



Office of the Chief Medical Examiner OCME (FX)

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.

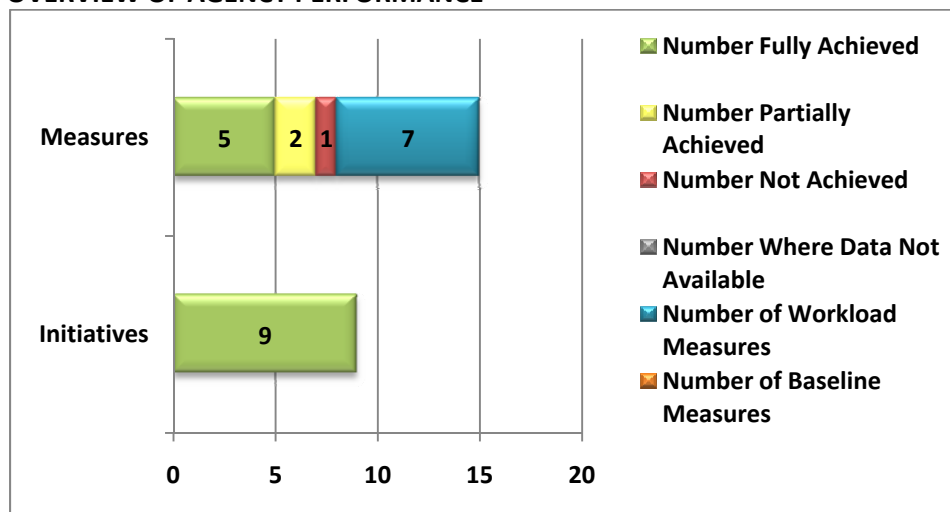
SUMMARY OF SERVICES

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.

ACCOMPLISHMENTS

- ✓ In March 2010, the OCME received an extension of its provisional accreditation by the National Association of Medical Examiners (NAME). The Inspection Report stated that the OCME “. . . has made remarkable improvement since the 2008 inspection. Staffing, equipment, training, continuing education, quality assurance, grant awards and training have all improved.”
- ✓ For the 3rd and 4th Quarters of FY2010, the OCME met NAME standards requiring that 90 percent of reports of all postmortem examinations be completed within 60 to 90 calendar days from the time of autopsy. For these quarters, OCME completed 95% of reports within 60 calendar days.
- ✓ The OCME implemented a project to digitize 30,000 medical examiner case files from 1972 to present. This grant-funded effort (a “best practice”) will result in better maintenance, archival and retrieval of files; elimination of hard copy storage space; and increased security of records.

OVERVIEW OF AGENCY PERFORMANCE





Performance Initiatives – Assessment Details

Performance Assessment Key:

-  Fully achieved  Partially achieved  Not achieved  Data not reported

OFFICES OF THE CHIEF AND ADMINISTRATION

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 1.1: Maintain provisional accreditation by the National Association of Medical Examiners (NAME) by meeting NAME standards for forensic pathology, death investigation, mortuary services, and ancillary services.**

The OCME was informed via March 8, 2010 correspondence from the National Association of Medical Examiners that its provisional accreditation was extended through October 15, 2010. The letter states that the inspector found continuous and ongoing efforts of improvement to remedy Phase I and Phase II deficiencies. The Inspector reported that the office made remarkable improvement since the 2008 inspection with staffing, equipment, training, continuing education, quality assurance, grant awards all improved.

- **INITIATIVE 1.2: Formalize electronic reporting and record storage policies and procedures and develop agency intranet website.**

The agency completed its project for the installation of smartboard technology within the autopsy suite to enable the medical examiners to input autopsy notes "on-screen" during autopsy and automatically transfer such notes to the desktop electronically. Autopsy and toxicology reports, as well as photographs, are now electronically stored by medical examiner case in the agency's electronic Forensic Automated Case Tacking System (FACTS). This innovation will save significant time in autopsy report development, transcription and completion and the agency for the first time met its autopsy reporting KPIs for the 3rd Qtr of the FY. Further, this innovation will eliminate the need to bring hard copy notes from the autopsy room and the chance for any decontamination in other areas of the agency. The agency has been working with EDRS and a vendor to evaluate the agency's workflow process in order to move toward electronic death certification. Along with the completion of this project, the agency' began the implementation of the digitization of historical medical examiner case files via Coverdell grant funding. About 10,000 records were digitized and equipment purchased to enable the scanning of all medical examiner case files in the future. The agency has reapplied for the Coverdell Grant for FY2011. Further, in January 2010, the agency unveiled its intranet website -- <http://socmefile02/>. The site includes the following tabs: agency newsletter, human resources information and FAQs, employee information, the OCME video which was developed by DC's cable television agency, and agency policies and procedures and emergency response, mass fatality and coop plans. Staff can access key documents without utilization of paper/copying or CDs saving resources and space. The agency has developed



electronic reporting and digitization policies and procedures to include electronic dissemination of reports and storage of data.

- **INITIATIVE 1.3: Formalize and improve the OCME educational and training program to include training of agency personnel, public safety cluster agency employees, medical residents and students, and other individuals that have an interest in forensic pathology.**
The agency has gathered information on requisite training per division and staff members. Trainings have been held internally and attended externally by agency staff and have been conducted by staff for external entities, such as the State Department, medical residents/students, as well as several interns in the investigations and fatality review units. The manual is being written. A formal manual was written and a copy provided to the OCA prior to the end of the fiscal year.

DEATH INVESTIGATION AND CERTIFICATION

OBJECTIVE 1: PROVIDE EFFICIENT, TIMELY AND ACCURATE DEATH INVESTIGATION AND CERTIFICATION OF CASES WITHIN THE JURISDICTION OF THE AGENCY AS STATUTORILY MANDATED.

- **INITIATIVE 1.1: Meet new NAME standards for autopsy and postmortem examination reporting.**
The agency has exceeded this performance initiative for the 3rd quarter of the fiscal year by completing 95% of autopsy reports within 60 calendar days from the time of autopsy, far beyond the 90% required of the National Association of Medical Examiners. For the month of April the percentage was 87%, for May 96%, and the agency is pleased to report 100% for the month of June.
- **INITIATIVE 1.2: Establish in-house Histology Laboratory services.**
The construction of the laboratory has been completed. The agency efforts to establish in-house histology laboratory services have been modified by the agency due to budgetary considerations for FY2010 and FY2011. The agency will no longer hire an FTE primarily responsible for the in-house histology laboratory in FY 2011. As such, the agency has trained existing staff to perform a portion of the services in-house. New cases will still be contracted out and "recuts" would be performed in-house. Workflow policies and procedures as well as SOPs for this specific in-house work have been developed. The agency considers this measure achieved based on what it has been provided per the FY2010 and FY2011 budget. In fact, the agency was innovative in developing an alternative solution despite the budget challenges.
- **INITIATIVE 1.3: Provide outreach and education to health care providers, educational institutions and the general public through publications of specific case studies on various subjects on a quarterly basis.**
The OMCE conducted lectures and published case studies, as follows: 1st Quarter - Homicide Investigation Course with presentation of various types of deaths, such as fire, suicide, drowning, poison and firearm, amongst others. 2nd Quarter: Article published in "PA Professional." ME Lectures to GW interns. Publication of OCME Annual Report. 3rd Quarter: Lecture to GW students regarding Postmortem Forensic Toxicology. GW Forensic Pathology Course. National Youth Leadership Forum (NYLF) Lectures. 2008 CFRC Annual Report published. 4th Quarter: Three published reports on Hypothermia Deaths, Public Dispositions; and Homeless Deaths. Lecture on the Pharmacology of Alcohol.



TOXICOLOGY

OBJECTIVE 1: PREPARE AND SUBMIT AN APPLICATION FOR ACCREDITATION OF THE TOXICOLOGY LABORATORY BY THE AMERICAN BOARD OF FORENSIC TOXICOLOGY.

- **INITIATIVE 1.1: Implement a formal quality assurance and quality control program.**
On February 1, 2010, the agency hired a forensic toxicology laboratory quality control manager responsible for monitoring the accuracy and precision of the complete analytical laboratory process and maintaining and developing the quality control system and procedures. A formal quality control program has been developed and implemented for validating testing procedures and evaluation of quality control specimens and documentation of corrective action. The system includes memorandum for records (MFRs) that capture this quality control process.
- **INITIATIVE 1.2: Update and complete a set of written Standard Operating Procedures (SOPs) for the Toxicology Laboratory.**
The Forensic Toxicology Division, under the direction of the Deputy Chief Toxicologist, has completed a first set of written Standard Operating Procedures (SOPs) that involve all administrative accessioning and analytical procedures that the laboratory provides, such as all screening and confirmation methodologies applied to postmortem and driving under the influence casework. The laboratory is currently operating according to the SOPs. The SOPs will be continuously updated as necessary to include new industry and laboratory accreditation standards.
- **INITIATIVE 1.3: Complete the ABFT self-evaluation accreditation checklist.**
The forensic toxicology Laboratory Quality Control Manager has completed work on the self-inspection accreditation list. The results have been provided to the Deputy Chief Toxicologist for review and implementation of recommendations for any improvements toward the laboratory application for accreditation.

FATALITY REVIEW

OBJECTIVE 1: PROVIDE ANALYSIS AND MAKE RECOMMENDATIONS THAT RESULT IN IMPROVED SERVICES AND OUTCOMES FOR THOSE POPULATIONS SERVED BY THE FATALITY REVIEW UNIT.

There were no initiatives for this objective



Key Performance Indicators – Details

Performance Assessment Key:

● Fully achieved
 ● Partially achieved
 ● Not achieved
 ● Data not reported
 ● Workload Measure

	Measure Name	FY2009 YE Actual	FY2010 YE Target	FY2010 YE Actual	FY2010 YE Rating	Budget Program
DEATH INVESTIGATION AND CERTIFICATION						
●	1.1 Percent of reports of all postmortem examinations completed within 60 calendar days from time of autopsy	0	90	88.74%	98.60%	DEATH CERTIFICATIONS/ INVESTIGATIONS
●	1.2 Percent of positively identified bodies ready for release within 48 hours	93.21	95	95.30%	100.32%	
●	1.3 Percent of primary contacts (case decision for jurisdiction) made within 8 hours of case assignment to investigator	93.21	95	91.13%	95.92%	
●	1.4 Percent of mortuary scene response within one hour of notification that case has been accepted for OCME jurisdiction by an investigator or medical examiner	90.83	90	92.66%	102.96%	
●	1.5 Number of Postmortem Examinations Performed	0	0	1219		DEATH CERTIFICATIONS/ INVESTIGATIONS
●	1.6 Number of Deaths Due to Traffic Accidents	0	0	47		DEATH CERTIFICATIONS/ INVESTIGATIONS
●	1.7 Number of Deaths Due to Hypertensive Cardiovascular Disease	0	0	328		DEATH CERTIFICATIONS/ INVESTIGATIONS
●	1.8 Number of Court-related Activities	0	0	87		DEATH CERTIFICATIONS/ INVESTIGATIONS



TOXICOLOGY						
1.1	Percent of toxicology examinations completed within 90 calendar days of case submission	0	90	99.79%	110.88%	LABORATORY SERVICES
1.2	Number of DUI Cases Performed	0	0	415		LABORATORY SERVICES
1.3	Number of Court-related Activities	0	0	575		LABORATORY SERVICES
FATALITY REVIEW						
1.1	Percent of CFRC fatality reviews held within six months of notification of death	94.55	85	85.53%	100.62%	
1.2	Percent of CFRC recommendations implemented	0	90	0%		
1.3	Percent of MRDD fatality reviews held within 3 months of receipt of the investigative report from DHS/DDS and determination of the cause and manner of death	90	90	100%	111.11%	
1.4	Number of Child Deaths Due to Inappropriate Bedding	0	0	5		CHILD FATALITY REVIEW COMMITTEE