

Metropolitan Board of Health of Nashville and Davidson County November 8, 2018 Meeting Minutes

The regular meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Carol Etherington at 4:00 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
Samuel Felker, JD, Member
Margreete Johnston, M.D., MPH, Member
Alex Jahangir, M.D., Member
William S. Paul, M.D., MPH, Director of Health
Gill Wright, III, M.D., Civil Service Medical Examiner
Jim Diamond, MBA, Assistant Director, Administration and Finance Bureau
Les Bowron, Esq., Director of Human Resources
Quan Poole, JD, Metropolitan Department of Law
Alex Dickerson, JD, Metropolitan Department of Law
Judith Byrd, Mayor's Senior Advisor on Health and Wellness Policy

Introduction of Mayor's Senior Advisor on Health and Wellness Policy

Chair Etherington introduced Judith Byrd, the Mayor's Senior Advisor on Health and Wellness Policy. Ms. Byrd gave a brief overview of her background in communications and health policy.

Update on Correctional Health

Dr. Wright gave an update on the Correctional Health program (Attachment I).

Approval of Grant Applications

Jim Diamond presented one grant application for Board approval.

1. Healthy Start Initiative: Eliminating Disparities in Perinatal Health

Term: April 1, 2019-March 30, 2024

Amount: \$892,500 (first year)

Dr. Jahangir made a motion to approve the grant application as presented. Mr. Felker seconded the motion, which passed unanimously.

Approval of Grants and Contracts

There were no grants or contracts.

Approval of the October 11, 2018 Meeting Minutes

Dr. Jahangir made a motion to approve the minutes of the October 11, 2018 Board of Health meeting as written. Dr. Johnston seconded the motion, which passed unanimously.

Approval of Transition Agreement

Dr. Jahangir made a motion to approve Director Paul's Transition Agreement as proposed at the Board's Executive Session. 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 announced that his tenure as director would end on December 14, 2018. He lauded the work of the staff and expressed confidence that the efforts of the Department would continue without interruption, and his gratitude for the opportunity to contribute to the advancement of public health in Nashville.

Report of the Chair

Chair Etherington complimented Dr. Paul and the staff for the All Staff meeting, which was held Tuesday, November 6, at Trevecca Community Church.

Chair Etherington reminded Board members that the annual retreat would be held Thursday, November 15, in the Board room from 8:00 a.m.-2:30 p.m.

Quan Poole introduced Alex Dickerson of Metro Legal, who would soon represent the Board, as Mr. Poole will transfer elsewhere in Metro.

Review of Board Requests

- A request to learn more about the Friends of MACC organization.
- A link to the “Tubercules” video would be shared with Board members.
- A presentation on the budget process and preliminary departmental requests for improvements would be shared at the December regular meeting.

Other Business

Dr. Jahangir provided a brief update on the process of hiring a new director. He advised that two candidates were recommended for interviews by the full Board.

Dr. Johnston expressed her thanks and appreciation for the staff at Metro Animal Care and Control and noted the difficulty of the work.

CIVIL SERVICE BOARD

Approval of Separation Agreement

Les Bowron requested the Board approve a negotiated separation agreement for Pam Sylakowski.

Dr. Jahangir made a motion to approve the separation agreement for Pam Sylakowski as proposed. Mr. Felker seconded the motion, which passed unanimously.

Personnel Changes

Les Bowron presented the personnel changes.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, December 13, 2018, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 4:55 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN
Chair

CORRECTIONAL HEALTH UPDATE

November 8, 2018

Gill C Wright III, MD
CSME



Metro Public Health Dept
Nashville / Davidson County
Protecting, Improving, and Sustaining Health

Inmate Population As of Tuesday (11/6)

Facility	Population
Davidson County Sheriff's Office Facilities	
Hill Detention Center (HDC)	178
Correctional Development Center – Male (CDM)	651
Maximum Correctional Center (MCC)	331
Offender Reentry Center (ORC)	<u>177</u>
Total	1,337
CoreCivic Facility	
Metro Detention Facility – Male	582
Metro Detention Facility - Female	<u>310</u>
Total	892

Correctional Health Contracts

- Correct Care Solutions (CCS) - Provides medical, dental and mental health services for the Davidson County inmate population at the four DCSO facilities
- CCS contract held by MPHD
- Pre-trial detainees and locally sentenced misdemeanants

Correctional Health Contracts

- CoreCivic – Provides medical, dental, and mental health services at Metro Detention Facility (MDF)
- CoreCivic contract held by the Davidson County Sheriff's Office
- Houses felons sentenced up to seven years
- Due to construction of new downtown DCSO facility, female pre-trial detainees and locally sentenced misdemeanants (i.e. DCSO inmates) are housed at MDF

Correctional Health Contracts

- Our contract monitors audit and measure adherence to Standards of Care set by both the National Commission of Correctional Health Care (NCCCHC), the American Correctional Association (ACA), as well as policies and procedures established by the vendors.

Changes Implemented by MPHD

- More stringent review of sick calls including development of new procedures for reviews of sick call
- More frequent meetings with Health Services Administrator (HSA) and warden
- Paths of escalation of issues have been developed
- Dr. Wright provides periodic reviews of sick calls and inmate charts
- Development of a new Audit Tool with scheduled full team audits

Audit Tool based on NCCHC

Annually	J-C-03 Professional Development					
	NCCHC Standards	Measurement Item(s)	Measurement(s)	Specific Items To Review	Frequency Of Review	How/Where Report Used
	Full-Time Qualified Health Care Professionals Obtain 12 Hours Of Continuing Education Per Year	Review Documentation in vendor file for each provider	CEU documentation	Review training files if CEU's are required for medical staff (nursing, mid-levels, MDs)	Annually	
	Part-Time Qualified Health Care Professional Prorate Their Continuing Education Hours Based On Full Time Equivalency	Review Documentation in vendor file for each provider	CEU documentation	Assess training files of part-time employees to ensure their continuing education hours are based on full time equivalency	Annually	
	Compliance Can Be Demonstrated Through One Of The Following Options:					
	In States Where At Least 12 Hours Of Continuing Education Is Required Annually To Maintain A Clinical License To Practice, A Current License Suffices	Review Documentation	Review licensure annually	Review licensure in training files	Annually	

Escalation Path – CCS Contract

1. Contract Monitor and Director of Correctional Health request formal Corrective Action Plan (CAP) to HSA.



2. Director of Correctional Health makes written request to CCS Regional Vice President.

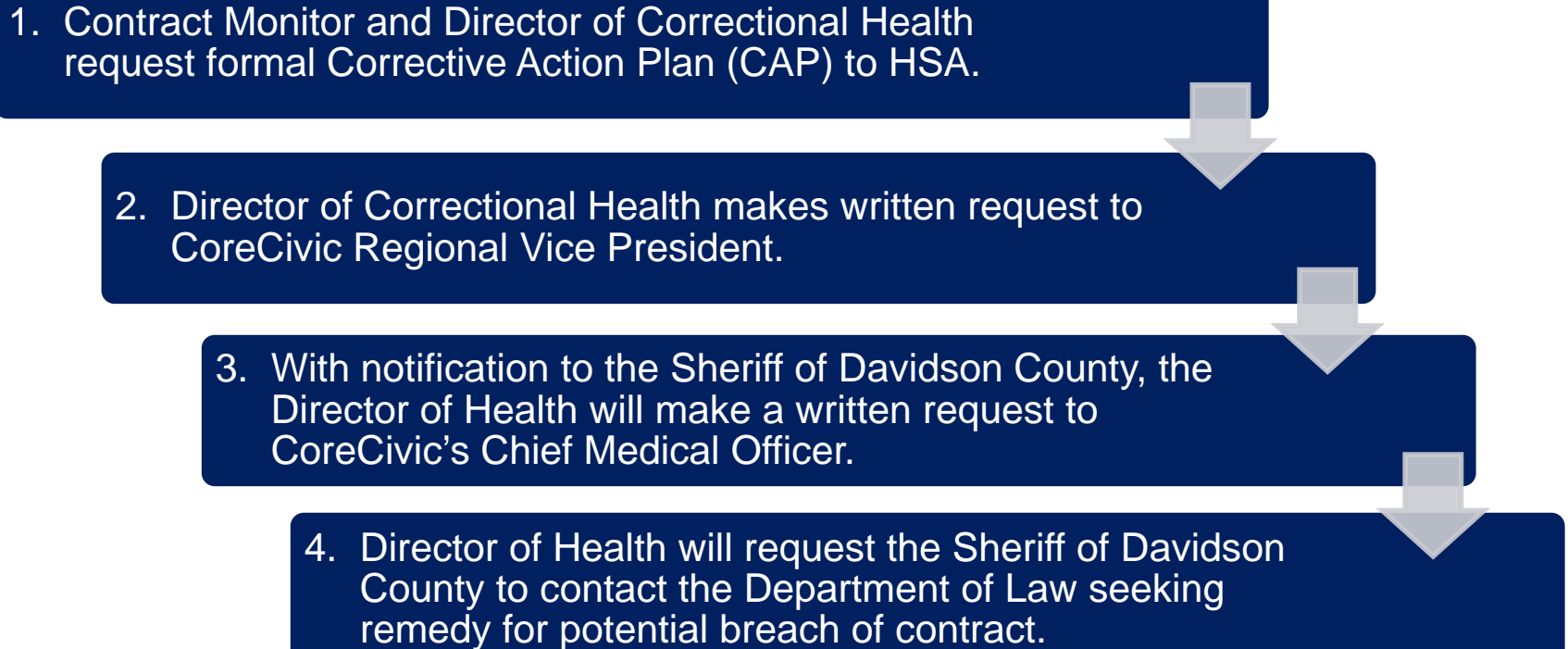


3. Director of Health makes a formal, written request to CCS Chief Medical Officer



4. Director of Health will contact Metro Department of Law seeking remedy for potential breach of contract.

Escalation Path – CoreCivic Contract

1. Contract Monitor and Director of Correctional Health request formal Corrective Action Plan (CAP) to HSA.
 2. Director of Correctional Health makes written request to CoreCivic Regional Vice President.
 3. With notification to the Sheriff of Davidson County, the Director of Health will make a written request to CoreCivic's Chief Medical Officer.
 4. Director of Health will request the Sheriff of Davidson County to contact the Department of Law seeking remedy for potential breach of contract.
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Questions

Director's Update to the Board of Health

November, 2018

Promote and Support Healthier Living

Tobacco

The Great American Smokeout is a week from today. We have events and social media outreach scheduled throughout the month to raise awareness of what is still, 54 years after the Surgeon General's report warning of the dangers of smoking, one of the deadliest behaviors in the United States. We had a butts-cleanup at Shelby Park last weekend, and continue Freedom From Smoking classes at Trevecca Towers. We're putting up the CDC's Tips from Former Smokers posters in the leasing offices at MDHA, and we hope to provide outreach at Nashville State Community College for the Great American Smokeout. Below are some examples to give you the flavor of the social media outreach; these are the tweets scheduled for the week of the Smokeout.

November 12th | 9:00AM | Smoking can cause heart disease. @CDCTobaccoFree
#VeteransDay#TipsFromFormerSmokers

November 13th | 5:00PM | Cigarette smoking is the leading cause of cancer death in the United States. @AmericanCancer can help smokers quit. To learn more, visit cancer.org/smokeout or call 1-800-227-2345. #GreatAmericansmokeout

November 14th | 6:00PM | @AmericaCancer's 43rd annual #GreatAmericanSmokeout (GASO) event will be celebrated on Thursday, November 15, 2018.

November 15th | 9:00AM | Are you thinking about quitting smoking? Take the first step today. Find out how by visiting cancer.org/smokeout or calling 1-800-227-2345. #GreatAmericanSmokeout

November 16th | 1:00PM | Who's been smoke free for 24 hours? #GreatAmericanSmokeout

Create Healthier Community Environments

CHA/CHIP

We have finished the community health assessments with two (Local Public Health System, and Forces of Change) in the last week of October. We are now analyzing the information from the four assessments. The analysis will inform the strategic goal setting among the partners (MPHD, Vanderbilt, St. Thomas/Ascension, Neighborhood Health, Matthew Walker CHC, Connecticut Health, and Metro Social Services) at the 9th Healthy Nashville Summit on Jan. 11 at West End Community Church. You will receive a Save the Date soon, with an invitation to follow. The analysis and strategic goals will inform the Community Health Improvement Plan for 2020-2022 (we are moving to a 3-year cycle to align with the hospitals).

Also: The Nashville Community Health + Well-Being survey is out. More than 12,000 were mailed the last week of October.

Prevent and Control Epidemics and Respond to Public Health Emergencies

Hepatitis A

Our confirmed cases of hepatitis A were up to 142 as of this writing. We have added two contract nurses devoted to hepatitis A Vaccination efforts and continue our presence at homeless shelters, halfway houses, and elsewhere. Of the 109 cases that meet the current transmission chain of high risk behaviors, the greatest percentage is still people who use drugs (83 of the 109, or 76 percent). Sixty-two of the cases have been hospitalized.

Increase Access and Connection to Clinical Care

Enrollment

Our Certified Application Counselors continue their outstanding work. In the fourth quarter of the year (ending June 30) they enrolled 465 women and/or children in the TennCare and Cover Kids insurance programs. The largest number of the enrollments is among clients at the Woodbine Clinic. We are in the process of adding another counselor, as well. Also, we have expanded the hours for Affordable Care Act volunteer navigators to use the building during the open enrollment period, which began a week ago today. We are also planning to open the building on Saturday, Dec. 15, so that navigators can assist people on the last day of open enrollment.

Organizational Updates

MECCC

We are wrapping up our annual events around the Metro Employees Consolidated Charities Campaign. As of last week we had raised more than \$5,200, with the proceeds of the Penny Wars still outstanding because Hugh Atkins was still counting pennies at press time. Christine Fouch (STD/HIV clinic nurse) won the Not Necessarily Chili Cook-Off, and the Yard Sale raised over \$400. My thanks to Hugh for overseeing this year's events, for the able assistance provided him by Rachel Franklin, Rhonda Graham and James Tabor, plus the generous contributions of the staff.

Employee Health

After the untimely death of one of our security officers, Cliff Myers, and the serious scare to our safety director, Todd Baker, both due to heart issues, we will be holding an employee health fair over the next several weeks in the Occupational Health and Wellness Clinic. It will be voluntary, by appointment. We will check total cholesterol, HDL, LDL, Triglycerides and blood sugar; blood pressure, pulse rate, respiratory rate and oximetry. The employee will then meet with an educator (one of our nurses, physicians, or wellness employees) to discuss the individual's findings, provide materials for improvement and, if applicable, to recommend further evaluation by their own health provider. Each employee will be given a copy of their results to share with their provider if they wish.

Health and Wellness Advisor

As you know Kristen Zak has left the Mayor's office to take a job at the Tennessee Department of Health. The role of Senior Advisor for Health and Wellness policy has been filled by Judith Byrd, who moves into the position from her prior post as the Mayor's press secretary. We welcome Judith aboard.

All Staff Meeting

(Verbal Update)

Award

I reported a couple of months ago that Amber Coyne and the TB Elimination Team's "Tubercules" video had won the 2018 national CDC TB ETN Project Excellence Award. Here is the actual award.

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 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 9-2012)

Species By Age	Canine		Feline		Total
	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date: 10/01/2018)	106	6	34	86	232
Intake					
Stray at large	234	17	57	90	398
Relinquished by owner	50	5	19	33	107
Owner requested euthanasia	18	0	3	0	21
Transferred in from agency	3	0	0	0	3
Other Intakes	22	2	20	9	53
TOTAL INTAKE	327	24	99	132	582
Outcomes					
Adoption	133	14	34	103	284
Returned to owner	104	0	7	1	112
Transferred to another agency	52	2	23	58	135
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	289	16	64	162	531
Died in care	1	0	0	2	3
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	37	0	19	13	69
Owner requested euthanasia	13	0	1	0	14
TOTAL OUTCOMES	340	16	84	177	617
Ending Shelter Count (date: 10/31/2018)	99	8	54	64	225
SAVE RATE:	87.90%	100.00%	80.61%	88.64%	87.32%

METRO ANIMAL CARE AND CONTROL

Trailing 12 Monthly – Data Report

		Trailing 12 Month Average	
		October 2018	Ending October 31, 2018
Intake Total	610	553	
Stray	404	383	
Owner Surrender	107	120	
Owner Request Euthanasia	21	26	
Wildlife	22	21	
Other	5	22	
Adopted	284	228	
Transfer	148	138	
RTO	112	113	
ORE Euthanized	16	25	
Wildlife Euthanized	16	9	
Euthanasia Total	72	84	
Euthanasia %	12%	10%	

Data Report Key
Intakes
Outcomes