

Humane Society of Berks County Animal Statistics & Reporting

A summary of the HSBC Pet Evaluation Matrix (PEM)

Message from the Executive Director

For many years, the Humane Society of Berks County (HSBC) has released all intake and outgoing animal statistics. However, this information was only provided *on request*. As the national conversation regarding the crisis of animal homelessness and euthanasia has grown, it became increasingly clear to the HSBC that the crisis facing animals right here in Berks County could not be addressed unless the full scope was made clear to the public.

As a result, in April of 2007, the Board of Directors authorized publishing the HSBC's raw intake and outgoing data, unfiltered and uncensored, on the HSBC website. This was done to make the scale of the problem facing animals in Berks County crystal clear to the public. The HSBC is among only a handful of animal shelters in the United States to provide this absolute transparency online.

However, the data provided from the HSBC database was structured in a non-user friendly format employing technical professional terms that would not necessarily be easily understood by the general public. Recognizing this, the HSBC Board charged the Executive Director with establishing a method of reporting that was easy to understand. Put simply, the HSBC wanted it to be clear how many animals came into our shelter, how many went out and how, and how many "savable" animals were not saved.

The reporting framework selected by the HSBC to achieve this goal are the reporting protocols of the Asilomar Accords. In November of 2007, the HSBC worked with a Blue Ribbon Panel to apply the reporting structure of the Asilomar Accord to the animals statistics and reporting of the HSBC. This summary document provides an overview of the Asilomar Accords, the process for applying the Asilomar Accords to the statistical reporting of the HSBC, and the final form of the definitions and protocols chosen by the panel.

Sincerely,

Karel I. Minor, Executive Director

Background: Asilomar Accords

In August of 2004, a group of animal welfare industry leaders from across the nation convened at Asilomar in Pacific Grove, California, for the purpose of building bridges across varying philosophies, developing relationships and creating goals focused on significantly reducing the euthanasia of healthy and treatable companion animals in the United States.

The Asilomar Accords developed several key points to help guide the way to achieving this goal. They include:

Promoting a shared mission. The mission of those involved in creating and implementing the Asilomar Accords is to work together to save the lives of all healthy and treatable animals.

Living the spirit of the accords. The Asilomar Accords recognize that all animal welfare stakeholders are dedicated to the mutual goal of saving animals' lives and agree to: Foster a mutual

respect for one another, refrain from denigrating or speaking ill of one another, and acknowledge the crucial role that all types of animals programs and services play.

Encouraging community coalitions. Asilomar Accords participants believe that euthanasia of healthy and treatable animals is a *community-wide* problem requiring community based solutions. Animal welfare organizations can be leaders in bringing about a change in social factors that result in euthanasia. No one organization or type of organization can achieve the goal alone.

Adopting standard definitions and sharing statistics. The Accords encourage each community to adopt the standard definitions of: Healthy, Treatable (Rehabilitatable), Treatable (Manageable), and Unhealthy & Untreatable. These standard definitions are based on the level of care typically provided to pets by reasonable & caring pet owners in *our community*.

These standard definitions are to be created by a diverse group representing a variety of local stakeholders from our community. The process of determining standard definitions is to be collaborative and the results offered to the public for feedback and input prior to implementation. The final goal of the process is to create a set of definitions that will enable the HSBC to provide a clear and concise set of statistics to the public: what is the percentage of animals leaving the HSBC's care alive and what percentage of those that were euthanized were "savable" given additional resources, treatment, time, homes, etc.

Blue Ribbon Panel

A Blue Ribbon Panel representing veterinarians, government, animal welfare organizations, volunteers and the general community agreed to assist the HSBC with its efforts. The panel included:

Dr. Kelly Bendixsen, DVM, HSBC Staff Veterinarian

Kerry Flanagan, Operations Director, Humane League of Lancaster County

Damon March, HSBC Operations Director

Rickee Miller, Acting Director, Pennsylvania Bureau of Dog Law Enforcement

Karel Minor, Executive Director, HSBC

Dr. Lee Pickett, VMD, HSBC Board President

Charlene Wandzilak, Executive Director, Pennsylvania Veterinary Medical Association

Dr. Heather Westfall, VMD, HSBC Staff Veterinarian

Scott Yoder, HSBC Volunteer

This panel was tasked with reviewing the current reporting protocols of the HSBC and the general guidelines of the Asilomar Accords reporting structure, establish a set of standard definitions, take any community feedback into account, and ratify a final set of reporting definitions and criteria (presented in this summary).

Important Note: The panel was tasked solely with creating definitions for reporting outgoing statistics, particularly as related to euthanasia. The panel did not have a role in determining actual euthanasia protocols or reasons or justifications for euthanasia at the HSBC. The panel was clear that at the end of their work there would not be an immediate change in the number of animals euthanized at the HSBC or how those decisions to euthanize were made. The task of the panel was to clearly define for the HSBC, its supporters, and the public exactly what the status of their health and welfare was prior to euthanasia.

The fact that the HSBC will be clearly defining the health and adoptability of animals that are euthanized by our organization will not change the fact that thousands more animals enter our shelter than there are adopters coming forward, that we lack the resources to treat *every* animal with a health or behavioral issue, and that the community as a whole has not yet recognized the scale of the problem facing animals. However, it is the hope of the board and staff of the HSBC that the greater clarity in reporting will help the organization to continue to target the reasons for preventable euthanasia, thereby decreasing the number occurring in our community.

Standard Definitions of Outgoing Animal

Many of the definitions employed by the Asilomar Accords are self explanatory: adoption, stray owner claim, or transfer to another agency (ex. Breed rescue placements). Since these also tend to involve the release of live animals, there is little debate over their meaning. However, in cases resulting in euthanasia, these definitions take on a much greater importance as they represent the failure of our organization's and community's efforts.

Additionally, the "standard definitions" for reporting incoming and outgoing statistics might be considered anything but standard when comparing one community's standards with another. It is for this reason that the Asilomar Accords require the establishment of a "baseline" level of care typically provided to pets by reasonable pet owners in *our* community. This baseline is different from other communities and will also vary over time in our own community. The panel recognized that there is no archetypical average "pet owner" so all of the definitions were determined on a consensus basis, taking the personal and professional experiences of each panelist into account.

Essentially, all definitions were based on what the panel felt the average, "good and reasonable" Berks County pet owners would do, think, and feel when presented with decisions regarding the care, treatment, or euthanasia of a pet.

Using this yardstick, the panel then reviewed all of the documented reasons for euthanasia at the HSBC over the past two years. These were reasons for which an animal was determined to unsuitable or undesirable for adoption. These reasons include:

- Age: Old and Young
- Aggressive
- Behavioral
- Bite Cases
- Injured
- Neurological
- Owner Request Euthanasia
- Pregnant

- Sick: In House or Incoming
- Space
- Temperament
- Upper Respiratory Infection: In House and Incoming
- Wounds

From these reasons for euthanasia, the panel set out to determine which would fall into the four categories laid out by the Asilomar Accords: Healthy, Treatable (Rehabilitatable), Treatable (Manageable), and Unhealthy & Untreatable.

Healthy: Healthy is the most easily understandable and agreed upon definition. It means an animal that has no health or behavioral problems. Based on the data for the previous two years of euthanasia at the HSBC, the panel felt that there was only a single category documented that clearly and unequivocally fell within this Asilomar category: “Space”. At the Humane Society of Berks County, “Space” is the designation given to the euthanasia of an animal for no other reason than there is no longer room at the shelter to hold an animal as others continue to enter our care.

Treatable (Rehabilitatable): Treatable/Rehabilitatable is defined by the Asilomar Accords as an animal that has some health or behavioral problem that, with proper care, medical attention, behavioral modification, time or foster care, will make a full and complete recovery and be considered “healthy”. Many of the euthanasias performed by the HSBC fall into the Treatable category (whether Rehabilitatable or Manageable). In some cases, the previously utilized euthanasia categories will no longer (apply these will be noted). Based on these criteria, the following euthanasia reasons were determined to be Treatable (Rehabilitatable):

- **Age: Old:** Since old age is not a “disease”, this designation will no longer be utilized by the HSBC. Instead, the animal’s condition will be evaluated and a decision made based on the specific age related illness on a case-by-case basis. Many of the animals previously designated as euthanized for “Age: Old” will listed under the Treatable (Rehabilitatable/Managable) category under the revised protocols based on their specific age related health conditions.
- **Age: Young:** Because most unweaned animals have the potential to full “recovery” (i.e. can be weaned and raised to adoptable age), under the revised reporting protocols most will fall in the Treatable (Rehabilitatable). Animals of pre-viable age (hairless), will not be considered Traetable (Rehabilitatable)
- **Aggressive:** This designation is used to define some animals that demonstrated aggressive behavior but had not bitten. Aggressive behavior could range from mild food or animal aggression to significant aggressive behaviors such as serious growling and snapping. Under the revised protocols, mild behaviorally or health related aggression will be considered Treatable (Rehabilitatable).
- **Behavioral:** This designation is used to define some animals that demonstrate non-aggressive behaviors that render them unsuitable or undesirable for adoption. These behaviors could include moderate to serious separation anxiety, inappropriate urination, or other aberrant behaviors. Under the revised protocols mild behavioral issues (treatable through behavior modification or limited medical intervention) will be considered Treatable (Rehabilitatable).

- **Bite Cases:** This designation is used to define some animals that had bitten under **non-aggressive** circumstances (bites breaking the skin during play) and have had no history of aggression. Because healthy, non-aggressive animals with current rabies vaccinations could be considered “Healthy” following a ten day quarantine, under the revised protocols these bite cases will be considered Treatable (Rehabilitatable).
- **Injured:** Injuries that can be treated with the expectation of a full recovery without heroic measures will be considered Treatable (Rehabilitatable).
- **Neurological:** This designation is used to define euthanasia of animals demonstrating neurological symptoms consistent with clinical rabies symptoms. Under the revised protocols cases involving animals with current rabies vaccinations and injuries consistent with injuries other than bites that appear to have a chance at full recovery will be considered Treatable (Rehabilitatable).
- **Owner Request Euthanasia:** As a rule, the HSBC does not receive Treatable (Rehabilitatable) animals for Owner Request Euthanasia. However, in the event that an animal is presented by an owner for Owner Requested Euthanasia and the decision is made to provide the service, the animal will be evaluated and considered Treatable (Rehabilitatable) as appropriate.
- **Pregnant:** Pregnant animals with no other health or behavior issues that are euthanized will be considered Treatable (Rehabilitatable) since surgical termination of the pregnancy is an option. Additional medical conditions arising will be evaluated independently of the pregnancy for outgoing type determination.
- **Sick: In House or Incoming:** Animals with treatable illnesses that are could be reasonably expected to make a full recovery without heroic measures will be considered Treatable (Rehabilitatable).
- **Temperament:** This designation has been somewhat interchangeable with “Behavioral”. Under the revised protocols, this designation will no longer be utilized.
- **Upper Respiratory Infection: In House and Incoming:** Because most upper respiratory infections are treatable and result in a full recover, under the revised protocols the majority of URIs will be considered Treatable (Rehabilitatable).
- **Wounds:** Wounds are generally defined by the HSBC as injuries inflicted by another animal. Wounds inflicted in known, non-rabies risk circumstances, inflicted upon animals with current rabies vaccination status, and requiring no heroic measures to treat, will be considered Treatable (Rehabilitatable).

Treatable (Manageable): Treatable/Manageable is defined by the Asilomar Accords as an animal that is not likely to become “healthy” but will attain a satisfactory quality of life with medical, foster, behavioral or other care. This would also include various chronic conditions. Based on these criteria, the following euthanasia reasons were determined to be Treatable (Rehabilitatable):

- **Age: Old:** Animals will be evaluated and a decision made based on the specific age related illness on a case-by-case basis. Under the revised protocols these animals may be considered Treatable (Manageable) based on their specific aged related health conditions.

- **Aggressive:** Animals that demonstrate aggressive behavior that is not determined to be fully “Treatable (Rehabilitatable)” will be not be considered for Treatable (Manageable) under the new protocols.
- **Behavioral:** This designation is used to define some animals that demonstrated non-aggressive behaviors that rendered them unsuitable or undesirable for adoption. These behaviors could include moderate to serious separation anxiety, inappropriate urination, or other aberrant behaviors. Under the revised protocols moderate but treatable (through sustained medical intervention) issues will be considered Treatable (Rehabilitatable).
- **Injured:** Injuries that with treatment will results in the animals not becoming “healthy” but attaining a satisfactory quality of life without heroic measures will be considered Treatable (Rehabilitatable).
- **Neurological:** This designation is used to define euthanasia of animals demonstrating neurological symptoms consistent with clinical rabies symptoms. Under the revised protocols, cases involving animals with current rabies vaccinations and injuries consistent with injuries other than bites that, with treatment, will result in the animal not becoming “healthy” but attaining a satisfactory quality of life without heroic measures, will be considered Treatable (Rehabilitatable).
- **Owner Request Euthanasia:** The HSBC does regularly receive Treatable (Manageable) animals for Owner Request Euthanasia. However, in the event that an animal is presented by an owner for Owner Requested Euthanasia and the decision is made to provide the service, the animal will be evaluated and considered Treatable (Manageable) as appropriate.
- **Sick (In House or Incoming):** Animals with treatable illnesses that with treatment will results in the animals not becoming “healthy” but will attain a satisfactory quality of life without heroic measures will be considered Treatable (Rehabilitatable).
- **Temperament:** This designation has been somewhat interchangeable with “Behavioral”. Under the revised protocols, this designation will no longer be utilized.
- **Upper Respiratory Infection (In House and Incoming):** Upper respiratory infections that are determined to be chronic and severe may receive an outgoing designation of Treatable (Manageable) in the revised protocols.

Unhealthy & Untreatable: Animals that are a public health or safety risk or have medical conditions adversely affecting animal’s health and not likely to become “healthy” or “treatable” with reasonable care.

- **Age: Old:** This designation will not be used as a determination of Unhealthy & Untreatable.
- **Age: Young:** Extremely young (hairless) animals will be considered Unhealthy and Untreatable under the revised protocols.
- **Aggressive:** Animals that demonstrate aggressive behavior that is not determined to be fully “Treatable (Rehabilitatable)” will be considered Unhealthy and Untreatable under the new protocols.

- **Behavioral:** This designation is used to define animals that demonstrate non-aggressive behaviors rendering them unsuitable or undesirable for adoption. Under the revised protocols, extreme behavioral issues (not reasonably treatable through behavior modification or moderate/aggressive medical intervention) will be considered Unhealthy and Untreatable.
- **Bite Cases:** Animals causing reportable (broken skin) bites under aggressive circumstances, reportable (broken skin) bites by animals with a history of aggression, or animals causing reportable bites falling under the six month rabies quarantine status as defined by Pennsylvania law will be considered Un healthy and Untreatable under the revised protocols.
- **Feral:** Feral animals of any kind will be considered Unhealthy and Untreatable under the revised protocols.
- **Injured:** Injuries that require heroic measures to achieve the expectation of a full recovery or Treatable recovery will be considered Unhealthy and Untreatable under the revised protocols.
- **Neurological:** Animals demonstrating neurological symptoms consistent with clinical rabies symptoms without current rabies vaccinations and with injuries consistent with bites will be considered Unhealthy and Untreatable.
- **Owner Request Euthanasia:** Any animal by an owner for Owner Requested Euthanasia and determined to be Unhealthy and Untreatable for any reason (as defined by the revised protocols).
- **Sick: In House or Incoming:** Animals with treatable illnesses requiring heroic measures to achieve the expectation of a full recovery or Treatable recovery will be considered Unhealthy and Untreatable under the revised protocols.
- **Temperament:** This designation ha been somewhat interchangeable with “Behavioral”. Under the revised protocols, this designation will no longer be utilized.
- **Upper Respiratory Infection: In House and Incoming:** Upper respiratory infections progressing to a severity requiring heroic measures to treat will be considered Unhealthy and Untreatable.
- **Wounds:** Wounds are generally defined by the HSBC as injuries inflicted by another animals. Animals wounded in unknown circumstances, inflicted upon animals without current rabies vaccination status, and/or requiring heroic measures to treat, will be considered Unhealthy and Untreatable.

Determination of Category

The HSBC currently employs a redundant authorization system to ensure that any animal to be euthanized is evaluated by *at least* two individuals (the euthanasia technician and the Operations Director or designate) prior to euthanasia. For all animals determined to be Healthy, Treatable (Rehabilitatable), or Treatable (Manageable), this system will continue to be in place.

However, since there may appear to a casual onlooker to be an incentive to designate as many animals as possible to be Unhealthy and Untreatable, the revised protocols will require a final evaluation by a licensed veterinarian as an additional check and balance. In the event of any dispute between any of the “evaluators”, a final determination will be reached in consultation with the Executive Director of the HSBC. All associated paperwork and computer files will be maintained for audit purposes per the HSBC’s standard document retention policies.

Reporting Methods and Protocol Revisions

The Humane Society of Berks County will employ the annual animal statistics reporting form provided by the Asilomar Accords website. This form will be completed on a quarterly basis and posted on the “Statistics & FAQs” page of the HSBC website (www.berkshumane.org/about/about_statistics.asp). The form provides a straight forward method of showing incoming and outgoing animals and providing a cut and dry “percentage of animals out alive”. It further breaks down by category to clearly show how many euthanized animals “save able”.

The HSBC will diverge from the Asilomar model in two ways: First, we will also be including statistics for non-cats and dogs. Since a significant number of the nearly 7,000 animals housed by the HSBC each year are animals other than cats and dogs, we feel it is important to account for these animals, too. Second, we will continue to provide a more detailed reporting of the types of incoming animals to reflect the number of animals entering the HSBC as strays. The deplorable state of animal control services in this region and across the State generally is among the leading causes of euthanasia in Pennsylvania as a result of massive numbers of strays entering, languishing and dying in animal shelters.

Additionally, the HSBC will be revisiting these reporting protocols at a minimum of every two years to make necessary modifications, to involve new and additional stakeholders, and to reflect changes in community standards.

Outcomes and Goals

These reporting protocols are simply a means of *describing* the reality facing animals in Berks County. On their own, they do nothing to *change* the reality facing animals in Berks County. However, the HSBC has already made significant strides by using empirical data to identify, target, and attack specific problems and issues facing animals in order to save more lives. It is the hope of the staff, board, and volunteers of the HSBC to make use of the clarity of reporting the Asilomar Accords offers to continue down this path and to save all *Healthy* animals. Achieving this goal alone would have saved the lives of an additional 229 animals in 2007. We must then work to save all *Treatable* animals. That would have saved the lives of an additional 1,805 animals in 2007.

And then we must *redefine* what *Untreatable* means and save as many of them as we can, too.