



## FY12 PERFORMANCE PLAN Office of the Chief 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 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 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.

### PERFORMANCE PLAN DIVISIONS

- Offices of the Chief & Administration
- Death Investigation and Certification
- Forensic Toxicology
- Fatality Review

### Agency Workload Measures

Measure	FY2010 Actual	FY2011 Actual (Tentative) <sup>1</sup>
Number of Postmortem Examinations performed: Full/Partial	1219	1078
Number of Deaths Due to Traffic Accidents (i.e., cars, Metro, motorcycles)	47	53
Number of deaths due to hypertensive cardiovascular disease	328	325
Number of Court-related Activities (i.e., pre-trial conferences, depositions, testimony)	87	89
Number of DUI cases performed	415	915
Number of Court-related Activities (i.e., pre-trial conferences, depositions, testimony)	575	783
Number of child deaths due to inappropriate bedding (with or without crib in the dwelling)	5	4

<sup>1</sup> Agency FY2011 statistical data must undergo quality assurance and control evaluation in conjunction with the publication of the annual report prior to finalization. The agency publishes the annual report with data based on the calendar year, as required by statute. The report is due one year after the close of the reporting calendar year. The agency's 2010 annual report has been published and includes the first quarter of fiscal year 2011. The remainder of the FY2011 data will be included in the 2011 calendar year annual report due at the end of calendar year 2012. As such, all data provided for FY2011 is not yet finalized. This applies to all FY2011 data within this document.



## *Offices of the Chief & Administration*

### **SUMMARY OF SERVICES**

The Office of the Chief is responsible for oversight of the operational and programmatic functions of the OCME. The Office of Administration program provides administrative services and support to the staff of the OCME. These services include personnel management (timekeeping, training and educational development, and labor relations); contracting and procurement; risk, fleet, property and financial management; information technology and legal services; communications; and agency performance management.

### **OBJECTIVE 1: Maintain high quality office and system operations to support effective medicolegal death investigation, efficient and quality autopsy reporting, and accurate certification of deaths.**

#### **INITIATIVE 1. Prepare for agency transition to the Consolidated Forensic Laboratory via review and modification of overall agency operations and customer service, as well as modification of policies and procedures (PUBLIC SAFETY, SUSTAINABILITY)**

The agency will prepare for the planned occupancy of a new facility by reviewing workflows and processes and policies and procedures and those modifications that will have to be made as a result of working in a new facility. The new facility has a significantly different layout and involves the agency work located on the first, fifth and sixth floors, the loading dock and the parking garage of the facility. The workflow and processes of the agency will change due to the new work environment, particularly various split levels, and will impact overall operations. Further, consideration must be made as to the workflow and processes required to accommodate various customers to the facility: next of kin/friends of decedent, funeral directors, law enforcement, U.S. Attorney/Public Defender/private attorneys, fatality review committee members, residents/students/interns, the National Institutes of Health (NIH), university and hospital officials and others. Given this transition and resulting impact on overall operations and customer service, the agency will have to modify policies and procedures and will work to develop and 'exercise' tentative modifications prior to moving into the facility in order to prepare. Due: End of FY2012 (contingent on provision by DRES/DGS of CFL security plans and access to CFL prior to move).

#### **INITIATIVE 2: Enhance OCME incident management response including revision of plans, coordination of training efforts and implementation of technological advances in the agency case management system (PUBLIC SAFETY)**

The OCME will continue its efforts to enhance its incident management planning according to industry standards. During this fiscal year, the focus will be on training to include an in-house full staff tabletop exercise and overall functional exercise. The agency will also continue work toward revising its mass fatality plan to ensure integration with the newly published District Response Plan (DRP) and other agency incident plans. Due: End of FY2012.

#### **INITIATIVE 3. Provide Employee Training: Second Annual Employee Summit & Supervisory Training Program (PUBLIC SAFETY, SELF-DETERMINATION, QUALITY EDUCATION)**

The OCME is focused on the upcoming transition to the new Consolidated Forensic Laboratory (CFL) and will conduct a summit to familiarize employees with the CFL itself, issues surrounding the move and new policies and procedures that will be required to accommodate changes in overall operations. The agency will also provide a year-long supervisory training program to include the following topics: a) supervisory skills; b) budget; c) human resources; d) employee relations; and e) contracting and procurement. The purpose is to enhance supervisory skills of agency managers and, thus, efficiency in overall operations. Due: End of Third Quarter FY2012.



**INITIATIVE 4. Expansion of agency digitization project throughout agency operations.  
(FISCAL STABILITY, PUBLIC SAFETY)**

OCME developed an innovative digitization project that has been recognized as a “best practice” amongst medical examiner officers and supports the District’s ‘paperless environment’ efforts. This project currently includes digitization of all medical examiner case files, x-rays and photographs. The project will be expanded to include the following: a) provision of medical examiner toxicology report requests electronically; b) implementation of digitization of decedent identification by next of kin; and c) institution of electronic requests and payments for cremations by funeral directors. Due: End of FY2012.



## ***Death Investigation and Certification***

### **SUMMARY OF SERVICES**

The Death Investigation and Certification Division is responsible for forensic pathology, forensic investigation and mortuary services. Forensic pathology involves conducting decedent examination, certifying the cause and manner of death and providing that information to next of kin and law enforcement, as well as designated government entities and interested parties. Forensic investigation includes evidence gathering, medical interpretation and provision of information to aid in the determination of the cause and manner of death. The purpose of mortuary services is to provide body disposition and autopsy support to forensic pathology staff and the funeral industry.

**OBJECTIVE 1: Provide efficient, timely and accurate death investigation and certification of cases within the jurisdiction of the agency as statutorily mandated.**

**INITIATIVE 1: Meet National Association of Medical Examiners (NAME) industry standards for autopsy and postmortem examination reporting. (PUBLIC SAFETY)**

After overcoming a large backlog and hiring challenges, for the first time in years, OCME met NAME standards for postmortem examination (autopsy) reporting during FY10. FY2010 was the first year that the agency had a full staff of medical examiners that remained steady. For FY2011, NAME standards required that 90 percent of reports of all postmortem examinations be completed within 60 calendar days from the time of autopsy. The actual FY2011 performance on this measure was 88.31%. NAME has since modified the standard to require that 90 percent of homicide cases be completed in 90 days and non-homicide in 60 days. The agency key performance indicator has been modified for FY2012 to reflect this modified standard. In FY2012, the agency hopes to maintain the current staffing and will continue to work toward consistency in meeting this modified measure. Further, the agency continues to implement procedural and technological modifications to workflow process to improve effectiveness in this area.

Due: End of FY2012.

**INITIATIVE 2: Expand agency Quality Control and Assurance Program (PUBLIC SAFETY)**

OCME will work to expand its quality assurance and control program to monitor and improve agency operations. This specifically includes a qc/a audit and detailed review of the workflow and procedures of each unit of the agency. Subsequent to the audit, an evaluation will be completed and recommendations implemented. The agency will also research all industry ISO standards to determine applicability to medical examiner work. This will agency require interaction with national and international counterparts within the industry.



**KEY PERFORMANCE INDICATORS – DEATH INVESTIGATION AND CERTIFICATION**

Measures	FY 2010 YE Actual	FY2011 Projection	FY2012 Projection	FY2013 Projection	FY2014 Projection	FY2015 Projection
Percent of reports of all postmortem examinations completed within 60 calendar days from time of autopsy* <b>TO BE ELIMINATED AND REPLACED WITH THE TWO INDICATORS BELOW.</b>	88.74	88.31	N/A	N/A	N/A	N/A
Percent of reports of all postmortem examinations completed within 90 calendar days from the time of autopsy in homicide cases**	N/A**	N/A**	90	90	90	90
Percent of reports of all postmortem examinations completed within 60 calendar days from the time of autopsy in all cases (homicides excluded)**	N/A**	N/A**	90	90	90	90
Percent of positively identified bodies ready for release within 48 hours	95.3	93.04	95	95	95	95
Percent of primary contacts (case decision for jurisdiction) made within 8 hours of case assignment to investigator. <b>TO BE ELIMINATED AND REPLACED WITH THE INDICATOR BELOW.</b>	91.13	92.29	N/A	N/A	N/A	N/A
Percent of preliminary investigative reports complete for utilization in the daily case review morning meetings	N/A	N/A	95	95	95	95
Percent of mortuary scene response within one hour of transport notification by an investigator or medical examiner of an accepted case	92.66	91.50	95	95	95	95

\*This measure is an industry standard, adopted in September 2009, by the National Association of Medical Examiners (NAME) within its accreditation guidelines. The previous standard, which set forth a different percentage for completion of cases and varied deadlines for homicide and non-homicide cases, was used by the agency as a measure for FY09 and previous fiscal years. The agency is currently provisionally accredited and continues to work toward meeting the newly adopted measure.

\*\*This measure is an industry standard adopted by NAME after the September 2009 revision in the recent year. The agency will work toward meeting this adopted measure.



## Forensic Toxicology

### SUMMARY OF SERVICES

The OCME Forensic Toxicology Laboratory maintains standards of practice for the detection, identification and quantitation of alcohol, drugs and other toxins in biological specimens. The Laboratory provides scientific support services to OCME in order that the agency may provide accurate death investigation and certification information in a timely manner to next of kin, law enforcement agencies, legal counsel and the community when required.

### OBJECTIVE 1: Implementation of a Breath Alcohol Instrument Service for the District

#### INITIATIVE 1: The Forensic Toxicology Laboratory will implement a new breath alcohol instrument service for the District of Columbia (PUBLIC SAFETY, FISCAL STABILITY)

The Forensic Toxicology Laboratory will implement a new breath alcohol instrument service for the District according to industry standards. This implementation includes working with stakeholders toward the development of a proposed budget, hiring and training of staff, as well as establishment of standard operation procedures, training manuals, performance measures and a quality control program.

### OBJECTIVE 2: Provision of Statistical Reporting of Interest to Various District Agencies

#### INITIATIVE 2: Enhancement of annual statistical reporting (PUBLIC SAFETY, FISCAL STABILITY)

The Forensic Toxicology Laboratory will enhance annual statistical reporting of Driving Under the Influence (DUI) and Drug Facilitated Sexual Assault (DFSA) casework. This reporting will include more detailed information on the prevalence of drugs which cause impairment (PCP, Cocaine, and Marijuana) and the different combinations of those drugs in individual cases.

### KEY PERFORMANCE INDICATORS – FORENSIC TOXICOLOGY

Measures	FY2010 YE Actual	FY2011 Actual (Tentative)	FY2012 Projection	FY2013 Projection	FY2014 Projection	FY2015 Projection
Percent of toxicology examinations completed within 90 calendar days of case submission*** <b>TO BE ELIMINATED AND REPLACED BY THE TWO INDICATORS BELOW.</b>	99.79	99.62	N/A	N/A	N/A	N/A
Percent of negative toxicology examinations completed within 30 calendar days of case submission****	N/A****	N/A****	90	90	90	90
Percent of positive toxicology examinations completed within 60 calendar days of case submission****	N/A****	N/A****	90	90	90	90

\*\*\*This measure is an industry standard, adopted in September 2009, by the National Association of Medical Examiners (NAME) within its accreditation guidelines. The previous standard, which set forth a different percentage for completion of cases and varied deadlines for negative and positive cases, was used by the agency as a measure for FY09 and previous fiscal years.

\*\*\*\* This measure is an industry standard adopted by NAME after the September 2009 revision in the recent year. The agency will work toward meeting this adopted measure.



**Fatality Review**

**SUMMARY OF SERVICES**

The Fatality Review program reviews the circumstances of the deaths of individuals within certain populations, including their interaction with District government services. The purpose of the reviews is to provide analysis and recommendations to the public and District entities serving defined populations, so they can address systemic problems, provide better services and be held accountable. The current Fatality Reviews include the Child Fatality Review Committee (CFRC) and Mental Retardation & Development Disability Fatality Review Committee (MRDD FRC).

**OBJECTIVE 1: Provide analysis and make recommendations that result in improved services and outcomes for those populations served by the Fatality Review Unit.**

**INITIATIVE 1:Efficient operation of the Fatality Review Unit (SUSTAINABILITY)**

The Fatality Review Unit will continue to work to coordinate and conduct monthly fatality review meetings for all the reviews, provide recommendations on specified populations reviewed toward improved services and outcomes and publish annual reports as mandated for each review.

**KEY PERFORMANCE INDICATORS – FATALITY REVIEW\*\*\*\*\***

Measures	FY2010 YE Actual	FY2011 YE Actual (Tentative)	FY2012 Projection	FY2013 Projection	FY2014 Projection	FY2015 Projection
Percent of CFRC fatality reviews held within six months of notification of the death	85.53	88	75	75	75	75
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	78	75	75	75	75

\*\*\*\*\*Due to the lack of dedicated supervisory staff for the Fatality Review Division, the measures herein related to the Division have been reduced for FY2012.