



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 providing forensic services for government agencies, health care entities and grieving families.

SUMMARY OF SERVICES

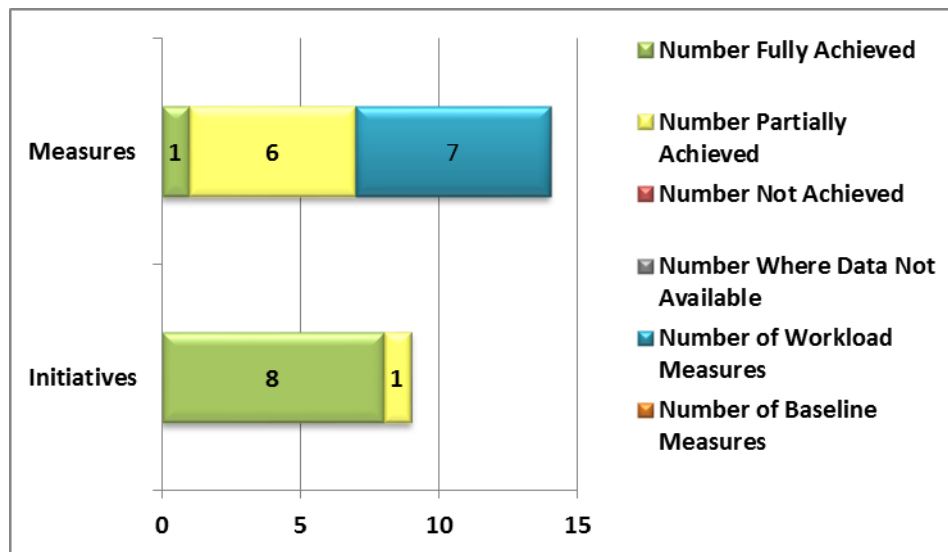
OCME provides forensic services to local and federal government agencies, health care providers, institutions of higher learning and citizens in the District and metropolitan area. Forensic services include: forensic investigation of certain deaths (i.e., deaths occurring as a result of violence (injury) 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.

ACCOMPLISHMENTS

- ✓ Completed OCME/CFL Transition Plan, which includes an inventory of 100% of all agency assets; determination of new and enhanced scientific IT, Mortuary and Toxicology equipment; review and modifications of floor plans (autopsy suite and toxicology laboratory), review of policies and procedures for agency only and for shared activities; and seating arrangements. **[Fiscal Stability and Public Safety]**
- ✓ Completed a self-inspection, application and formal inspection performed by the American Board of Forensic Toxicologists (ABFT) toward accreditation of the OCME Forensic Toxicology Laboratory. [The OCME was informed in December 2011 that the laboratory was awarded accreditation status by ABFT.] **[Public Safety]**
- ✓ Implemented successful partnerships with outside entities that brought revenue to the District and efficiency in agency work processes. Established Memorandum of Understandings with US Capitol Police and US Park Police to receive compensation for toxicology laboratory work done on DUI testing. Toxicology Laboratory managed a 26% increase in caseload from MPD and the DUI Program. This innovative arrangement provided an increase of revenues to the District for FY2011. Implemented the Electronic Death Registration System (EDRS) for improved processing of death certificates. **[Fiscal Stability and Public Safety]**



OVERVIEW OF AGENCY PERFORMANCE





Performance Initiatives – Assessment Details

Performance Assessment Key:



Fully achieved



Partially achieved



Not achieved



Data not reported

DEATH INVESTIGATION AND CERTIFICATION

OBJECTIVE 1: Provision of Accurate and Timely Death Investigation and Certification

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

- The agency's Key Performance Indicators include a measure regarding this initiative. At the time, the KPI was established, NAME required that 90% of all postmortem examinations be complete within 60 calendar days from the time of autopsy. For FY2011, the agency completed 88.31% of such reports within 60 days, falling slightly short of the target. However, the agency met and exceeded the target in the second and third quarters, with 90% and 95% respectively. The agency continues to improve in this area with the implementation of technology and establishment of timelines for each step of the process toward a completed report. This includes the collection of data during postmortem examination, the transfer of findings from the autopsy suite to the medical examiner's office desktop and set turnaround times for draft reports. Further, on a monthly basis, the medical examiners are provided with a report that highlights the cases examined and the due date of the autopsy report (per medical examiner). On a weekly basis, a list of pending cases is also provided. Those cases that did not meet the 60 day report completion timeline were those where the medical examiner was awaiting toxicological findings or had to seek see additional consultation from outside specialty consultants (i.e., pediatric, neuropathology, radiology etc.). Or, the type of case was complex or the agency is awaiting MPD, FEMS or other investigatory information. The improvement in this initiative over the past few years has enabled the agency to prevent a backlog of autopsy reports; enables next of kin to obtain the report in a timely fashion for the purposes of death benefits, insurance and other business matters; allows law enforcement to receive key information for criminal investigation; and ensures information is available for court proceedings.

Partially Achieved: The agency fell slightly short of the 90% goal for completion of all postmortem examinations within 60 calendar days from the time of autopsy. For FY2011, the agency completed 88.31% of such reports.

INITIATIVE 1.2: Conduct First Annual Employee Death Investigation and Certification

The OCME conducted its First Annual Employee Death Investigation and Certification Summit on June 22, 2011. The OCME employees perform independent functions that are intermingled toward accomplishing the agency's mission in providing timely and accurate death investigation. The purpose of the Summit was to ensure that all employees understand: 1) their role in the full scheme of the mission; 2) the work of other employees and services provided by other divisions within the agency; and 3) the interaction between divisions.

Fully Achieved: The OCME's First Annual Employee Death Investigation and Certification Summit was held during the Second Quarter of FY2011.



INITIATIVE 1.3: Improve Medical Examiner Case Management through enhancement of Forensic Automated Case Tracking System (FACTS)

- The following action items and tasks were addressed in 2011:
 - To facilitate the upgrade to the latest software platform, a new Dell server was established based on vendor recommendations. The software was installed and all existing case data was imported from the production server. The newest platform is in the testing and quality assurance phase with go-live planned for this spring.
 - New scanners and specially augmented computers were procured and deployed for use by the Forensic Imaging unit. These systems will be used to facilitate the goal of digitizing all forensic photography slides which number in the tens of thousands. To address the storage needs of such a project, a new Forensic Photography server was also established for use solely by that department.
 - A new basic Autopsy Reporting Template was established as a baseline for future customizations. The Chief ME provided this template to her staff of Medical Examiners, allowing inclusions from each physician. New application forms are now being designed to meet the needs identified using this new template.
 - A remote web server which mirrors the functionality of FACTS was created for access by in-field investigators. This required firewall reconfigurations to allow remote access to a grouping of five (5) static IP addresses, approval from OCTO (DC's Chief Technology Officer), and extensive testing.
 - Errors with the Case Notes module were rectified, as well as errors with various printing options.

Improvement with the FACTS is ongoing.

Fully Achieved: This initiative was fully achieved as outlined above.

FACILITY REVIEW

OBJECTIVE 1: Provision of analysis and recommendations for populations served by the Fatality Review

Division

INITIATIVE 1.1: Realign staffing model.

- The OCME Fatality Review Division consists of reviews of three specific populations: child/infant, developmentally disabled and domestic violence. Between 2009-1010, the FRD staff was reduced from 11 to 3 FTEs, including the elimination of the Program Manager and Child Fatality Review and Developmentally Disabled Program Coordinators. During FY2011, the agency worked to realign staffing models as follows. The distribution of work was modified from a system where most of the staff concentrated primarily on one review population to one where all three staff would assist in all areas of review. This required the staff to become familiar with areas that they had not necessarily worked directly within (although they may have been familiar indirectly with the work.) In order to appropriately assess the amount of work and its distribution, management also reviewed the statutory and Mayoral order requirements to determine what is actually required of the review committees. Many work processes were streamlined to ensure adherence to the requirements so as not to over-extend the minimal staff. For example, as opposed to making copies of the cases for review (average 30 pages) for each committee member (average 30-40) for every monthly meeting, the process was streamlined such that the reports are provided electronically on screens in the meeting room. An assessment of deliverable, such as the annual report, was conducted and challenges were unveiled with respect to the provision of cases to be reviewed by the Bureau of Vital Statistics and the inclusion of information from case discussion, especially in the IMR Subcommittee.



Such information, gathered from other agencies, is not often provided timely. It was determined that the reports in current development would be delayed so that the accurate data could be gathered. An annual report would be published annually but 2 years after the noted year. This reporting procedure is standard in fatality reviews in other jurisdictions. As an example, the IMR Subcommittee received and reviewed about one-half of its cases for 2009 in 2010. Management has also worked with FRD staff to ensure that recordkeeping procedures are in accordance with statutes or Mayoral orders and was able to streamline this process as well.

Fully Achieved: This initiative was fully achieved with the streamlining of processes and staff responsibilities, as outlined above.

FORENSIC TOXICOLOGY

OBJECTIVE 1: Prepare and submit an application for accreditation of the Forensic Toxicology Laboratory by the American Board of Forensic Toxicology (ABFT)

INITIATIVE 1.1: Complete inspection process of forensic toxicology laboratory by the ABFT toward accreditation status.

- For the first time in its history, the OCME prepared and applied for accreditation of its Forensic Toxicology Laboratory. The laboratory staff prepared the requisite standard operating procedures (SOPs) and conducted a self-inspection. An application was then submitted for accreditation to the American Board of Forensic Toxicology (ABFT) and ABFT representatives conducted the official inspection in February 2011.

Fully Achieved: The OCME completed the inspection process for the Forensic Toxicology Laboratory by the ABFT toward accreditation status. [Post FY2011 Note: The OCME was informed in December 2011 that it was awarded accreditation status.]

INITIATIVE 1.2: Contribute to the scientific community through academic presentation/publication of toxicological findings.

- The OCME Forensic Toxicology Laboratory contributed to the scientific community through academic presentation/publication of toxicological findings as follows:

1. Toxicology Section for George Washington University FORS 6256 (Fall 2010/Spring 2011)
2. National Youth Leadership Forum Medicine Toxicology Presentation (December, 2010)
3. Forensic Toxicology Services Presentation, DC Office of the Attorney General (December, 2010, July 2011)
4. Alcohol, Drugs, and Traffic Safety Annual Toxicology Presentation (September, 2011)
5. Alcohol Pharmacology, Alcohol Beverage Regulation Administration, (February, 2011)

Fully Achieved: The OCME Forensic Toxicology Laboratory contributed per the initiative.

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: Prepare for agency transition to the Consolidated Forensic Laboratory by developing an agency "facility occupancy" plan and collaborating with CFL stakeholders to ensure readiness to occupy the new facility in a timely manner and with continuity of critical operations

- The agency began preparation for a scheduled occupancy of a new facility by developing and implementing a Transition/Move Plan to assess current inventory which has been completed and provided to DGS during the first half of FY2011. This inventory listing and system was slated to be utilized as a model for the other stakeholders that are to occupy the building. The agency assessed all IT, Mortuary and Toxicology equipment needs with respect to current operational processes and new/improved science and provided DGS with a listing of all IT needs with accompanying costs. The



agency evaluated current and future staffing and resource needs and worked with DGS to ensure needs were covered (including office space, work space, laboratory space and grieving rooms) and worked on change orders for construction of the appropriate spacing and equipment. This was critical in that the agency will function on three levels of the facility (1st, 5th and 6th). The agency worked with DGS on a security plan and concerns; co-occupancy best practices, including review of all possible areas of consolidation and notification of areas that requires agency independence; and coordinated methods to move into the facility, including establishing an internal plan for continued critical operations. Lastly, the agency worked diligently on numerous documents associated with the transition, including “governance of the CFL” and reviewed with DGS policies and procedures of the agency itself and those that would impact shared services. Overall, agency management spent a significant amount of time on this initiative with respect to policies and procedures, transition planning, equipment and resource identification, completion of full in-house inventory, and revision of floor charts to ensure the stability of agency operations and security planning.

Fully Achieved: This initiative was fully achieved in that work was completed, as outlined above, during FY2011, in preparation for the transition to the CFL..

INITIATIVE 1.2: Enhance OCME incident management response including revision of plans, coordination of training efforts and implementation of technological advances in the agency case management system

The OCME revised the following incident management plans: Emergency Response Plan (ERP); Continuity of Operations Plan (COOP); and its Mass Fatality Plan. The OCME participated in all city-wide incident management exercises and conferences (i.e., tabletop and full) which involved staff training of procedures, recently purchased equipment (such as a body storage unit that must be assembled and activated with gas and water); retraining of staff roles and responsibilities; and retraining on OCME staff interaction with the EOC and other agencies. The agency prepared an extensive after-action report that was provided to HSEMA and ORM and focused on exercises and real-life incidents (e.g., earthquake and hurricane). The agency also partnered with DCHA and the Joint Logistics and Engineering Board regarding Mass Fatality Planning Efforts. The agency was also able to test and practice wireless systems and tough books in the field through the exercises and was able to assess capabilities and challenges for case management during an incident. The appropriate adjustments and additional equipment/resource needs were noted.

Fully Achieved: The agency fully achieved this initiative in the revision of plans and coordination in several exercises of training of its own staff and coordination with other agencies (including educating other agencies as to the agency’s role and responsibilities, as well as its needs). The agency implemented planned technology in the field such that it could be assessed for improvement or modification.

INITIATIVE 1.3: Implement a customer service satisfaction program in order to improve services to agency “clients” and provide a mechanism for external evaluation of office and system operations.

The agency developed a customer service satisfaction program that involved development of a survey that was provided to “clients” – funeral homes - for evaluation of office and system operations. The surveys overwhelmingly indicated that OCME operations were efficient and staff customer service was excellent. The surveys also expressed the significant improvement noted within the past few years and rendered an overall good evaluation. It is also of significance that the office continues to rank in the highest of agencies regarding customer service within the Mayoral program.

Fully Achieved: A customer service survey was developed and provided to clients upon interaction with the office and the program, thus, implemented.



Key Performance Indicators – Details

Performance Assessment Key:

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

		Measure Name	FY2010 YE Actual	FY2011 YE Target	FY2011 YE Revised Target	FY2011 YE Actual	FY2011 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	88.74%	90%		88.31%	98.12%	DEATH INVESTIGATIONS/CERTIFICATIONS
●	1.2	Percent of positively identified bodies ready for release within 48 hours	95.3%	95%		93.04%	97.94%	DEATH INVESTIGATIONS/CERTIFICATIONS
●	1.3	Percent of primary contacts (case decision for jurisdiction) made within 8 hours of case assignment to investigator	91.13%	95%		92.29%	97.15%	DEATH INVESTIGATIONS/CERTIFICATIONS
●	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	92.66%	95%		91.50%	96.31%	DEATH INVESTIGATIONS/CERTIFICATIONS
●	1.5	Number of Postmortem Examinations Performed	1219	0		1078		DEATH INVESTIGATIONS/CERTIFICATIONS
●	1.6	Number of Deaths Due to Traffic Accidents	47	0		53		DEATH INVESTIGATIONS/CERTIFICATIONS
●	1.7	Number of Deaths Due to Hypertensive Cardiovascular Disease	328	0		325		DEATH INVESTIGATIONS/CERTIFICATIONS



		Measure Name	FY2010 YE Actual	FY2011 YE Target	FY2011 YE Revised Target	FY2011 YE Actual	FY2011 YE Rating	Budget Program
●	1.8	Number of Court-related Activities	87	0		89		DEATH INVESTIGATIONS/ CERTIFICATIONS
Forensic Toxicology								
●	1.1	Percent of toxicology examinations completed within 90 calendar days of case submission	99.79%	90%		99.62%	110.68%	FORENSIC TOXICOLOGY
●	1.2	Number of DUI Cases Performed	415	0		915	87.09%	FORENSIC TOXICOLOGY
●	1.3	Number of Court-related Activities	575	0		782.5		FORENSIC TOXICOLOGY
Fatality Review								
●	1.1	Percent of CFRC fatality reviews held within six months of notification of death	85.53%	90%		88%	97.78%	FATALITY REVIEW COMMITTEES
●	1.2	Percent of DD fatality reviews held within 3 months of receipt of the investigative report from DHS/DDS and determination of the cause and manner of death	100%	90%		78.38%	87.09%	FATALITY REVIEW COMMITTEES
●	1.3	Number of Child Deaths Due to Inappropriate Bedding	5	0		4		FATALITY REVIEW COMMITTEES