



FY09 PERFORMANCE PLAN
Office of the Chief Medical Examiner

MISSION

The Mission of the Office of Chief Medical Examiner (OCME) is to ensure that justice is served and that the health and safety of the public is improved by conducting quality death investigations and certification, and providing forensic services for government agencies, health care entities and grieving families.

SUMMARY OF SERVICES

OCME provides forensic services to local and federal government agencies, health care providers, institutions of higher learning and citizens in the District and metropolitan area. Forensic services include: forensic investigation and certification of certain deaths (i.e., deaths occurring as a result of violence (injury) as well as those that occur unexpectedly, without medical attention, in custody or pose a threat to public health); review of deaths of specific populations; grief counseling; performance of a full range of toxicological examinations; cremation approvals and public dispositions of unclaimed remains.

OBJECTIVE 1: Achieve provisional accreditation from the National Association of Medical Examiner's (NAME) in order to raise the national profile of the agency.

INITIATIVE 1.1: Meet National Association of Medical Examiner (NAME) standards for autopsy and postmortem examination reporting.

The OCME is currently working to achieve and maintain optimum agency operations, specifically in the areas of staffing and technological applications, in order to ensure that reports of autopsies and postmortem examinations are completed according to NAME standards. In 2008, OCME improved its performance in autopsy reporting (see KPI measures 1 and 2). Full staffing of its medical examiner positions will enable OCME to achieve these measures in FY 2009.

INITIATIVE 1.2: Review and evaluate deficiencies noted in the NAME accreditation inspection report.

The OCME conducted a self-inspection and underwent a NAME accreditation inspection in FY2008, and will receive a report from the official NAME inspector with findings regarding aspects of agency operations and outlining all deficiencies. The report concludes with a recommendation for accreditation, provisional accreditation or non-accreditation. OCME will review and evaluate the report for possible action items regarding reported deficiencies.

INITIATIVE 1.3: Expand the agency's Quality Control and Assurance Program.

In 2006, OCME formalized a quality assurance and control program to monitor and improve agency operations. In FY2009, the agency plans to hire a person who will be responsible for daily tracking of case management and improving operational procedures and protocols, procurement of required resources and hiring practices. The key projects will include quarterly reporting of critical healthcare statistical information to other District agencies, healthcare providers and universities.

OBJECTIVE 2: Raise agency standards and performance by recruiting and retaining the highest caliber of personnel in the fields of forensic pathology, toxicology and mortuary sciences.



INITIATIVE 2.1: Create comprehensive OCME employee training and education program focused on employees' duties, including the provision of opportunities for professional and technical staff to advance within their fields.

In order to attract and retain employees who are the best in their fields and provide the highest possible level of service to District residents, the agency will dedicate funds and expand opportunities for training and educational programs. Many positions within the agency require continued education for licensing purposes and the agency also has contractual duties to provide training and education. The agency will evaluate potential use of flextime, research and educational opportunities in order to give professional and technical staff (i.e., medical examiners, toxicologists, medicolegal investigators, forensic investigators, and pathologist assistants) the ability to advance within their fields. The agency will also incorporate a guest lecture series as part of its training and education program.

INITIATIVE 2.2: Enhance the OCME Safety and Illness/Injury Prevention Program.

In FY2008, the agency implemented its first Safety and Illness/Injury Prevention full-scale program which included approximately 10 mandatory trainings. The purpose of this program is to ensure the safety and wellness of all employees in the performance of their job duties. The agency will enhance the program in FY 09 with additional courses and innovative training sessions and with guest lecturers focused on safety prevention.

INITIATIVE 2.3: Fill 90 percent of agency positions by expanding recruitment and staff retention efforts.

OCME will implement innovative and aggressive recruitment methods and hiring incentives in order to employ persons in "hard to fill" positions that are technical in nature and require specific educational background and expertise. The agency will explore new advertising methods to ensure that vacancy announcements reach a larger demographic area, additional venues, and more diverse populations. The agency will also evaluate and implement measures to improve staff retention, such as training and educational programs, and reclassify job descriptions by working with employees on performance plans.

OBJECTIVE 3: Achieve readiness to effectively respond to mass fatalities occurring in the District and surrounding jurisdictions.

INITIATIVE 3.1: Develop a comprehensive mass fatality coordination and training program.

INITIATIVE 3.2: Improve coordination with local, regional and federal agencies and other entities.

INITIATIVE 3.3: Identify and procure applicable resources and equipment.

INITIATIVE 3.4: Conduct training and exercises in-house, as well as with local, regional and federal partners.

In FY2009, the OCME plans to develop a comprehensive mass fatality coordination and training program in order to ensure that the agency and other stakeholders are able to implement the agency's mass fatality plan. This will include training sessions with stakeholders (local, federal and regional government agencies, funeral directors and homes, hospitals, relief organizations, institutions of higher learning etc.).



OBJECTIVE 4: Improve the ability to retrieve records for the general public by preserving critical case reports and associated information by digitizing agency historical records.

INITIATIVE 4.1: Procure services to digitize agency historical records.

As of 2003, the agency implemented its Forensic Automated Case Tracking System (FACTS) which allows most agency records to be electronically filed. However, all records prior to 2003 are maintained as hard copies. The agency is required to maintain some records (files on homicide deaths) for 65 years and may eventually lack the required climate-controlled space to continue to store such records. Further, it is difficult to retrieve historical data from archived records when a manual search must be performed. The agency will procure a service from a company to digitize the agency historical records for ease of use, to more efficiently reply to informational requests, for space control, and for posterity of records.



PROPOSED KEY PERFORMANCE INDICATORS

Measure	FY07 Actual	FY08 Target	FY08 YE Actual*	FY09 Projection	FY10 Projection	FY11 Projection
Percent of autopsy reports on homicide cases completed within 60 days	70	90	85	95	95	95
Percent of autopsy reports on non-homicide cases completed within 90 days	71	85	77	95	95	95
Percent of positively identified bodies ready for release within 48 hours	94	95	94	95	95	95
Percent of primary contacts (case decision for jurisdiction) made within eight hours of case assignment to investigator	92	90	89	95	95	95
Percent of mortuary scene response within one hour of notification that case has been accepted for OCME jurisdiction by an investigator or medical examiner	87	85	88	90	90	95
Percent of negative toxicology examinations completed within 30 days of case submission	97	95	98	95	95	95
Percent of positive toxicology examinations completed within 30 days of case submission	98	95	100	95	95	95
Percent of CFRC fatality reviews held within six months of notification of the death	91	90	90	85	90	90
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	100	90	94	85	90	90
Percent of DV fatality reviews held within three months of the conclusion of the case prosecution.	N/A	N/A	N/A	85	85	90

* Since the fiscal year isn't over until end of September, this # should be the year-end up-to-date estimate. The number indicated is the average of Q1, Q2 and Q3.

**New measure for FY09.