

## **Metropolitan Board of Health of Nashville and Davidson County September 13, 2018 Meeting Minutes**

### **EXECUTIVE SESSION**

Board Chair Carol Etherington, Vice Chair Francisca Guzmán, Board members Dr. Thomas Campbell, Dr. Margreete Johnston, and Dr. Alex Jahangir met in Executive Session from 4:00-5:10 p.m. with Quan Poole and Carly Elliot of Metro Legal.

### **REGULAR MEETING**

The regular meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Carol Etherington at 5:15 p.m. in the Board Room, on the third floor of the Lentz Public Health Center, 2500 Charlotte Avenue, Nashville TN 37209.

### **Present**

Carol Etherington, RN, MSN, Chair  
Francisca Guzmán, Vice Chair  
Margreete Johnston, M.D., MPH, Member  
Thomas Campbell, M.D., Member  
Alex Jahangir, M.D., Member  
William S. Paul, M.D., MPH, Director of Health  
Sanmi Areola, PhD, Deputy Director  
Jim Diamond, MBA, Assistant Director, Administration and Finance Bureau  
Billy Reagon, RN, BSN, DIS, TB Elimination Program Director  
Joanna Shaw-KaiKai, M.D., Infectious Diseases Physician  
Les Bowron, Esq., Director of Human Resources  
Quan Poole, JD, Metropolitan Department of Law  
Carly Elliott, JD, Metropolitan Department of Law  
Feng Li, MD, JD, PhD, CEO, Forensic Medical Management Services and Chief Medical Examiner,  
Metropolitan Nashville and Davidson County

### **Update from Forensic Medical**

Dr. Feng Li provided an introduction to the Medical Examiner's Office (attachment I).

Dr. Li invited Board members to tour the Forensic Medical Examiner facility.

### **NALBOH Conference Update**

Dr. Campbell shared information about the Annual Conference of the National Association of Local Boards of Health, held in Raleigh, North Carolina, which he attended in August.

### **Approval of Grant Applications**

Jim Diamond presented two items for approval:

**1. Mars Home for Good**

Term: January 1, 2019-December 31, 2019

Amount: \$10,000

**2. Ryan White Part A**

Term: March 1, 2019-February 29, 2020

Amount: \$4,394-899

Mr. Diamond and Dr. Paul addressed Ms. Guzman's question concerning the risk assessment for grant applications.

**Dr. Jahangir made a motion to approve the grant applications as presented. Ms. Guzmán seconded the motion, which passed unanimously.**

### **Approval of Grants and Contracts**

Jim Diamond presented four items for approval:

- 1. Contract with Monroe Harding**  
Term: 1 year from execution  
Amount: \$11,244
- 2. Grant from the Tennessee Department of Health, Women's, Infants and Children**  
Term: October 1, 2018-September 30, 2021  
Amount: \$28,000
- 3. Grant from the Tennessee Department of Health, Health Promotion Services**  
Term: July 1, 2018-June 30, 2020  
Amount: \$70,600
- 4. Metropolitan Board of Public Education Memorandum of Understanding**  
Term: October 1, 2018-June 30, 2020  
Amount: \$265,930.58

**Dr. Jahangir made a motion to approve the grants and contracts as presented. Ms. Guzmán seconded the motion, which passed unanimously.**

### **Approval of the August 16, 2018 Meeting Minutes**

**Ms. Guzmán made a motion to approve the minutes of the August 16, 2018 Board of Health meeting as written. Dr. Johnston seconded the motion, which passed unanimously.**

### **Director's Report**

Dr. Paul referred to his update provided in the Board packet (Attachment II).

Dr. Paul offered to arrange QPR (Question, Persuade, Refer) suicide prevention training for any Board member.

Dr. Paul recognized Billy Reagon, TB Program Supervisor, and Dr. Joanna Shaw-KaiKai, Infectious Diseases Physician, and noted that the TB program was assessed in August by the state. The state complimented improvements made in the program, the accuracy of charting and the quality of patient care. He also announced that Metro's TB video, "Tubercules," has been chosen as the winner for the 2018 national CDC TB ETN Project Excellence Award.

Dr. Paul announced that Kiana Radney's research poster, "Epidemiology of Early Childhood Caries Among MPH/WIC (Women, Infants and Children) Participants," was recognized as being one of the top five at this year's Tennessee Public Health Association Annual Conference.

### **Report of the Chair**

Chair Etherington reminded the Board that the annual retreat is scheduled in the Lentz Board Room on Thursday, November 15. The proposed agenda is being developed.

Chair Etherington invited Dr. Johnston to share information about the ROSE, Inc. (Raising Our Sisters Everywhere) event scheduled October 29 and 30. The organization seeks to enhance, encourage, support, promote, and protect breastfeeding by working to reduce the breastfeeding disparities among African American women, and to strengthen the health of their babies and families through mentoring,

training, breastfeeding support groups, social support, outreach, education, legislation, health policies, and social marketing. The purpose of the event is to empower mothers to be breastfeeding peer counselors and champions in the community. She anticipates there will be 50 participants.

### **Review of Board Requests**

- A request for a copy of the thank you letter sent to MACC donors.
- A request for a list of the yearly grants to Metro Animal Care and Control (MACC).
- A request to acknowledge donations or grants to MACC over a threshold of \$5,000 in a year.

### **CIVIL SERVICE BOARD**

#### **Approval of Out-of-Class Pay**

Les Bowron requested the extension of out-of-class pay for Rachel Franklin, serving as interim Director of the Communicable Disease and Public Health Emergency Preparedness bureau, whose Director-approved out-of-class pay would expire prior to the next Board meeting.

**Dr. Jahangir made a motion to extend out-of-class pay for Rachel Franklin. Ms. Guzmán seconded the motion, which passed unanimously.**

#### **Approval of Extension of Administrative Leave**

Les Bowron requested the Board approve an extension of administrative leave until the October 11, 2018, Board meeting for Pam Sylakowski while Metro Human Resources completes a report, and a decision is made by the Department.

Mr. Bowron advised the Board that the report would be shared once it was received from Metro Human Resources.

**Ms. Guzmán made a motion to extend administrative leave for Pam Sylakowski. Dr. Campbell seconded the motion, which passed unanimously.**

#### **Personnel Changes**

Les Bowron presented the personnel changes.

#### **Executive Session**

**Dr. Jahangir made a motion to approve adding Yilfu Teferra to the Personnel Changes report as a “Voluntary Termination.” Dr. Campbell seconded the motion, which passed unanimously.**

#### **Next Regular Meeting**

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, October 11, 2018, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 6:25 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN  
Chair

# Introduction to Medical Examiner's Office in Davidson County and Metropolitan Nashville

Feng Li, MD, JD, PhD

CEO

Forensic Medical Management services

Chief Medical Examiner

Metropolitan Nashville and Davidson County

USA

# Development of Forensic Medicine in USA

- Medical Examiner System:
- In 1877, Massachusetts replaced lay coroners with physicians called medical examiners (MEs), the first official use of the title in the United States.
- By 1918, New York City had a medical examiner department headed by a physician. As physicians and lay professionals obtained training in medicolegal investigation of death in the northeastern United States, they took that training and began to move to other areas of the nation, establishing ME systems.

# Medical Examiner vs. Coroner

- Medical Examiner
  - Licensed Physician
  - Specialized knowledge
  - Appointed
  - Frequently can perform autopsy
- Coroner
  - Any person (generally older than 18)
  - No job requirements
  - Elected or appointment
  - Uses pathologist to conduct autopsy



# What does a medical examiner do?

- Conduct/direct medicolegal death investigation
- Perform autopsies
- Order and interpret additional tests
- Determine cause and manner of death
- Determine identity of decedent
- Provide expert opinion
- Testify in criminal/civil court



# Reportable Cases

## Recommendations

- Trauma or violent deaths
- Death in custody
- Suspicious or unusual
- Not under care of physician
- Death on job
- Public health hazards
- Therapeutic complications
- Children without obvious natural disease
- Abuse or neglect of extended care residents
- Unknown identity
- Cremations

# Trauma or Violent Deaths

- Gunshot wounds
- Stab wounds
- Electrocution
- Burns
- Poison
- Falls
- Drowning
- Strangulation
- Hanging
- Motor vehicle collision
- Natural disaster
- Animal mauling

# Medial Examiner Jurisdiction

- All trauma or violent deaths
- All deaths while in custody
- All deaths unattended by a physician
- Therapeutic complications
- Unknown identification

# ME jurisdiction Declined

- Natural deaths, at home or health care facility, where MD have attended and will sign death certificate
- Hospice cases with some exceptions
- A reported case is not automatically accepted
- An accepted case is not automatically autopsied

# Autopsy Guidelines-Must

- Homicides
- Suspected homicides
- Manner of deaths are undetermined
- Unexplained infant deaths
- Deaths in custody without known medical history

# Autopsy Guidelines-Should

- Suicides
- Motor vehicle fatalities
- Workplace deaths
- Possible overdose of drugs/medications
- Unconfirmed public health hazards
- Consumer product failures
- Undocumented natural disease in healthy adults

# Autopsy Guidelines-Should

- When can autopsy be waived?
- Next-of-kin objections
- Autopsy will not add further information
- No criminal charges pending
- Ample medical documentation of injuries

# Cause of Death

- Injury or disease producing the physiological derangement in the body causing the individual to die:
  - Examples: gunshot wound to head, stab wound to chest, atherosclerotic cardiovascular disease, adenocarcinoma of lung



# Cause of Death

- Immediate cause: event just prior to death
- Proximal cause: regardless of time since event
  - the initial event beginning the unbroken chain of events eventually leading to death

# Manner of Death

- Natural
- Accident
- Homicide
- Suicide
- Undetermined or unclassified
- Therapeutic misadventure

# Medical Examiner Reports

- Report of the county medical examiner
- Autopsy report
- Toxicology report
- Reports are public records in Tennessee



# Forensic Medical Management Services, PLC



## National Association of Medical Examiners

*Hic locus est ubi mors gaudet succurrere vitae*

- In 1998, The Nashville/Davidson County Medical Examiner's office was accredited by the National Association of Medical Examiners (NAME) and currently maintains that accreditation.
- NAME Accreditation assures that offices conforms to the highest level of standards, practices, and medicolegal death investigations in the county.







**DR. FENG LI, M.D., J.D., PH. D.**  
CEO & CHIEF MEDICAL  
EXAMINER FOR DAVIDSON  
COUNTY



**JAMES FARRIS E.D., D.**  
VICE PRESIDENT FOR  
BUSINESS DEVELOPMENT  
NASHVILLE LOCATION



**MATT MARTIN, CPA**  
CHIEF FINANCIAL OFFICER  
NASHVILLE LOCATION



**ADAM HOWELL**  
DIRECTOR OF INFORMATION  
TECHNOLOGY NASHVILLE  
LOCATION



**BILL LEFTWICH**  
DIRECTOR OF HUMAN  
RESOURCES NASHVILLE  
LOCATION



**LISA ROBISON**  
DIRECTOR OF  
ADMINISTRATIVE AND  
CLERICAL SERVICES  
NASHVILLE LOCATION



**CANDICE SEXTON**  
DIRECTOR OF  
INVESTIGATIONS



**LARRY BARKER**  
MORTUARY SERVICES CHIEF  
AUTOPSY TECHNICIAN  
NASHVILLE LOCATION



**FENG LI, M.D., J. D., PH. D.**  
CHIEF EXECUTIVE OFFICER  
AND CHIEF MEDICAL EXAMINER  
OF DAVIDSON COUNTY



**THOMAS DEERING, M.D.**  
DEPUTY CHIEF MEDICAL  
EXAMINER OF DAVIDSON  
COUNTY



**MIGUEL LABOY, M.D.**  
ASSOCIATE MEDICAL  
EXAMINER



**DAVID ZIMMERMAN, M.D.**  
ASSISTANT MEDICAL  
EXAMINER



**ERIN CARNEY, M.D.**  
ASSISTANT MEDICAL  
EXAMINER



**EMILY DENNISON, M.D.**  
ASSISTANT MEDICAL  
EXAMINER



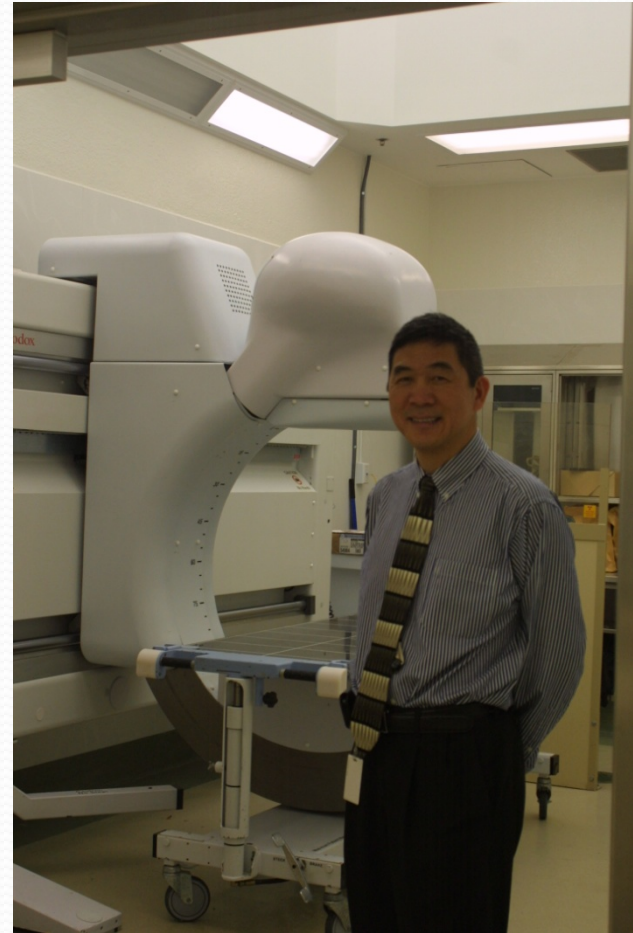
**RANDY TASHJIAN, M.D.**  
ASSISTANT MEDICAL  
EXAMINER



# Medical Examiner's Office Nashville



# Medical Examiner's Office Nashville



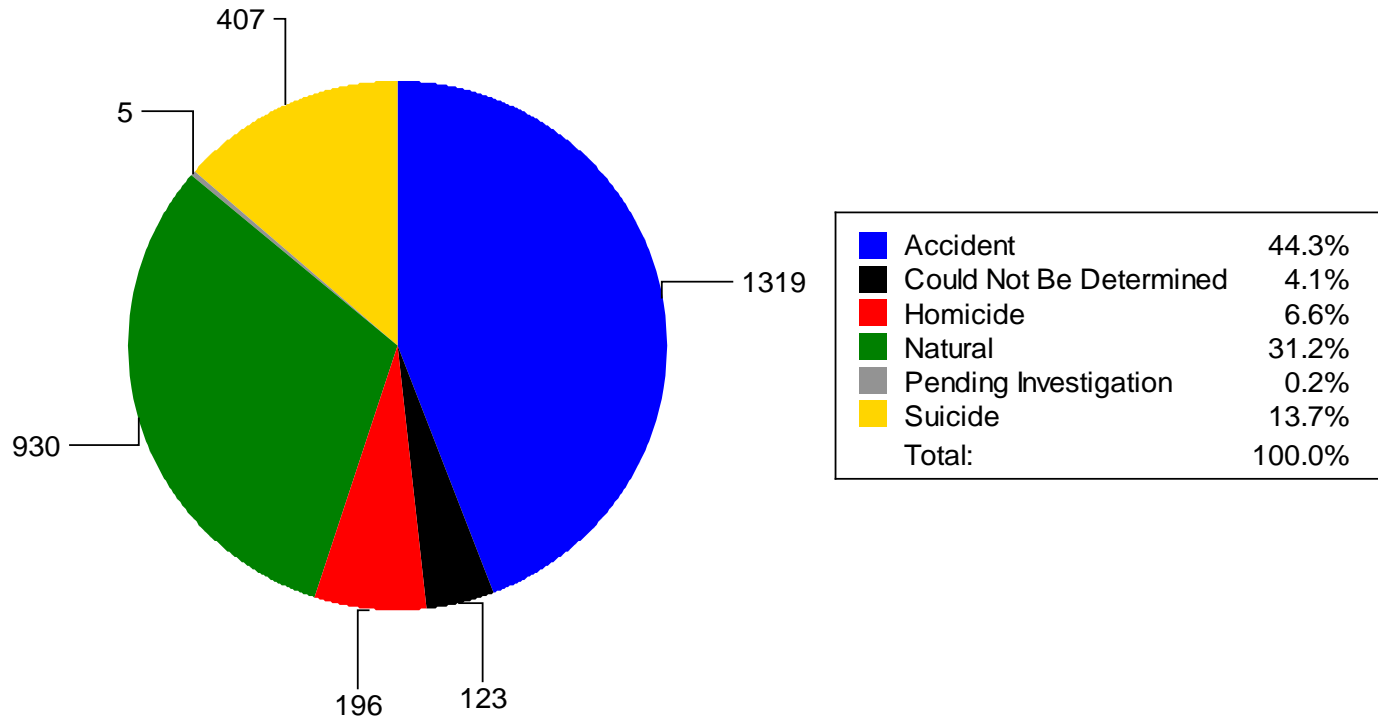


## Center for Forensic Medicine, Facility Statistics - Calendar Year 2015

<b>Jurisdiction Declined</b>		<b>2970</b>
Cremation Permits		2685
Medical Examiner Exams:		
Autopsies	1940	
External Exams	747	
Body Not Viewed	238	
Total Medical Examiner Exams	2925	
Private Autopsies	26	
Hospital Autopsies	24	
State Autopsies (DIDD)	6	
Total Private/Hospital/State Autopsies	56	
Total Examinations for Facility		2980
<b>Total All Reported Deaths for Facility (Jurisdiction declined, cremations, and all exams)</b>		<b>8635</b>

# Center for Forensic Medicine CY 2015

Total exams = 2980



# Gunman Killed, 3 Injured at Movie Theater Shooting in Tennessee



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AUGUST 5, 2015 | 12:14PM PT

AP PHOTO/MARK ZALESKI



# Tennessee Movie Theater Shooter Identified as 29-Year-old Homeless Man With Psychological Issues

MOVIES | By Matt Donnelly on August 5, 2015 @ 6:13 pm

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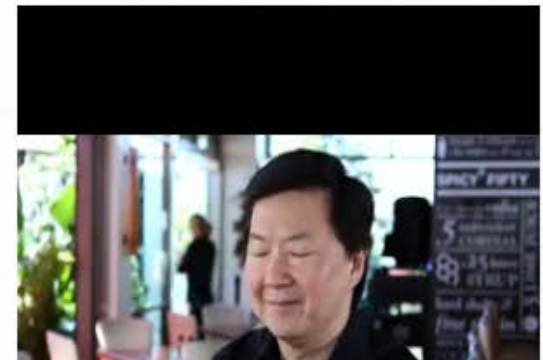
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Metro Nashville PD



THEWRAP FEATURED VIDEO







# Police: Tenn. theater attack suspect had been committed 4 times

By Steve Almasy and Tony Marco, CNN

Updated 10:55 PM ET, Wed August 5, 2015



## Top stories



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## **Director's Update to the Board of Health September, 2018**

### **Improve and Sustain Family and Child Well-Being**

#### **CHA/CHIP & The Nashville Community Health + Well-being Survey**

The joint Community Health Assessment work continues, although there have been scheduling realignments. The Healthy Nashville Summit is now scheduled for Dec. 5, time and location to be announced. The event will center around a presentation of the Community Health Assessment data, followed by the setting of strategic priorities. The original date for the summit, Oct. 26, will be repurposed to become the Forces of Change Assessment. Time and location for that also are TBA.

Last Friday was the public launch of the Nashville Community Health + Well-being Survey with a press event scheduled to include me, Mayor Briley and former Sen. Bill Frist at the Looby Library. We are excited about the potential for this survey to inform the Community Health Assessment and its ensuing work plans. Surveys are expected to be available in the community later this month or early next month. More information is available at: [www.healthynashville.org](http://www.healthynashville.org).

### **Promote and Support Healthier Living**

#### **TNWIC**

After years of planning at multiple levels, on Aug. 20 we began piloting the new TNWIC at all of our WIC sites in the county. Rather than receiving a printed voucher for the food benefit, WIC clients now receive an electronic benefit transfer card known as an eWIC card, which functions like an ATM card, with which to buy approved food items. Prior to going live all WIC staff received a week-long training provided by the state. WIC clinics no longer have charts; we have instead a full electronic record. Among the advantages to WIC families is that they no longer have to buy all their food items at one time; and all family members are on the same eWIC card and the same rolling monthly schedule instead of a calendar month. As of last week we had issued 337 eWIC cards.

### **Prevent and Control Epidemics and Respond to Public Health Emergencies**

#### **Emergency Preparedness Month**

September is Emergency Preparedness Month. We have multiple preparedness events scheduled, including a booth at the State Fair for its duration ending tomorrow, as well as here at Lentz and our other sites.

#### **Suicide Prevention Month & Ongoing Training for Metro Employees**

September is also Suicide Prevention Month. Simone Sibley, Behavioral Health and Wellness Outreach Specialist, is coordinating activities throughout the month focused on stress management and self-care for MPH staff. She has also coordinated efforts by the Suicide Prevention and African American Faith Communities Coalition members to provide resource packets to their faith communities.

In addition, in response to newly released data showing that three Nashvillians die by suicide every week, Mayor Briley has announced a partnership with the Tennessee Suicide Prevention Network (TSPN) and our Division of Behavioral Health and Wellness to offer suicide prevention training for all Metro employees. Staff from Metro Human Resources, the Mayor's Office, MPHS and TSPN will offer this training over the next year to, it is projected, more than 10,000 Metro employees. Our in-house trainers

are Nichelle Foster and Simone Sibley. They and the TSPN's trainers use evidence-based suicide prevention training called QPR (Question, Persuade, Refer). The Mayor's Office staff was trained in July. Human Resource Coordinators from all Metro departments are being trained this month, and the training will be rolled out to all Metro employees starting in Oct..

## **Hep A**

The hepatitis A case count stood at 94 as of last week. Of those, 26 are men who have sex with men; 55 are people who use drugs; eight report experiencing homelessness; and 12 are in jail. Obviously some of these individuals report more than one risk factor. Thirty-eight of the 94 (40 percent) have been hospitalized. The state is working to encourage hospital ERs to provide vaccinations to expand the response effort. Internally we have added a new partner (Connectus Health, another of our community's FQHCs) and are adding two new positions with funding provided by the state. One job has been filled and the other was in process last week. We continue our point-of-dispensing efforts at various sites and plan to have a presence at the AIDS Walk next month.

## **TB**

The state program assessment for our TB program was in August. The state complimented improvements we have made, the accuracy of our charting and the quality of our patient care. It was a very positive review.

## **Increase Access and Connection to Clinical Care**

### **Clinical Appointments**

We will transition to clinical visits by appointment on Oct. 1. Walk-ins will still be seen, although their wait times may be affected. We are adopting this approach to improve and provide greater structure around clinic flow and wait times for our customers. In particular, we want to be more respectful of our clients' time.

## **Organizational Updates**

### **Dr. Johnston**

I would like to extend congratulations on behalf of the department to Dr. Johnston, who is being recognized with a Lifetime Achievement Award by the Tennessee Chapter of the American Academy of Pediatrics. The Excellence in Pediatrics Annual Awards ceremony is tomorrow night at 6:30 in the Cool Springs Marriott in Franklin. Congratulations!

### **Carol Etherington**

Congratulations are also due to Carol Etherington, who will be inducted into the Tennessee Health Care Hall of Fame next month.

### **Hall of Fame**

Additional recognition was received last night by Environmental Health Bureau Director Hugh Atkins, who was inducted into the Tennessee Environmental Hall of Fame. Congratulations to Hugh!

### **Service Awards**

We had our annual service award recognition ceremony at the end of last month to congratulate employees who have hit years-of-service intervals divisible by five. There were 59 employees so recognized (they get an administrative day off as well) who have provided the citizens of Davidson County with a collective 855 years of their dedication and expertise. This year's longest serving recipient

was Marilyn Gregory from the East Health Center, with 40 years. We thank them all on behalf of the department and the citizens we all serve.

**CSFP**

As you know we are migrating the Commodity Supplemental Food Program out of the department as of Oct. 1. Second Harvest Food Bank will become the CSFP provider for Davidson County under contract with TDH. We appreciate the work and dedication of the staff there, particularly the incomparable Carolyn Boyce, who has run that program so well for so long.

**NATIONAL FEDERATION OF HUMANE SOCIETIES**  
**BASIC ANIMAL STATS MATRIX**  
 (vrs 9-2012)

**IMPORTANT NOTES FOR THE BASIC DATA MATRIX**

**Introduction to the Basic Matrix:**

This basic matrix was designed to serve as a tool for basic data collection. It is a simple matrix containing what many (including Asilomar, ASPCA, National Federation, American Humane, UC Davis, Maddies Fund, PetSmart Charities and HSUS) have agreed are the minimum data points (along with definitions) an organization should gather. Whether organizations already gather a great deal of data or have only gathered the basics, this matrix should facilitate the roll up or merging of data at the local, regional or national level by providing a common framework. This matrix does not reflect any preference in data analysis or the calculation of rates but is rather simply a tool for data collection.

**Tracking by Species and Age:**

The risks associated with being an adult dog, puppy, adult cat or kitten (or neonate of any kind) in a shelter environment will vary a great deal. To help shelters assess and understand the differing risks for these populations of animals, this basic animal stats matrix includes a break out by species and age. If tracking statistics broken out by species and age is beyond the capacity of an agency, simply tracking statistics by species would be a place to begin. This document defines puppy and kitten as under 5 months of age (see below: Determining Age). Again – given the differing level of risk – breaking age down further to include a neonate category for both dogs and cats can also be very informative.

**Determining Age:**

This basic matrix utilizes 5 months as the break point between puppy/kitten and adult. At or near 5 months of age there are changes in the teeth which can help guide trained staff regarding proper categorization of the animal. For cats, at 4-5 months of age permanent canines, premolars and molars are coming in (all in by 6 months of age). For dogs, at 5-7 months of age permanent canines, premolars and molars are coming in (all in by 7 months of age). Source: "How to . . . series" from Animal Sheltering, [http://www.animalsheltering.org/resources/magazine/may\\_jun\\_1996/how-to-determine-a-dog-or.pdf](http://www.animalsheltering.org/resources/magazine/may_jun_1996/how-to-determine-a-dog-or.pdf) or contact the National Federation of Humane Societies for a copy of the document.

**Beginning and Ending Shelter Counts:**

These numbers help frame the population of the animals sheltered and cared for by the organization. We are recommending that a shelter do a walk through – physically counting the animals sheltered within the organization, and not forgetting to count those animals who have been admitted but who are not currently within the shelter (foster care, in the care of a veterinary hospital, etc).

**Defining Owner Requested Euthanasia:**

Some shelters offer pet euthanasia to the public as a service whose cost may be subsidized and therefore more affordable than local veterinary clinics, thus ensuring access to this service. Defining when euthanasia should be recorded as "at the request of the owner", or not, is the subject of much discussion.

For the purposes of this document, we are choosing to define owner INTENDED euthanasia as the euthanasia of a pet whose owner brought the pet to the shelter for that service. In other words, the owner brought the pet in specifically for that service – it was their intent before arriving.

Any other definition of "owner requested" euthanasia leaves much up to interpretation and therefore a great deal of variation among organizations and their reporting. We believe the simplicity of this definition helps to ensure consistent application and record keeping.

**Live Admissions Only**

For the purposes of this matrix we are tracking LIVE admissions only, i.e. animals who are alive when they come into an agency's possession. Animals who are dead when taken in to an agency's possession may be a data point to track, but that information is not tracked by this matrix.

**What is Possession?**

"Adoption" and "Transferred to another Agency" both make reference to possession. The primary concept here is one of ownership. For example, in foster care, the agency still has possession or ownership. If adopted or transferred to another Agency, possession is now with the new owner, or with another Agency.

**Where are the "Others"?**

This basic data matrix focuses on canines and felines. Many organizations also provide extraordinary services for other pets (pocket pets, rabbits, ferrets) and animals (wildlife), and that good work is not captured here.

**Why a Basic Matrix?**

This basic matrix was designed to serve as a tool for data collection. It is a simple matrix containing what many have agreed are the minimum data points an organization should consider gathering. By agreeing to this basic matrix - we hope organizations will gather AT LEAST this data, or if an organization all ready gathers a great deal of data, that they will consider rolling up their data into this format to help facilitate (if individual agencies are interested) data collection at a local, regional or national level, which would allow participating agencies to benchmark their work against similar agencies around their region or the nation. This matrix does not reflect any preference for the variety of live release rates used in animal sheltering and welfare. Most rates, other than full Asilomar which requires a conditions matrix, should be able to be calculated from the data points included.

**NATIONAL FEDERATION OF HUMANE SOCIETIES**  
**BASIC ANIMAL STATS MATRIX**  
(vrs 6\_13\_2011)

Species By Age		Canine		Feline		Total
		Adult	Up to 5 months	Adult	Up to 5 months	
<b>A</b>	<b>Beginning Animal Count</b> (date: 08/01/2018)	65	5	31	57	158
<b>Intake</b>						
<b>B</b>	Stray/At Large	218	27	48	162	455
<b>C</b>	Relinquished by Owner	71	8	21	52	152
<b>D</b>	Owner Requested Euthanasia	14	0	2	1	17
<b>E</b>	Transferred in from Agency	0	0	0	0	0
<b>F</b>	Other Intakes	19	1	8	4	32
<b>G</b>	<b>TOTAL INTAKE</b>	<b>322</b>	<b>36</b>	<b>79</b>	<b>219</b>	<b>656</b>
<b>Outcomes</b>						
<b>H</b>	Adoption	105	21	26	61	213
<b>I</b>	Returned to Owner	109	2	2	4	117
<b>J</b>	Transferred to another Agency	50	3	32	30	115
<b>K</b>	Other Live Outcome	0	0	0	0	0
<b>L</b>	<b>TOTAL LIVE OUTCOMES</b>	<b>264</b>	<b>26</b>	<b>60</b>	<b>95</b>	<b>445</b>
<b>M</b>	Died in Care	0	0	0	1	1
<b>N</b>	Lost in Care (Physical Inventory Adjustments)	0	0	0	0	0
<b>O</b>	Shelter Euthanasia	29	0	4	8	41
<b>P</b>	Owner Requested Euthanasia	11	0	2	1	14
<b>R</b>	<b>TOTAL OUTCOMES</b>	<b>304</b>	<b>26</b>	<b>66</b>	<b>105</b>	<b>501</b>
<b>Q</b>	<b>Ending Shelter Count</b> (date: 8/31/2018)	124	23	61	105	313
<b>SAVE RATE:</b>		<b>90.68%</b>	<b>100.00%</b>	<b>94.81%</b>	<b>95.87%</b>	<b>93.46%</b>

# METRO ANIMAL CARE AND CONTROL

## Trailing 12 Month – Data Report

			Trailing 12 Month Average
		Aug-18	Ending August 31, 2018
A	Intake Total	707	543
B	Stray	472	383
C	Owner Surrender	152	124
D	Owner Req. Euthanasia	17	28
E	Wildlife	32	18
F	Other	34	21
G	Adopted	252	228
H	Transfer	137	127
I	RTO	117	111
J	ORE Euthanized	18	28
K	Wildlife Euthanized	14	7
L	Euthanasia Total	75	86
M	Euthanasia %	6%	9%

### Data Report Key

Intakes

Outcomes