Office of the Chief Medical Examiner
OCME (FX)

MISSION
The Mission of the Office of Chief Medical Examiner (OCME) is to address the needs of grieving families, government agencies and health care entities and to ensure that justice is served through quality death investigations, certifications and forensic services.

SUMMARY OF SERVICES
The OCME investigates and certifies all deaths in the District of Columbia that occur as the result of violence (injury) as well as those that occur unexpectedly, without medical attention, in custody, or pose a threat to public health. It does so by conducting death investigations, autopsies or external examinations, toxicology and other forensic analyses and fatality reviews.

AGENCY OBJECTIVES
1. Achieve full facility and fellowship program accreditation in order to raise the national profile of the agency.
2. Educate stakeholders on the mission and services of the agency.
3. Foster an environment that promotes “health and wellness,” as well as educational and economic growth opportunities for staff, in order to attract and retain qualified employees.
4. Achieve readiness to effectively respond to mass fatalities occurring in the District and surrounding jurisdictions.

3 KEY ACCOMPLISHMENTS
✓ Obtaining provisional accreditation granted by the National Association of Medical Examiners.
✓ Updating all policies and procedures; implementation of formalized quality assurance and control program; ongoing monitoring of medical examiner case status and information; and q/a of statistical death data and trends.
✓ Formalization of the OCME Health and Wellness Program through a partnership with Providence Hospital’s Wellness Institute; the development, implementation and completion of 11 modules of the OCME Safety and Illness & Injury Prevention Program used as a model for the District-wide Safety Program; and monthly stress management program.

OVERVIEW OF AGENCY PERFORMANCE
OBJECTIVE 1: Achieve full facility and fellowship program accreditation in order to raise the national profile of the agency.

INITIATIVE 1.1: Begin the National Association of Medical Examiner (NAME) accreditation process by completing a self-inspection of the facility and applying for accreditation status.

Fully Achieved. The OCME completed a second self-inspection in early 2008. To eliminate deficiencies found during the self-inspection, the agency updated all agency policies and procedures, disposed of 950 pieces of unclaimed property (notifying over 400 families and providing over 400 pieces of property to the Metropolitan Police Department (MPD)), worked with Providence Hospital to set up a Health and Wellness program, disposed of toxicology cases, and started a 24 hour Medicolegal Investigator (MLI) shift. The agency submitted an application for accreditation on March 20, 2008, underwent an inspection on July 10, 2008, and was awarded provisional accreditation on October 15, 2008.

INITIATIVE 1.2: Meet National Association of Medical Examiner (NAME) standards for autopsy and postmortem examination reporting.

Partially Achieved. During the 2nd Quarter of FY 2008, OCME came close to meeting its goal of completing 90% of homicide autopsy reports within 60 days with an 88.60% completion rate. The OCME non-homicide autopsy report completion rate was 75.90% of reports completed within 90 days, moving closer to the 85% target. During FY2008, OCME hired a pathologist assistant, an additional medicolegal investigator and four forensic investigators. The agency hired one medical examiner on a permanent basis at the beginning of the fiscal year, increasing the number from four to five. The agency will advertise two more medical examiner positions in FY 2009. Filling these positions will enable the agency to improve its autopsy reporting KPIs to meet NAME standards.

INITIATIVE 1.3: Expand the agency’s quality assurance and quality control program.

Fully Achieved. The agency completed, formalized and presented to NAME agency-wide quality control and assurance policies and procedures. It has implemented a formal program based on those policies and procedures and is in the process of creating a new quality assurance position, per the recommendation of NAME.

INITIATIVE 1.4: Maintain turnaround time for toxicology examinations and continue to improve services of the OCME’s toxicology laboratory.

Fully Achieved. The OCME’s KPIs demonstrate that OCME has maintained toxicology turnaround time for examinations and provision of quality service, despite experiencing a turnover in staff of the Toxicology Department, including in the Chief Toxicologist position.
OBJECTIVE 2: Educate stakeholders on the mission and services of the agency.

**INITIATIVE 2.1:** Expand statistical reporting to government agencies and the public.
*Fully Achieved.* The OCME published its 2006 Annual Report in the first quarter of FY2008 (November 2007). Along with the annual report, three special reports and investigations were published during this first quarter: "BMI Calculations for OCME Decedents between Ages of 2-19"; "Breakdown of Medical Examiner (ME) Investigations compared to Census Population Data"; and "A 30-Year Review of Suicides."

**INITIATIVE 2.2:** Provide training for residents and medical students, student internships, trainings for law enforcement and other stakeholders, and conduct lectures and presentations to District youth on critical fatalities.
*Fully Achieved.* In FY2008, OCME participated in Operation Prevent Auto Theft, conducted a week-long Homicide School for MPD detectives and conducted lectures and presentations that highlighted fatalities resulting from underage drinking, speeding and driving while under the influence. Forensic pathology rotations were offered to medical students and residents in the area. Further, internships were provided to students who are interested in various aspects of forensics (i.e., UDC Mortuary Science Program students) and briefings/workshops were conducted at Children's Hospital and Georgetown. Staff conducted briefings and seminars to the attendees of the NAME Conference, National Youth Leadership Program, D.C. Summer Youth Program, Foreign Service Institute, and the Attorney General's Office.

**INITIATIVE 2.3:** Launch OCME Outreach Campaign though an agency newsletter, website and video production.
*Fully Achieved.* The OCME launched its first and newly developed website in February 2008. The website is active and OCME staff respond to various entities that make inquiries or request information. The agency continues to produce an agency newsletter on at least a quarterly basis and is producing a video in partnership with the Office of Cable Television regarding the agency.

OBJECTIVE 3: Foster an environment that promotes “health and wellness,” as well as educational and economic growth opportunities for staff, in order to attract and retain qualified employees.

**INITIATIVE 3.1:** Formalize stress management programs.
*Fully Achieved.* In FY2008, OCME partnered with the Wendt Center for Loss and Healing for the provision of monthly stress management seminars and workshops for all staff. The OCME has also held stress management sessions during the general staff meetings and has reminded staff to utilize stress relief workbooks provided to each employee last year. The OCME also conducted a workshop with the Employee Assistance Program in August 2008.

**INITIATIVE 3.2:** Reclassify job descriptions so that agency positions support the highest quality performance of the office.
*Fully Achieved.* The OCME has reclassified the following positions: Medicolegal Investigators, Chief Toxicologist, Statistical Assistant, Program Coordinator (CFRC), Program Coordinator (MRDD), Forensic Investigator, Fleet Management Specialist, IT Specialist, Medical Technologist (Histology), Medical Technologist (Laboratory Services Specialist), Supervisory Records Management Specialist, and Records Management Specialist.

**INITIATIVE 3.3:** Enhance educational opportunities for staff.
*Fully Achieved.* The OCME provided numerous educational opportunities for staff during FY 2008, including ethics, supervisory, and human resources training for managers. The agency developed and implemented a safety and health training program which included the following mandatory trainings: Office Safety, Universal Precautions, Personal Protective Equipment, Bloodborne Pathogens, Respiratory or Airborne Pathogens (TB),
Hazard Communication, Ergonomics, Mass Fatality; Emergency Response, and Continuity of Operations. Further, Toxicology Staff participated in a workshop/briefing held with the Office of the Attorney General on prosecution of DUI cases.

**OBJECTIVE 4: Achieve readiness to effectively respond to mass fatalities occurring in the District and surrounding jurisdictions.**

- **INITIATIVE 4.1: Hire a Mass Fatality Coordinator.**
  Partially Achieved. In response to the discussions with the City Administrator and Homeland Security and Emergency Management Agency (HSEMA), the OCME did not hire a Mass Fatality Coordinator as a separate and distinct position. In order to respond to the critical need to carry out the duties of such a position and to utilize personnel resources efficiently, as requested by the City Administrator’s office, the OCME incorporated the duties of the Mass Fatality Coordinator into the existing MLI Grades 15 and 16 positions.

- **INITIATIVE 4.2: Improve coordination with local, regional and federal agencies and other entities.**
  Fully Achieved. The OCME continues to work with the DC Hospital Association (DCHA), Department of Health, HSEMA, MPD, the Department of Fire and Emergency Medical Services (Fire EMS), the Council of Governments, regional medical examiner offices and other entities in emergency response planning and exercises and mass fatality issues. The OCME partnered with these agencies for several exercises in FY 2008 and attended planning meetings with them throughout the year.

- **INITIATIVE 4.3: Identify and procure applicable resources and equipment.**
  Partially Achieved. While the OCME has a current inventory of equipment and resources to accommodate daily operations and for limited mass fatality purposes, the agency is in the process of conducting a needs assessment for additional purchases. This will be coordinated by the MLI Grades 15 and 16 with mass fatality coordination duties in FY 2009.

- **INITIATIVE 4.4: Conduct training and exercises in-house, as well as with local, regional and federal partners**
  Partially Achieved. The OCME conducted mandatory Mass Fatality and Emergency Response in-house training for all staff (April - June 2008), and conducted COOP training in July 2008. The agency also participated in jurisdictional and District-wide training. Staffing levels did not allow for the extent and types of exercises and training projected. The agency needs to develop repetitive exercises, not only so that its own staff is trained regarding their roles in a mass fatality incident, but also to cross-train with MPD, HSEMA, Fire EMS, DCHA, and funeral homes.
How did the agency’s actions affect this indicator?

- Performance improved due to the use and enhancement of the Forensic Automated Case Tracking System; standardization of reporting methodology; establishment of internal processes that provide a 5-day timeframe within which autopsy findings must be ready for transcription, as well as upcoming due dates; and use of a formal quality assurance and control process.

What external factors influenced this indicator?

- Several external factors influenced this indicator. It is the District’s goal and a NAME accreditation requirement to hire board certified medical examiners or to encourage incumbent medical examiners to obtain certification. It takes time away from the office for incumbents to study and take the exam. The medical examiners also spend time preparing for or giving court testimony within the District, Maryland and Virginia. This jurisdiction has a heavier than normal caseload. The OCME hopes to fill 2 vacant medical examiner positions so that it can achieve this goal in FY 09.

More About These Indicators:

How did the agency’s actions affect this indicator?

- There has been a significant improvement in KPI 5 as a result of agency actions, including hiring a Supervisory Pathologist Assistant to supervise the mortuary unit on a 24 hour basis, and implementing a new policy for more quickly notifying mortuary staff of the need to move remains.

What external factors influenced this indicator?

- The agency worked diligently with the Office of Unified Communications (OUC) and the Metropolitan Police Department (MPD) to ensure that death notifications are received by the agency in a timely manner such that OCME investigators can report to scenes as expeditiously as possible. An efficient notification process assists the investigations unit in efficiently assessing the situation and subsequently being able to notify mortuary staff regarding body pickup with correct information and without confusion. This in turn enables mortuary staff to meet the KPI.
### Key Performance Indicators – Details

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>FY06 Actual</th>
<th>FY07 Actual</th>
<th>FY08 Target</th>
<th>FY08 Actual</th>
<th>FY09 Projection</th>
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<tbody>
<tr>
<td><strong>OBJECTIVE 1:</strong> Make District government more responsive, accountable, transparent and efficient.</td>
<td>Percent of autopsy reports on homicide cases completed within 60 days.</td>
<td>87.4%</td>
<td>80.3%</td>
<td>90.0%</td>
<td>84.4%</td>
<td>90.0%</td>
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<td>Percent of autopsy reports on non-homicide cases completed within 90 days.</td>
<td>70.4%</td>
<td>71.0%</td>
<td>85.0%</td>
<td>76.1%</td>
<td>90.0%</td>
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<tr>
<td></td>
<td>Percent of positively identified bodies ready for release within 48 hours.</td>
<td>N/A</td>
<td>93.5%</td>
<td>95.0%</td>
<td>93.8%</td>
<td>98.0%</td>
</tr>
<tr>
<td></td>
<td>Percent of primary contacts (case decision for jurisdiction) made within eight hours of case assignment to investigator.</td>
<td>90.5%</td>
<td>91.9%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>95.0%</td>
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<td>Percent of mortuary scene response within one hour of notification that case has been accepted for OCME jurisdiction by an investigator or medical examiner.</td>
<td>74.4%</td>
<td>86.8%</td>
<td>85.0%</td>
<td>87.5%</td>
<td>90.0%</td>
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<td>Percent of negative toxicology examinations completed within 30 days of case submission.</td>
<td>97.1%</td>
<td>97.4%</td>
<td>95.0%</td>
<td>94.3%</td>
<td>98.0%</td>
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<td>Percent of positive toxicology examinations completed within 60 days of case submission.</td>
<td>95.8%</td>
<td>98.0%</td>
<td>95.0%</td>
<td>98.8%</td>
<td>98.0%</td>
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<td><strong>OBJECTIVE 2:</strong> Maintain effective labor relations with the District’s unionized workforce by administering a comprehensive labor management relations program.</td>
<td>Percent of CFRC fatality reviews held within six months of notification of the death.</td>
<td>87.8%</td>
<td>90.8%</td>
<td>90.0%</td>
<td>87.0%</td>
<td>90.0%</td>
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<td>Percent of MRRD fatality reviews held within three months of receipt of the investigative report from DHS/DDS and determination of the cause and manner of death.</td>
<td>N/A</td>
<td>100%</td>
<td>90.0%</td>
<td>86.2%</td>
<td>95.0%</td>
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<td><strong>OBJECTIVE 3:</strong> Create a safe and quality work environment, which emphasizes safety and career advancement opportunities for all District employees.</td>
<td>None applicable to this objective</td>
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**Performance Assessment Key:**
- [ ] Fully achieved
- [ ] Partially achieved
- [ ] Not achieved
- [ ] Data not reported