

Personnel Management in a Large Feedlot

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When dealing with factors that are associated with feedlot diseases we are primarily concerned with infectious agents, also nutrition, and we use or consult a nutritionist on our problems. We try to eliminate as much stress as we possibly can by providing a better environment for the cattle as they come in, but the top of this thing is management. Under management we are dealing with a lot of different types of people, a lot of different personalities and we have to learn to deal with these people and how to work with them and how to handle them. So, a consultant veterinarian is a teacher. He is a supervisor and he is an advisor. He is a diagnostician. He does do some of the treatment, but the main thing is that he has to be able to get along with people to get the work done and the chain of command in a feedyard is tremendous. You have the general manager, a manager, an assistant manager, office people, office managers, feed mill, feed mill manager, and the yard foreman and his people. The yard foreman and the assistant manager are basically the people I work with.

Under this we have our cowboy pen riders, cowboy bosses in charge of those people. We have a doctoring crew and a processing crew. When I go into a feedyard, one of the first things that I do is get with the assistant manager and if the manager is available I will get with him at that same time and we will try to discuss some of the problems we have been having the last five, ten days, two weeks—trying to see what we need to do to go over our receiving reports. We have certain records that we like for them to keep and this closes the communication gap—so we are relating on the same problems and some of the things we need to be looking at when we go out into the feedyard.

Under the feedyard system one of the main things we are concerned with is a processing crew. This processing crew is something that is a pain for me at times because we are using custom crews that I have no control over other than trying to show them what I want done and how I want it done. But we also use the feedlot people who do their own processing. Now, these people I have a little better control over. I can work with them a little closer. We are putting an awful lot of importance on these people. Yet, they are one of the least supervised and I am still looking one of these days to put the TV camera in a processing barn so we can just set it up there where we can let it move back and forth to see what these people have done, because as long as they know you are there standing and watching, they will do a good job. If you are not standing and watching them, their main thing is to get that animal through. They try to do 8 to 9 hundred head of cattle a day. If you have other

programs besides a routine vaccination program going, they can do about 350 to 400. But our main objective is to get them to do a good job and let them give IBR shots, do the implants and the worming. We veterinarians out in the field have to work with these processing crews. We have to tell them to slow down and do us a good job. We put a lot of importance on them and supervise them a little closer.

In a feedyard situation we must have good communication. Since we are not doing the processing ourselves, we must have a system where those people doing the processing will know what we want. By doing this we do have work orders and these work orders are filled out by the assistant manager or the yard foreman who is in charge of the processing crew. These vaccination programs are put together by myself and the feedyard, depending on the condition and the problems that we are having, and these things are filled out. We would like to know the manufacturer of the vaccines that we are using, so that if we do have a problem with a break-out in the field or in the yard later on we will know which manufacturer we used and which serial number was used. If we can do this, we can keep up with some of our problems.

We are primarily a straight IBR four-way black leg, vitamin ADE, wormer, implant program. As I said, we are advisers and teachers and one of the things we have to do with our processing crews is to teach them the proper locations. By using this little “Honey the Hereford” heifer, we have been able to use her in continuous education programs for the processing crew and also the hospital crew. We have been able to use her and show them the proper location for injections. We have also been able to show proper method of implanting and ear tagging these cattle.

We, as consultant veterinarians, have to be good teachers and use the right tools to show proper procedures. One of the first things that we are really upset with in our personnel management in the feedyard is dealing with sanitation. There is no way in the world when we are running 700 to 900 head of cattle through a processing barn to do a good job on sanitation. Feedyards are going to have to get geared to handle this number and they are going to have to get geared to be able to clean these facilities up and keep them clean, because when you start sticking the IBR needle in a little bit of manure, just sticking it on a shelf that is not clean itself, we have problems. So this is something we have to really work at to do a better job in sanitation.

One feedyard is doing a good job on sanitation. They have a stainless steel sink and a good hot and

cold system. They have the facilities that we need to have to do a good job for these people. If we can give them some clean facilities and good working facilities, these people will stay with us a long time.

Communication is one of the names of the game that I preach all the time and this one thing we have to do just like Dr. Vermedahl said. When you are out in the yard riding these alleys, stop and talk to that cowboy, see what his problems are, see what he has been looking at and thinking. We have to get to know these people and we have to know what their capabilities are. The only way we can know their capabilities is by visiting them, and by stopping and talking to them we get communication going. This man can tell us about problem pens, whatever is going on, so we can go to that pen and see what is going on.

What we do not like to see is to come through a yard and see several down in a pen, several dead, and you go into the yard and you find several drunk cattle and a lot of diarrhea. We are trying to figure out what is going on and we have a pretty good idea. But you take a little history on these cattle, cattle received during the heat of the day, if they went straight to the processing area. There were no hay or water facilities at the processing. They went straight to the pen. Somebody forgot to put the hay in the pen and we had full feed, a bunk full of feed, and we end up with severe acidosis. By using those pH sticks, showing these people what we are doing, what we are looking at, and what we are concerned with, we can help our situation.

By using that pH stick we can show the situation. But this thing could be avoided if those people would communicate with each other and work with each other. We need a team effort and make sure everybody knows what is going on when the pen cattle are coming.

One of the things we do after getting out into the yard is to be sure to go to the hospital areas and look at some of these facilities. We want to look at the cattle and talk to the doctoring crew. And here again, we must have good communication with what is going on in the hospital. By looking at these cattle we can check our pull slips. These are some of the slips that Dr. Garrison and Dr. Vermedahl are talking about. This is a pull slip that pen riders keep in their pocket. When they go into a pen, they can use this to write down the pen the animal was pulled out of, the brand, and the description of the calf, put down the sex, and what they are pulling it for. When this thing goes to the hospital, the cowboy "doctor" or whoever is doing the doctoring that particular day can fill out a daily hospital report. With this daily hospital report we put the same thing—we have the number of head they pull out of the pen, what lot number it was, and we put the individual hospital tag number. Also, at the end of that we put down if he was pulled for a respiratory problem or bloat, toxicosis, or whatever.

That way when it is turned in each day, as a consultant veterinarian I can look at the daily hospital

records. The assistant manager or manager can also look at the records and see what cattle are being heavily pulled and why they are being pulled and they can figure out what is going on. I use this system real close. We pick these records up, we plug them into the computer, and then we can tell what is happening on a weekly basis.

We like to get these hospital crews and go over everything. As I said, we are teachers, advisers, and we have to show them that we have confidence in their ability to do what we want them to do. We do set up these programs for them. We want them to communicate with us. Here again, we use the "Honey the Hereford" heifer many times in our programs to show proper location and proper injection sites and she has been real popular in our area because we have used her in continuing education programs. It is produced by a drug company but yet they talk about respiratory diseases. This works out real good. We have a lot of night meetings. We used to have more than we have now. I get a little lax in my system when I am working in a feedyard 5, 6, 7 years—but our turnover with our people is 100 to 125% a year. Some feedyards figure one person per month will leave them. This includes major people as well as pen riders and so we have a continuation program with these people. Not just once a year, but we have to do it quite often. So we set up a six to eight-week session, talk to them, have a steak dinner, show a slide, bring in an outside speaker. This system has worked out very well for us in setting up these cowboy "bull sessions."

In a hospital we do have some treatment records. Each animal is individually identified. He has an ear tag. We set up programs. Since we do not do the treatment ourselves, we do specify certain programs with these people. We have a treatment book, or I have a treatment book that we have made over the past few years. We modify it on a weekly or monthly basis and sometimes, in a certain feedyard, if they are not having too much problem with what they are dealing with, we might not change that book. But we have certain programs we set up and these systems are turned in in duplicate form. I get one copy of it so I can see what the cattle are being treated with so we can change the treatment if we need to and also do our changing of treatment as we need to as far as the autopsy and other reports indicate.

We do not like the shotgun approach. We want to be specific with what we are using. Not only that, but we need to follow our withdrawal times with antibody programs when we are dealing with the FDA. We do not want to send an animal report to come back with an antibiotic residue. We want to know exactly what has been in that animal. So when someone does question us with what is happening, we can show exactly what we gave that animal, and what we gave that particular pen of cattle and work at it that way.

The hospital record has the lot number and pen number, individual tag number, and what date he was pulled and what his temperature was each day.

We have basically a three-day treatment type program and we can evaluate our programs as they come back to us.

For individual tags we have used a little bit of everything. The metal tag over the right bottom corner is the one we use at the present time. It works out well as it stays in the ear real well and these things are pretty inexpensive. We are concerned about drug control. This is another place where we have to have good personnel management. We do not want a lot of people ordering drugs. We want one person to be responsible. I want to be responsible with him. Whenever a drug company comes in, we use a lot of lay drug companies in our area. We do some drop shipment but our primary source of supply is Lay Drug Company. We want these people to come to us and not just start throwing a lot of drugs on the shelf. We specify which products and which manufacturer, etc. These lay drug companies know what we want. If they have something that they want to show us in more detail, they come to me first. Or if they go to the feedyard, my people say, "Go see Dr. Bechtol." So this is what we want. We have to have good facilities, though. We want to be able to store these things so that we can keep a good inventory and know exactly what is going on.

We do a lot of autopsies. I try to necropsy as many animals as I possibly can. Our biggest problem is that I am not there every day. Sometimes I am not there but once a week. Sometimes every ten days. I am always available if somebody has a problem. If there are any cattle in question that need to be autopsied, someone might call me on the phone wherever I might be to tell me that they have a problem and I can tell them whether I can be there or not. If I cannot be there, there is at least one feedyard person that can autopsy these cattle and collect samples for me.

We are able to take these samples to the diagnostic laboratory. We are fortunate to be so close to the diagnostic laboratory in Amarillo and utilize these people who help us to determine our programs. We do keep a death loss record. We are concerned with the cause of death. Many times these are "cowboy diagnoses" and sure we will miss them, but we rely on them as much as possible. I am hoping some day,

with our veterinary schools developing sophisticated programs, they will let us have some internship people come out and spend some time with us. I would like to autopsy every animal that dies in my particular practice for at least one month to see how close the cowboy comes to our diagnosis after we do an autopsy. I am sure it would be way off because there will be a lot of pen deaths that we have written up as pneumonia that could also be water bellies. We have a lot of other problems for which, when they do not do an autopsy, they have to put down something. So I am sure that there are some things we are missing but we are concerned with what the cause of death was and where it died. If we are having very many pen deaths, over 20 to 25% of pen death loss a month, then we will try to autopsy as many of those cattle as possible so that we can determine what is going on. Whether it is a pen rider problem or type of cattle that we are receiving, we want to know what is happening.

This thing is broken down where we can recap this thing. How many died in the buller pen, chronic pen, hospital, whatever, and we can see the month blank. We can use the month of December. Normally we put out what date it covers, whether it is December the 1st through December the 7th. So we can follow this through and at the end of the month we can total this thing up and we know how many died at the end of the month and where the location was. At the bottom of this sheet we also have the diagnosis and plug it into our computerized record system and our program.

After we have done all of this—we check the incoming cattle, we check the processing, we look at any pen problems, we have a look at our hospitals—then we let this man know what changes have been made, what we are doing, what we expect to do, and what we hope to do in the future and let him know exactly what is happening. The name of the game is **team effort**, communication, and working with everybody. If you do not, we will end up by shooting ourselves and going home. I borrowed this from Dr. Horton and I bet before I leave here he will want it back!