It doesn't take longer to keep good health records on dairies

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Introduction

For those attempting to understand risks for disease and how to make genetic improvement in the health of dairy cattle, on-farm health records are generally perceived to be of poor quality and limited utility. However, a survey of WA and ID dairies found that 83% of 237 respondents were satisfied with the quality and usefulness of their health records, which were used primarily for making individual cow culling and treatment decisions. Additionally, treatment records are viewed as an important tool to avoid drug residues in meat and milk. In a study of 50 herds, only 56%, 30%, and 30% of the dairies entered treatments given when recording mastitis, metritis, and lameness events, respectively. Taken together; these facts indicate that 'Good Health Records' must address three important functions: individual cow health management decision making, drug residue avoidance and regulatory compliance, and herd health management decision making. Current user-defined dairy health records often lack the necessary accuracy and consistency required of 'Good Health Records'. Until common dairy management software define health data entry in a similar manner as that for reproduction data entry, dairies will need to implement standard health data entry protocols to achieve 'Good Health Records'. Many dairy producers are concerned that implementation of standard health data entry protocols will take too much time. The objective of this study was to determine the change in time required to capture and enter health data following implementation of standard health data entry protocols and determine the amount of feedback required to achieve protocol compliance.

Materials and Methods

Time-budget analysis was used to assess the time taken to capture and enter health data (seconds/cow in hospital pen) before and after protocol implementation. Data entry error reports were provided as feedback to facilitate protocol compliance. A dairy was considered compliant when ≤ 5% of computer entries were incorrect for two consecutive weeks. A herd was considered to have relapsed if > 5% errors were identified on a monthly report following compliance. Standard health data management protocols were implemented on 43 dairies in the Pacific Northwest. Time budget analysis was completed on 23 dairies in Washington State with ≥ 500 cows. Proportion of dairies taking longer versus no change or shorter time to enter data was evaluated using the sign test.

Results

Following protocol implementation, more herds took less or the same amount of time for data capture (95.5%) and entry (77.7%) than took longer. Risk factors associated with the time for data capture included personnel involved and capture methods. It took a median of four reports (delivered a median of eight weeks from enrollment) to attain compliance. The median errors were 16.7%, 6.7% and 4.4% errors on the first, second, and fourth reports, respectively. The median percent errors stayed < 5% from the fourth report to the end of the study.

Significance

Implementation of standard health data entry protocols to achieve 'Good Health Records' did not result in increased time required for health data management on the dairies studied. With routine feedback, protocol compliance can be achieved in a relatively short period of time.