upei.ca or 902-566-0938) for further information about this project or for a copy of the actual survey.

Thank you for your consideration.

Sincerely, Carole McCarville

APPENDIX C – LETTER TO VETERINARIANS

September 4, 2012

Dear Veterinarian,

My name is Carole McCarville and I am writing to request your participation in an original research project, "An Exploration of Referring Veterinarians' Satisfaction with the AVC Veterinary Teaching Hospital," by filling out an electronic survey. I am a technician in the Department of Companion Animals at the Atlantic Veterinary College and a graduate student in the Executive Masters of Business Administration (EMBA) program in the School of Business at the University of Prince Edward Island. As part of the requirements of my EMBA program, I am conducting this "Signature Project" under the supervision of Dr. Susan Graham from the UPEI School of Business Administration.

The purpose of this study is to examine the relationship between general veterinary practitioners in Atlantic Canada and the Atlantic Veterinary College (AVC) Veterinary Teaching Hospital in Charlottetown, Prince Edward Island. Specifically, the study will look at referring veterinarians' satisfaction with respect to the quantity and quality of services offered at AVC. In addition, the study will examine the factors that influence referrals to AVC, what factors influence referring veterinarians' satisfaction with AVC, and how AVC can improve referring veterinarians' satisfaction. The final report from this research project will be used by the AVC Veterinary Teaching Hospital administration to improve services to veterinarians and their clients in Atlantic Canada.

Your participation in this study would be greatly appreciated. The survey, hosted on Survey Monkey, consists of 16 questions, which will take approximately 10 minutes to complete. Your participation is completely voluntary and you may withdraw from this study at any time or have the freedom not to answer any question without penalty. All information obtained from this survey is anonymous. My supervisor, Dr. Susan Graham, and I will be the only persons with access to the raw data. To further protect individuals' identities, consent forms will be sealed in an envelope and stored separately from survey information and data. In this study any comments, such as specific names, clinics, patients or clients, made in the survey text boxes that would allow the participant to be identified will be discarded. All efforts will be undertaken to ensure anonymity.

Below is a link to a survey on Survey Monkey. Please click on this link and you will be taken directly to the survey. The survey will remain open until September 24, 2012.

Also attached to this email is a copy of the Informed Consent Form. You may send the completed consent form to me at cmccarville@upei.ca or fax a copy to Carole McCarville at 902-628-4316.

If you have any questions about this project, please contact Carole McCarville at (902) 566-0938, email cmccarville@upei.ca or Dr. Susan Graham at (902) 620-5143, email SCGraham@upei.ca.

Thank you for your consideration.

Sincerely,

Carole McCarville, B.S

APPENDIX D - LETTER OF INTRODUCTION FROM AVC HOSPITAL ADMINISTRATOR

September 4, 2012

Dear Veterinarian;

As the only full-service veterinary referral hospital in Atlantic Canada, the AVC Veterinary Teaching Hospital offers high quality service to clients through a dedicated team of clinicians, technicians, interns, residents and DVM students. We continuously strive to improve our facilities and service to reflect our goal of providing the highest level of care while providing an education for our students.

We are seeking feedback on services offered at the AVC Veterinary Teaching Hospital and the referral process. A survey of veterinarians in Atlantic Canada is being conducted by Ms. Carole McCarville, an AVC technician, as part of the signature project requirement of the Executive Masters of Business Program at the University of Prince Edward Island. Enclosed you will find a detailed description of this project and how you can participate. Ms. McCarville will contact your practice by phone within the next three weeks to see if you would consent to participate in this survey and obtain your email address to send the electronic survey.

The final report from this study will be shared with the Administration of the AVC Veterinary Teaching Hospital, and used to improve our services to both our referring veterinarians and their clients. We encourage you to participate in this important feedback mechanism.

Sincerely,

Tracy Matthews, DVM, MBA, BS

AVC Veterinary Teaching Hospital Director

APPENDIX E - LETTER TO PRINCE EDWARD ISLAND VETERINARIANS

September 4, 2012

Dear Veterinarian,

My name is Carole McCarville and I am completing the “signature project” requirement for the Executive MBA program at the University of Prince Edward Island. Signature projects require EMBA students to complete an original research project. The title of my signature project is “An Exploration of Referring Veterinarians’ Satisfaction with the AVC Veterinary Teaching Hospital”.

The purpose of this study is to examine the relationship between general veterinary practitioners in Atlantic Canada and the AVC Veterinary Teaching Hospital. Specifically this study will look at referring veterinarians' level of satisfaction with respect to the quantity and quality of services offered at AVC. In addition, the study will examine what factors influence referrals to the AVC Veterinary Teaching Hospital, what factors influence referring veterinarians' satisfaction with the AVC Veterinary Teaching Hospital, and how the AVC Veterinary Teaching Hospital can improve referring veterinarians' satisfaction.

Your participation in this study would be greatly appreciated. The survey consists of 16 questions, which will take approximately 10 minutes to complete. Your participation is completely voluntary and you may withdraw from this study at any time or have the freedom not to answer any question without penalty. All information obtained from this survey is anonymous. My supervisor, Dr. Susan Graham, and I will be the only persons with access to the raw data. To further protect individuals' identities, consent forms will be sealed in an envelope and stored separately from survey information and data. Email addresses obtained for purposes of the survey will be stored in a password protected computer and not shared with anyone else. In this study any comments, such as specific names, clinics, patients or clients, made in the survey text boxes that would allow the participant to be identified will be discarded. All efforts will be undertaken to ensure anonymity.

In order that the link to the survey can be sent to you for your participation, I will be calling your practice within the next week to obtain an individual email address for you. If you are willing to participate in this survey, please inform your receptionist that you consent to having your email address released to me for the purpose of this study.

Enclosed is the informed consent form. If you agree to participate in the study you can sign this form and fax it to me at 902-628-4316, mail it to me at AVC, 550 University Avenue, Charlottetown, PE C1A 4P3, or scan it and email to cmccarville@upei.ca. I will also be sending an electronic copy of the form with the survey .

Thank you for your consideration.

Sincerely,

Carole McCarville

APPENDIX F - INFORMED CONSENT FORM

Exploration of Referring Veterinarians Satisfaction with the Atlantic Veterinary College Teaching Hospital

Carole McCarville (phone # 902-566-0938; cmccarville@upei.ca)

I am a graduate student in the Executive Masters of Business Administration (EMBA) program in the School of Business at the University of Prince Edward Island. As part of my EMBA program, I am conducting research under the supervision of Dr. Susan Graham (phone # 902-620-5143; SCGraham@upei.ca) from the UPEI School of Business Administration.

The purpose of this study is to examine the relationship between general veterinary practitioners in Atlantic Canada and the Atlantic Veterinary College (AVC) Veterinary Teaching Hospital in Charlottetown, Prince Edward Island. Specifically, the study will look at referring veterinarians' satisfaction with respect to the quantity and quality of services offered at AVC. In addition, the study will examine what factors influence referrals to AVC, what factors influence referring veterinarians' satisfaction with AVC and how can AVC improve referring veterinarians' satisfaction. The information gathered through this survey will be used by the AVC Veterinary Teaching Hospital to improve services to veterinarian in the Atlantic Canada region.

Your participation in this study would be appreciated. The survey will consist of a 16 question electronic survey. The survey will take approximately 10 minutes to complete. Your participation is completely voluntary and you may withdraw from this study at any time or have the freedom not to answer any question without penalty. All information obtained from this survey is anonymous. My supervisor, Dr. Susan Graham, and I will be the only persons with access to the raw data. All completed surveys will be randomly assigned a code. All electronic and paper files will be identified only with this code. Retrieval of files will be done by code. To further protect individuals' identities, consent forms will be sealed in an envelope and stored separately from survey information and data. In this study any comments made in the survey text boxes that would allow the participant to be identified will be discarded. This information could be naming specific clients or patients or naming specific clinics. All efforts will be undertaken to ensure anonymity. If you have any questions, please contact Carole McCarville at (902) 566-0938 or email cmccarville@upei.ca or my project supervisor, Dr. Susan Graham at (902) 620-5143 or email: SCGraham@upei.ca.

This research has been reviewed and approved by the School of Business Administration's Ethics Review Committee under the authority of the University of Prince Edward Island's Research Ethics Board. If you have any concerns about the ethics of the study, you can contact my supervisor Dr. Susan Graham (phone # 902-620-5143; SCGraham@upei.ca) or Don Wagner, the Chair of the UPEI School of Business Administration's Departmental Ethics Review Committee, at dwagner@upei.ca or (902) 566-0467.

By signing this consent form, either electronically or by hand, you are indicating that you fully understand the above information and agree to participate in this study. You are also providing permission to use quotes from some survey questions, with no reference to your name or practice.

Participant Signature:

Date:

Please keep one copy of this form for your own records.

Participant Request for Final Report: Yes No

Address to forward to:

Email:

Mailing: ____ ___ Thank you for your consideration.

APPENDIX G - RESULTS QUESTION 3

Question 3: What veterinary specialty services currently NOT offered by the AVC Veterinary teaching Hospital would be most beneficial to you or your clients?

Respondent	Comment
S1	dermatology
S2	Full time dermatology, neurology and ophthalmology.
S3	Cataract surgery
S4	Dermatology
S5	Dermatology
S6	Neurology, Emergency Medicine, Dermatology,
S7	Dermatology, Behavior, Neurology, Oncology
S9	Dermatology (small animal), Ophthamology (small animal)
S10	Dermatology Ophthalmology neurology
S11	Neurology. Opthomology.
S12	Emergency services
S13	dermatology, ophthalmology
S15	Dentistry dermatology ophthalmology
S16	Radiation therapy
S17	Dermatology / Ophthalmology / Dentistry / Neurology
S18	opthalmology
S19	Dermatology
S21	Dermatology CT/MRI Behaviour
S22	ophthalmology,
S23	Opthomology Dermatology
S24	readily available phone consultations - at the moment we often have to wait quite a while and sometimes time is of the essence
S25	neurology, ophthalmology, dermatology
S26	dentistry specialist procedures. Dermatology referal, behavior consultation service. Opthomology
S28	Neurology, Dermatology
S31	Small animal ophthalmology, dermatology
S33	dermatology ophthalmology
S35	Behavior consultation
S36	Ophthalmology Dermatology
S37	Permanent dermatology
S38	dermatology
S41	Dermatology year round
S44	Dermatologist, dentist,
S46	none
S47	Oncology, behaviour, dermatology
S48	physiotherapy, behavioural services
S50	Neurology and dentistry
S53	Ophthalmology, dermatology, oncology, CT/MRI
S54	dermatology, oncology, neurology
S55	chiropractic work
S57	Ophthalmology!!!!! Dermatology Oncology Neurology
S58	Ophthalmology Neurology
S60	physiotherapy/hydrotherapy/ophtomology/dermatology

S61	dermatology (SA)
S62	There should be an ophthalmologist practicing at the hospital.
S64	Dermatology, Opthomology, Behavior
S65	catscans MRI'S
S66	Full time dermatologist
S67	opthalmology neurology dermatology behaviour
S69	Dermatology, Ophthalmology, Neurology.
S72	Dermatalogy and Opthamology on a more consistent basis. Oncology
S73	Beahaviour
S74	Ophthalmology, Dermatology, Behavior, MRI
S76	dermatology (full time),emergency clinic (they have the staffing (Techs,students ,interns,specialists) and equipment(CBC chemistry))))
S77	Can not think of any services that fit this criteria
S78	Dermatologist and ophthalmologist on staff
S80	dermatology, oncology, and ophthalmology (in that order)
S81	Visiting specialist for referral cases once yearly to the Island of NL
S82	opthalmology, behaviour

APPENDIX H – RESULTS QUESTION 6

Question 6: Do you have any comments in regards to the referral of cases to the AVC Veterinary Teaching Hospital?

RESPONDENT	COMMENT
S1	information on the patient is late in coming after discharge . Difficulties experienced with obtaining information regarding treatment and follow up
S2	When discussing an emergency case I always end up speaking with an intern (who knows less than I do).
S3	Awesome service, epically as we need to ship via air from NL, AVC always goes out of their way to get my patients seen very quickly.....often based on the animals arrival time!
S4	Follow up is difficult - not easy to send follow up rads/us even when requested and are never seen by the same person. Takes a very long time to get follow on instructions (if at all) My clinical notes/case summaries sent prior to referral are almost never properly read as questions almost always come up that would be addressed if they were. Cases are sometimes discharged before a problem is found (in cases like puo) and owners are not followed up with. I have to send them through the whole referral process again for any further care, which many owners are unlikely to do given the distance they travel.
S5	I wish that communication between the clinician or resident and the referring veterinarian was better. Often times, I have to call several times to get an update on a patient. Also, on several occasions, I have had to do a follow-up with a discharged patient and I still do not have the medical record while at AVC or the discharge instructions.
S6	[redacted] It upsets me that when I need help with a case that I have to pay for help. In other professions specialists help the GP's. I realize that this can get abused, however a single practice owner in rural Maritimes, or a new graduate now won't call for help because it will charge the clinic and in turn increase the cost to the owners. The client, patient and practitioner all benefit from the knowledge of the clinicians. When I call for advice I prefer to talk to a resident or a specialist, not an intern. Referral reports from in hospital patients are occassionally slow, but if we need them quickly then we usually can get access to them, or talk to the clinician on the case.
S7	Daily telephone/email progress updates, perhaps by student veterinarian on the case at least?
S8	Many clients do not go due to the distance they have to travel and the cost of that travel plus the bridge cost, hotel etc. Otherwise, I would refer more often.
S9	Communication and records are always the worst part of the referral experience. It seems to take forever to get records, and that getting info while patients are in hosp. at AVC is nearly non-existant

S10	Communication from AVC clinicians to referral veterinarians is poor. A resident or internist should contact the referring veterinarian NOT A STUDENT OR INTERN. Follow up information, medical records are often not received in a timely manner. Client satisfaction with how they are treated is not as good as when I refer patients to private referral centres (Ophthalmologist, surgeon, etc.)
S11	When I have referred cases, I rarely receive any notification that they have arrived and are being treated. I never get any updates while they are there, and when I do call for an update, I usually do not get to talk to anyone on the case. I will leave messages, but will only occasionally get a call back. I will usually have to call my client while in PEI and get an update from them. Also, I never get any discharge summaries, and have to wait until my client comes back in for a recheck to find out what has been done and what is needed for follow up. I usually don't even know if they have been treeated sucessfully, discharged, or if my patient is deceased. This can be very frustrating.
S12	It would be nice to be able to refer clients/patients to AVC for individual proceedures such as US , without having to send patient to medicine and having the case worked up all over again. Clients are frustrated ,as are we with this and the extra cost involved??
S13	My concerns are mainly around communication, for example clients have returned to me for re-checks and I still don't know what was done. A referral form does come, but it takes a very long time and I've often had to call to get one. I also have concerns with the time that it takes to get an appointment.
S14	I always have to call to get information re my referral cases. Only get report after I ask. Often have to call several times to reach intern/clinician on case. I commented I was overall satisfied as I feel my patients receive quality care and my clients are pleased with outcome.
S16	Follow-up information could be received in a more timely fashion in some cases. I sometimes have to ask the client how the patient is doing.
S17	It is sometimes very difficult to reach someone at the reception area. When I do they are always friendly and helpful, but MANY times the phone gives me a message that states everyone is busy and to call back. This is very inconvenient for both myself, my staff and my patients / clients.
S18	Occasionally some non referred services provided to client-teeth floated, annual vaccines given. this should NEVER happen unless clinically necessary for the case.
S19	My greatest issue with the AVC is that referral reports never arrive before the animal comes back to our clinic for its follow up exam. I have waited in exess of two months for a referral report before calling and finding out that it was still not complete (For my own dog as well as several clients pets). My other problem with the AVC referral service is the wait times for cruciate surgery consults for large breed dogs, often in excess of 2 months. I have started referring clients to Hospitals in Halifax for the procedure, when the client can afford to transport their animal that distance, as a result of these delays.
S21	I have played MANY games of phone tag with clinicians regarding potential nonemergency referred cases. It can be very frustrating for myself and for my clients who are awaiting my feedback.
S23	I've had it take a long time to get the reports back.
S24	There is, and has been for a long time, a serious problem with the reception staff. They are reliably unfriendly every time a call is placed. I always make the effort to be cordial and have all my information ready and the reception staff are the worst part of the AVC experience. A close second with the problem of referral is receiving reports following cases. There is a significant lack in time between discharging the patient and the referring vet receiving the paperwork. Finally, and I don't know how to fix this, is being able to discuss a case with the

	same person is very difficult with how the clinic schedule is run at AVC. The same doctor who is familiar with the case/met the patient/did the surgery/etc. is often not available because they are not "on phones". This can lead to some difficulties with consistency. Overall this year my clients have been quite satisfied with their AVC experience. From a medical and surgical standpoint I do not have any concerns or hesitations with referral to AVC.
S25	referring clinician needs more information about their patients that are receiving AVC care or have been recently discharged from AVC; the discharge summary provides only superficial information for most cases and more detail and information needs to be provided to the referring clinician, the discharge summary is suitable for the owner;s purposes but lacks enough detail for the clinician.
S26	As the referring veterinarian I find it frustrating to be required to provide all information such as address of owner when I call to let AVC know that an emergency is on the way. I would prefer to be able to explain about the case to the vet on duty and have AVC reception use the information on the referring sheet to complete their patient information. This is a duplication of providing information when I am rushed and trying to get everything in place for referral.
S27	About half the time it takes some time (weeks) to get a report of the visit. I might add that this is not the case with Dr [redacted] 9 his reports come within the day ;-)) - Kudos to Dr [redacted].
S31	Patient care records while at AVC are not communicated to referring vet. - Status updates are poorly communicated. Communication between treating clinician at AVC and referring clinic are poor. AVC clinician's sensitivity to relationship of client with referring veterinarian is poor - i.e. negative comments are sometimes made re: previous care patient has received. Also it feels that input from referring veterinarian on rule-outs, interpretation of clinical signs, insight into owner's concerns is not regarded highly by AVC clinicians. As well there is a sense that clinicians while setting up a referral are hesitant to see problem cases.
S34	In regards to the written referral summary upon discharge of patient, most of the time it is sent out in a timely manner and the information is complete. There have been some occasions when there has been no report tto follow a patient.
S25	Many times our hospital refers patients and do not receive a follow-up call from the AVC clinician/surgeon, which is very helpful when communicating with the client about what happened with their animal at the AVC. The reports can sometimes be vague, as they are often written by students for client communication, and our veterinarians would greatly appreciate a call from the clinicians directly.
S36	On thw whole, I would say everything is satisfactory. There have been a few incidents of delay in receiving referral summaries. Faxing to the front desk has been challenging. The last time we tried for 4 days to send a fax containing follow-up info on a case.
S37	My clients have been very happy with the expertise and care shown their pets and themselves.
S39	For large animal referals it becomes often cost prohibitif. Wish there was more room for negotiating prices, then I would be able to refer more cases This would be of great benefit to the students
S41	I would suggest some improvements to the website... it is a bit awkward to get around on and the most important information i.e.. how to contact the the hospital, quickly access forms etc is lost in all the words. Also the forms ... would be nice to able to fill them in on line and submit them directly that way. I am usually happy with the care clients and patients get AND I have had some experiences where the world of academic practice and the "real" world have not mixed well... these are not usually about the diagnostics which are usually

	excellent...but more about dealing with clients and patients in the contexts of their lives and experiences. For instance, [redacted] The other thing is referral information... there is often a lag between my copy of the case summary and in particular the recommended post release care and when the patient gets home. So frequently, the owners show up for a post release check up or test and I don't have the AVC information yet. So we end up working off their discharge sheets.
S42	Given the nature of my practice - I am an infrequent referrer to AVC so some of the above questions do not apply well .
S43	The communication once our patients are referred to AVC is poor. Rarely do we get notice they have arrived on the same day, and rarely to we get a referral summary without calling to track down the doctor on the case. There have been many instances where we and our clients are confused as to follup up care and appointments. It is frustrating to deal with our referred clients not knowing what happened while they were at AVC. There should be someone assigned to getting a phone call AND a written referral summary out to general practitioners when the animal is discharged. We should a phone call once the diagnosis is made and if there are major changes. Getting the clients side of the events is not always accurate.
S45	Regarding the written referral summary - somewhat dissatisfied because of the length of time it often takes to receive it. Often the clients are calling with questions before I get the written summary, that leaves me looking somewhat uninformed as well scrambling to try & get the info I need.
S46	Large animals is ok but small animals can't seem to function as a unit. Don't tell me you won't look at a cardiology case because the cardiologist is not seeing cases. Somebody there must be able to use the equipment and consult with another boarded veterinarian somewhere else. Radiology is getting better but three weeks to read rads which you had requested before a referral is ludicrous.
S47	The quality of communication between the clinicians and staff of AVC and the referring veterinarian is currently very disappointing. I am seldom notified when my client arrives for their appointment. I seldom receive any follow up from the appointment and when I do, it's just a copy of the discharge instructions that goes home with the client. This information is not appropriate for the referring veteriarian as it doesn't have enough detail regarding the results of testing, the diagnosis, or follow up care. Also, both as a student at AVC and as a referring veterinarian, I am disappointed by the lack of respect that several staff members and clinicians show towards referring veterinarians. Unfortunately, this does not encourage veterinarians to refer patients to the AVC or to call to discuss cases with them when they feel they might be mocked for doing so. I would appreciate the staff and veterinarians at AVC to conduct themselves in a more professional manner.
S48	my biggest complaint is not the people working reception -they usually have great phone manners, however, being put on hold and the whole process of trying to book in emergencies and routine referrals is time consuming and frustrating. Also the doctors are not the greatest at getting the discharge notes, if

	at all, promptly back to the referring vet. I have these experiences more often than not. Also the doctors giving us updates are appreciated, however, it is not always done, or they just simply talk to our reception staff and not to us. Overall all,I love the AVC, but we referral doctors often get overlooked I feel.
S49	Of the 5 cases that come to mind that we referred, 3 received treatment in accordance with the expectations of the owners & our practice. 2 patients received what appeared (to the owner's perspective) unnecessary therapies which we could not fully explain. I believe full, timely and comprehensive communication with the owners is lacking at AVC.
S52	Very difficult to get a hold of clinicians when you want to speak to them. I have waited several days and have had to make repeated calls, leaving repeated messages before anyone has called me back. Also, very, very poor communication from clinicians to referring veterinarians. Rarely do we receive a report back, and if we do, it is often several months later.
S53	Under "receiving written referral summary upon discharge", I would have checked satisfied, as we normally get one, but went with somewhat dissatisfied simply because of the time it sometimes take sto get that summary. It is inconsistent. Sometimes we get one very quickly, sometimes it takes a long time. It is especially frustrating when the client has been asked to come to us for post referral after care and we don't know what the surgeon or clinician wanted done. The only other complaint I would have regarding referrals is the tendancy to repeat work that was already done by us. This increases the cost to the client and discourages private practioners from doing more of their own diagnostic work before sending the patient for referal. For this reason, it would be wonderful if patients could be referred for certain procedures, rather than having them start from scratch everytime.
S54	There is minimal communication between the referring veterinarian and the doctor's at AVC, I am generally getting all my updates from my clients and not from the attending vets. There have been times when I am due to recheck my patient and I have received no discharge or follow up information from AVC. I have to ask my client to bring in their discharge sheet so I can see what was recommended. I have also had cases that were sent home on Friday night or on the weekend and they received no dicharge instructions at all. I have also had complaints from clients that they had minimal communication with the vets while their pet was hospitalized. I have also had cases where the recommended followup was based on ease of scheduling around holidays or days that were less busy and not based on what was the best time line for the individual patient. My last referral this month was a better experience. The client was updated several times during the day and I received the discharge instructions in a timely manner. I missed the one call I did get from the attending vet, and am still waitingfor them to return my call.
S58	1) Extremely difficult to get an answer by phone when call the reception desk. Usually get a message requesting me to call back at a later time. This is very frustrating when I am trying to set up a timely referral or obtain information quickly, especially if it is an emergency. I am very busy and booked with appointments all day every 15 minutes so it is hard for me to find time to try and phone again and again and again. I would prefer to wait on hold in sequence and have my call answered in the order in which is was received. 2) I rarely get confirmation by fax that my referred patient has been admitted to hospital. I might only receive confirmation in 1 of 5 cases I refer. Also when referring a critical case I often never receive a phone call or any faxed information for a couple weeks after I have referred and this is usually only after I call medical records myself and request the information. In some cases I don't know if a critical case I referred is alive or deceased. 3) I often have referred clients calling me with questions or patients which I have referred or being schedulied for a follow-up appointment and I have not even received any medical

	information or referral summary from AVC. I end up calling myself to obtain the information, and again when I am very busy this is extremely frustrating. 4) I find it very difficult to discuss the referral process with clients without having an up-todate price list of "rough" estimates to discuss with the client. AVC used to have this in the past and it would be very helpful if this information was updated. 5) I frequently receive referral summaries which contain both the wrong sex and patient name throughout the body of the summary. It appears from this that the summaries have been copied and pasted for similar cases and in some places it has been forgotten to change the information. This is unprofessional and sloppy to me and I want to be sure I am receiving the accurate information for my patients and it is not someone else's summary I am receiving.
S59	It is very difficult to communicate with clinicians and receive updates regarding cases. We do not often receive the notification that the patient has arrived. Once there, it may be days before we get an update on a critical case. We had one case that we feel had been discharged too early, came back to us the following day still seizuring, and it was impossible to get a hold of the clinician to see why the patient had been discharged or what our next step should be. If communication was improved, we would not be so hesitant to send cases there.....
S60	None of note
S61	back log for SA orthopedic cases is frustrating
S62	The majority of my experiences with referral have been during emergencies after hours. I have NOT been satisfied with the clinicians during this time. I felt that they did not want the case referred, and they tried to scare both myself and the client by giving a very high estimate over the phone. It makes me more hesitant to refer. Also, we send cases to you because we cannot manage them in a regular hospital. We do the best we can with what we have. We endeavor to show professionalism during referral procedures and we expect the same from AVC.
S64	Most of the time the experience is very good. However, occasionally we send a case and the owners come back feeling like they were either pressured into going further than they were financially prepared to go, or tests were repeated even when the original tests conducted were submitted to the college for analysis. As well there was one case where a clinician at the AVC commented in such a way as to make the client believe we were negligent and they have since gone elsewhere for veterinary services. This particular incident has already been discussed with the AVC director and I know this is an exception rather than the rule.
S66	There is sometimes a lag in acquiring referral summaries. By calling Medical Records, they can usually track down the referral summary but sometimes it can be weeks before the actual summary is faxed through (or I have to call and request for it to be faxed). I think that there could be better communication in terms of updating clinicians as to the outcome of cases. Even if cases end in euthanasia, it would be nice to hear back as to clinical findings, etc.
S68	being able to email files and information would be much appreciated.
S72	We have been very grateful for the services that AVC has provided to our clients and ourselves over the years. Realizing how busy the doctor's are ... perhaps providing an e-mail contact regarding questions about a case that has been referred would be very helpful. Being dealt with in a professional manner is very important. Keep up the great work. Note re this survey When arrowed to previous page lost info on second page.
S74	Living in Newfoundland, access to services is difficult to say the least. Some referrals ended in disappointment or frustration when things could not be done in a timely fashion when they arrived, due to overbooking or excessive emergency

	situations (referring specifically to orthopedic surgical referral in small animal) - understanding of course that emergencies should take priority over elective/stable procedures, however our patients have undergone 1-2 full days of travel to receive your services and the owners get frustrated when they have an unexpected extended stay. Also often our owners can not travel with their pets and feel that they are not updated as often as they should (as they can not be there to see their pet's progress in person). As they referring veterinarian, it is important that the discharge instructions arrive in the clinic before the pet comes in for their recheck so I have time to review what procedures/diagnosis they have had and have a thorough understanding of the follow up they require - ideally being able to speak to the referral veterinarian about how to properly manage the case after discharge.
S76	1)Often do not get information back in timely fashion sometimes not at all. Sometimes animal has been euthanized have have not found out via AVC .Embarrassing if bump into clients. Sometimes just don't find out about cases. Small animal surgery use to be bad for this. Daily updating should be done on all cases. The students are involved in cases and they could easily phone the referring doctors and give updates. This would also be a good experience for them. Cardiology is excellent for for giving updates. 2) After hours doctors (usually interns) should not question the need for referral for ICU .Yes,sometimes the patient is not on death door step but he/she should be observed for the night in case things "go south"and in the referral clinic (left alone) or back home with the client is not the answer. If the client is willing to pay for the ICU service (which has the staffing there anyway) then they should accept the referral with out negativity and questioning your decision [redacted]
S77	I have always found the doctors and staff of AVC to be fantastic to deal with. I am grateful to them for their assistance on cases in the past.
S79	Usually verbal communication is satisfactory but I find written discharge instructions do not follow in a timely manner. Often times I am doing a recheck appointment before written files received
S80	I graduated from AVC then did a small animal internship at WCVM. The student or intern on the case should be keeping the referring veterinarian in the loop - It was my duty as an intern to call rDVMs when the patient was admitted and then daily phone updates (NO MATTER how busy i was). I do not get good communication from AVC at all ... Not only were the phone updates nonexistent unless I called, but am still waiting on a referral summary 5 days post discharge (on a very intensive medical case that I need to recheck today). This is unacceptable.
S81	Although I have not had a case o fmine go to the Vet college I am very grateful to be able to get advice from the teaching hospital and have had clinicians help me greatly with the outcome of my cases here. I hope the the service we receive

	via email and phone will continue to be provided as it is our lifeline to expertise in our very isolated area.
S82	Overall the experience has been good. My one frustration is when a patient's progress isn't reported back to us in a timely manner(certainly not all cases and I realise it has to do with how busy,etc.. things are) and the client contacts me to talk over the case and get advice.This happens regularly since some of these clients have been clients for over 25 years and want to talk to their regular veterinarian also. One is left feeling out of the loop and not sounding very professional to the client.

APPENDIX I – RESULTS QUESTION 9

Question 9: Please describe any ways in which the AVC Veterinary teaching Hospital could provide better services to veterinarians in the region?

RESPONDENTS	COMMENTS
S1	better communication regarding cases, more practical treatment options
S2	More specialists in the fields where they are lacking. Better ways to get in contact with visiting specialists for follow up questions. Better hours for reference lab- I call at lunch time and no one answers.
S4	Please see previous comments
S5	Better communication
S6	Although this can be a very difficult and trying profession, the unhappy work environment at the AVC can be felt through talking to the clinicians and the clients. I realize that no job is perfect, it just seems that the small animal staff seem very unhappy. If I can send an animal to be treated anywhere else for the same services I will. The cost to the clients have increased substantially. The quality of the medicine is above board. I have no concerns at all with the quality of the patient care and the knowledge of the staff and specialists, it is just the perception to the referring vets and the owners.
S7	Host more CE, full spectrum service
S8	I don't think there is anything they can do about location, otherwise the staff, Vets, interns etc are very professional and excellent to deal with.
S9	Shorter wait times for referral (small animal), better communication
S11	Better communications. Also, with lab work sent to AVC there are many issues. They require a history on the patient. However, most times it is obvious that they did not read the history, and we get a report back that is a "copy and paste" response. Never a full repsonse with the actual patient in mind, given the history. I am not sure why we have to spend our time preparing the forms with a full history on our patient when it doesn't matter.
S12	emergency services- become the On Call center .
S13	I don't like the telephone system where you have to press numbers to get a receptionist. I would like to see quicker times to get in for more elective surgery
S14	better ad more timely communication with referring vets
S15	Having clinics in other provinces several times throughout the year
S17	See specialties missing at the VTH
S18	overall do a good job for my large animal practice. Might like easier practitioner skill upgrading say 2 days in bovine ultrasound on a very hands on level.
S19	Completing reports in a timely manner. Call backs to let us know how the animal has made out. On three occasions we have been informed by the owner when we call them to see how their pet has done, that they died while at AVC. If you are always dealing with a surgical backlog of a month or greater, hire more anesthesia and surgical staff. If the demand is there and you are not making enough money charge more appropriately. When a referring DVM sends lab work and radiographs on emergency referrals don't repeat them (biggest complaint from clients). ...or tell your interns to stop complaining when the referrals are sent with no pre-referral labs or rads (yes the bad mouthing does get back to us!). Why would we send reports that are not even looked at (we have had radiographs returned in the envelope unopened - seal not broken)
S20	I am not aware of any.
S21	Laboratory services open on Saturday so bloodwork shipped Friday could have next day results

S22	Daily updates on referred cases, email would be sufficient
S23	Faster fax of the results
S24	Serious reception staff training or turnover. Implement a tighter timeline in which reports need to be sent to referring veterinarians.
S25	provide more detailed patient information during treatment at AVC or upon discharge from AVC
S28	Being in Newfoundland, sometimes it is very difficult for my clients to take their pets down to AVC and the best we can do is call for advice. We find this service very helpful, but at times we have to leave a message for the clinician and we wait all day for a call back that never comes. I appreciate that the clinicians at AVC are very busy, however if I am told someone is on "phone duty" I do expect a call back by day's end.
S31	4th year students could provide status updates to referring hospitals on referred patients. Text messaging/e-mail could be used for simple transfer of info -
S35	Phone us more often to discuss the cases we've sent
S36	Dermatology service and ophtho
S37	Provide us with a list of veterinarians on staff, their specialties and education background.
S41	see previous comments...
S43	Better communication with gp's once their patients have arrived
S44	Easier phone consult
S46	How about some decent CE so that we could meet one another. It is easier to deal with someone you know. GET A PHONE SYSTEM THAT WORKS. While you are at it make sure the front desk has a clue where people are. I once called 5 days in a row before I got hold of somebody who told me the person I was looking for was on vacation .
S47	Offer continuing education throughout the year so that there are more options than just the APVC in the Atlantic region.
S48	send more mail or faxes regarding referral services, and have the referral process of booking less time consuming
S49	see above
S52	- make clinicians more accessible - better communication between AVC veterinarian and referring veterinarian
S53	Provide referral for procedures (ultrasound, CT etc) Provide province wide emergency service.
S54	Not be reluctant to take case if it is late in the week. Contact the referral veterinarinan and update them on the case as it progresses.
S55	satellite clinic in halifax NS
S56	improve easy of talking to someone about a case.
S58	Please see my previous comments I submitted to answer this question, I would request all those concerns be addressed.
S60	Can't think of any
S59	Better communication, quicker and more efficient updates
S61	Overall avc does an acceptable job on the referral process, particularly the front office staff. In general, I have always been pleased with the experience
S62	Improved communication!
S64	Get more locums for dermatology, optho and behavior. Find a way to decrease wait times for cruciate repair.
S66	Full time dermatologist
S67	Communication to referral veterinarians is inadequate. I frequently need to call AVC to get an update on my patients. I often do not know if surgery has been performed, if my patient has been discharged and if so what medications or treatments have been prescribed. I have also been left wondering if some of my critical patients have survived. It is imperative to have routine updates on my patients' status in the rural area I practice in. I run into clients and their family

	members everywhere I go - the bank, grocery store, gas station etc. I have suffered the embarassement of running into a client and not knowing the current status of their pet at AVC. I also feel that there have been several episodes where communication to my clients has been inadequate and they have been left feeling dissatisfied with their experience at AVC.
S72	Have to be accessible in a timely manner. Other regions are wanting to provide more advanced procedures that previously would have been referred. Our referral rate is up because of two fairly new associates who are more familiar with the facility.
S74	There are certain times of year that our patients can not travel by air (Dec/Jan), therefore cannot access your referral services, or they have to overnight in Halifax (not possible in critical cases). Having more traveling clinics/specialist in Newfoundland with greatly increase the services provided in Newfoundland.
S75	One of the major issues is one of continuity, where in a referral, the clinician you speak with has nothing to do with the case. Often referred clients are sent out the door before we are contacted and things seem to get missed along the way. I have often felt disrespected by avc clinicians, not always. It leaves one anxious when referring , you never know what you are goping to get. By comparison, Angel Memorial has always treated my clients and myself very well. Something to be learned there. I discussed this [redacted] This may appear a bit picky but issues are ongoing and I try to refer elsewhere if at all possible. A feeling of professional disrespect comes into play as well and not from the front office support staff, they have always been great. In listening to the dean's address at the NSVMA annual meeting Nov. 2011 it was apparent he was completely oblivious to how many practitioners in Nova Scotia felt. I do hope some good comes out of this
S76	As stated, emergency clinic for the Charlottetown area. I know present contracts of the AVC Veterinary staff does not include this but future contracts could include this or emergency veterinarians could be hired and a rotation set up for students. Excellent experience for students to deal with typical emergency seen in the real world and not just intense emergencies seen in ICU
S77	Geography is the main obstacle for my referrals, and there is nothing that can be done about that.
S78	Allowing referral for ultrasound only would be very helpful. Frequently we have worked up cases extensively but have been told it is not an option to refer only for ultrasound. Repetition of diagnostic tests that have just been performed and submitted to AVC lab need not always be repeated and this seems to be a concern for some of our clients.
S79	Not charge for case recommendations. Also when an animal is sent do not send them back with the same medications already tried
S80	Get more specialists (as described above) Communication!
S81	More mobile specialty clinics
S82	Adding more specialists to the faculty and continuing to try to get info back to the referring veterinarian in a timely manner.