

ACCES for Pet Health

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Lessons from the Mayo Clinic

By Beth Davidow, DVM DACVECC



I recently read *Management Lessons from the Mayo Clinic*. I found it very interesting both for evaluating the current health care debate in Congress and as it relates to the practice of multispecialty veterinary medicine.

The Mayo Clinic was founded over 100 years ago in Rochester, Minnesota. Even though it is located in a tiny town in the middle of the country, it has grown into a brand and institution that many people instinctively associate with high quality medical care. What many people might not know is that its quality medicine is also more cost effective than other medical models.

What makes the Mayo Clinic so unique and so effective? The clinic has a core value of "the client always comes first" that drives everything that it does. The clinic also strongly believes that collaboration between doctors is the best way to provide medical care. They have been leaders in the development of electronic medical records so that multiple

specialists in different locations can all view a patient's chart notes while talking on a conference call. They have worked to facilitate multiple specialists seeing a patient in a short period of time so that all the input can be gathered to make decisions quickly. The clinic has always supported medical research and teaching as they realize this is the only way to improve quality over time.

I have spent a lot of time thinking about lessons can ACCES learn from the Mayo clinic. The idea of "the client always comes first" is interesting because in human medicine the client is also the patient. In the veterinary world, the patient (the animal) and the client (the human owner) are different. In most cases, the needs of the animal and owner are similar but not always. Who do we place first when the animal needs to be hospitalized but the owner emotionally needs them at home? Who do we place first when the animal needs our undivided attention because they arrive in shock but the owner needs us to explain what is going on? Our goal is to always serve both as fully as possible but at times we must prioritize one over the other.

The second idea is that of collaborative medicine. I am fortunate in that I get to experience the strength of this concept every day. This week we had a small dog present with a painful abdomen, nausea, and not eating for 3 days. I admitted the dog on emergency, started some bloodwork, and took radiographs. The radiologist, who works in our facility looked at the radiographs and together we decided that an ultrasound was the next step. On ultrasound, the dog was found to have a possible serious gall bladder condition but also had some kidney changes. The radiologist and I were able to consult one of our internal medicine specialists and our surgeon that day and the four of us together made a plan for this dog's medical care. The conversation and thought process that was possible by having us all in the same place is hard to value.

The third concept is that of teaching and research in private institutions. There are currently only 28 veterinary colleges in the country. With that few institutions, the only way for the veterinary profession to learn and grow, is for research and teaching to occur in private practices as well. ACCES is currently participating in a multi-center trial looking at lyophilized platelet transfusions, a product that someday may be used for human patients as well. We currently host 4th year veterinary students and 2nd year veterinary technician students, trying to give them a good exposure to cases.

I think studying what places like the Mayo clinic do right is extremely important for our congressional representatives as they try to improve the delivery of quality health care in our country. It is also important for those of us on the ground, in both human and veterinary medicine, as we try to improve medical care for our patients and clients every day.

Posted by **Christina Ryan** at December 2, 2009 12:00 a.m.

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