



Office of the Chief Medical Examiner OCME (FXO)

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.

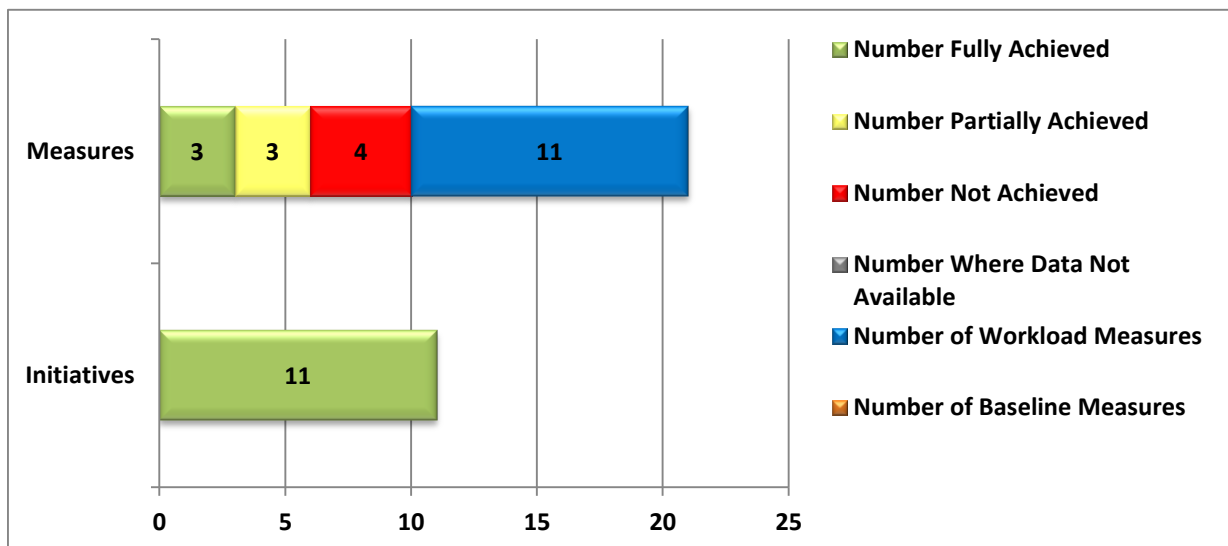
ACCOMPLISHMENTS

- ✓ Hiring of a Board Certified Chief Medical Examiner
- ✓ Achieved 90% of Autopsy Reports Completed Within 90 Days Per NAME Accreditation Standards
- ✓ Restructuring OCME toward meeting NAME Accreditation Standards

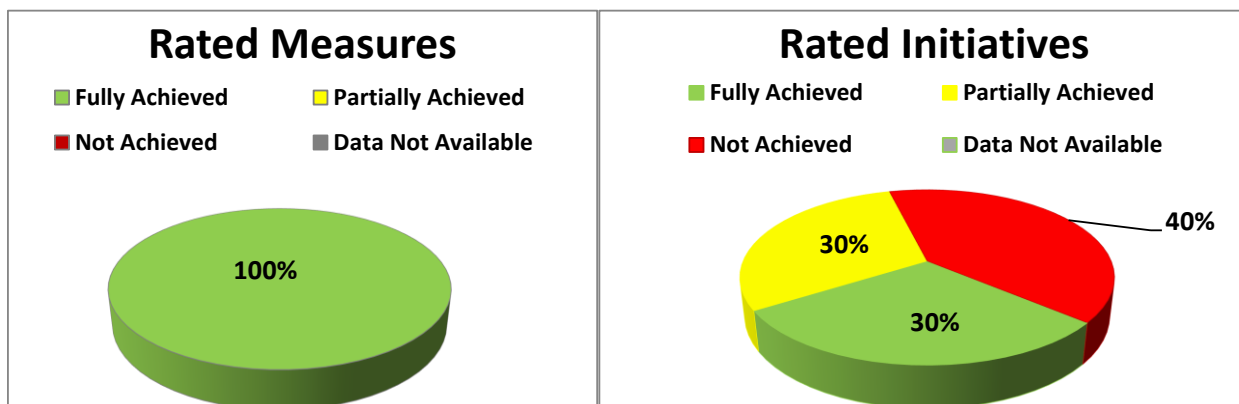


OVERVIEW AGENCY PERFORMANCE

TOTAL MEASURES AND INITIATIVES



RATED MEASURES AND INITIATIVES



Note: Workload and Baseline Measurements are not included

Default KPI Rating:	
>= 100%	Fully Achieved
75 - 99.99%	Partially Achieved
< 75%	Not Achieved



Performance Initiatives – Assessments Details

Performance Assessment Key:



Fully achieved



Partially achieved



Not achieved



Data not reported

Death Investigation

OBJECTIVE 1: Timely and Accurate Death Investigation and Certification

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

- **Fully achieved.** For the last quarter of the fiscal year, the OCME NAME standards in completing 90% OF ALL AUTOPSY CASES WITHIN 90 DAYS. This is an achievement that will meet the accreditation standards.

INITIATIVE 1.2: Develop a death investigations training program for FEMS to include instruction by agency forensic pathology and investigations staff.

- **Fully achieved.** This training program was held for the FEMS officers and conducted by the Supervisory Medicolegal Investigator, Michelle Mack.

INITIATIVE 1.3: Mass Fatality and Emergency Incident Planning – Staff Training.

Fully achieved. A new Mass Fatality Coordinator was hired for this purpose during the fiscal year. Staffing trainings began on 9/8/14 and included a full-scale internal exercise on 9/15/14, as well as after action meeting and reports and weekly sessions with the Chief Medical Examiner.

- Throughout the year, the staff participated in several City-wide exercises, including the Hurricane and Cyber Security exercise. Further, the staff experienced a real-life incident -- the Navy Yard. While this happened on 9/16/13 prior to the start of the fiscal year, the OCME's work continued into the 1st quarter of the fiscal year with identification, meeting with families, continued calls from media and ongoing medical examiner case work throughout the end of the year.

INITIATIVE 1.4: Development of In-house Histology Laboratory and Standard Operating Procedures.

Fully achieved. The OCME staff, in-house Medical Technologist, Chief Medical Examiner, Supervisory Pathologists' Assistant, and Chief of Staff worked with DGS and contractors to devise the floor plans for the new histology laboratory and also anthropology laboratory and tissue specimen room. The construction commenced throughout the summer and was completed in August. Histology equipment was part of this construction process. Some existing equipment had to be repaired and the agency also worked and completed this process. The agency procured histology supplies for the laboratory with FY14 to prepare for the opening of the laboratory for the beginning of FY15. The supplies were delivered in September and as such by 9/30/14 the laboratory was ready to stand-up.

- **INITIATIVE 1.5: Information Technology Enhancements.**

Fully achieved. Not only is the Toxicology Unit supported by the ability to deploy the WebEx platform but all units are able to utilize a similar software suite to video and voice conference. This has been utilized for conference to other agencies, the Deputy Mayor's meetings, for webinars,

- (recently with the CDC) etc. The agency is equipped and staff are able to utilize Google Apps, SharePoint and Quickase applications are required by other agencies to share documents, complete reports etc. DCNet is now utilized as the agency's Call Center solution.



Fatality Review

OBJECTIVE 1: Standard Operating Procedures and Protocols

INITIATIVE 1.1: Revise existing and develop new Standard Operating Procedures and Protocols

Fully achieved. The Chief Medical Examiner, General Counsel and Fatality Review Unit and

- Committees have provided a first review and draft of the SOPs.

Forensic Toxicology

OBJECTIVE 1: Forensic Toxicology Laboratory & IT Unit Partnership

INITIATIVE 1.1: Development of Toxicology Case Management Module and full integration into the Agency's Case Management System (F.A.C.T.S)

Fully achieved. The IT Director and Chief Toxicologist worked with the vendor to complete a module. Testing was completed on a day to day basis from office and home systems. The module

- has "gone live" with limited capability and continued testing as it is integrated into the laboratory's accredited SOPs. Training has begun.

INITIATIVE 1.2: Implementation of Toxicology Laboratory Web-based Instruction

Fully achieved. The agency has web-based or video and/or voice conferencing that allows users to provide webinars. The limitations may be the capabilities of the user on the other side as compared to the agency system. However, the agency utilizes systems that are typically used amongst universities, health care facilities, law enforcement agencies and throughout the District, as recommend and utilized by OCTO.

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OBJECTIVE 2: Surveillance Project, "Synthetic Drugs"

INITIATIVE 2.1: Conduct a surveillance project on the prevalence of synthetic drug usage in the District

Fully achieved. The agency analyzed approximately 500 suspected DUI cases and 100 postmortem cases for the prevalence of synthetic cannabinoid (K2, spice) metabolites. Cases which screened positive were forensically confirmed using an identical method and reported. Based on those

- results, only DUI casework will continue to be routinely screened for synthetic cannabinoids. These results are to be published in the FY2014 annual report.

Office of the Chief Administration

OBJECTIVE 1: Effective Medicolegal Death Investigation

INITIATIVE 1.1: Modification of policies and procedures, workflow, staffing models and training of staff as a result of a transition to the Consolidated Forensic Laboratory.

Fully achieved. Standard Operating Procedures were completed for the following units: Administrative (including Safety Procedures and IT); Death Investigation (including Forensic Pathology, Mortuary, Investigations, and Identification); Toxicology Division; and Fatality Review. These procedures were also required to be completed by the end of the fiscal year per a timeline

- developed in preparation for agency accreditation by the National Association of Medical Examiners. Throughout the fiscal year, prior to the completion of the SOPs, memoranda were completed to incorporate new workflow processes and procedures required for modification of process in the new facility that had to be implemented immediately particularly in the laboratories (i.e., mortuary and toxicology).



INITIATIVE 1.2: Information Technology Enhancements.

Fully achieved. The records digitization project being complete the IT team has moved to purchase the requisite storage to allow electronic data management and records sharing over a dedicated and secured server mechanism. Further, the staff has access to OCTO and internal shared document systems (i.e., Google Apps, Share Point, Quickbase) etc. which are required for use for example staff such as the Chief of Staff and others in responding to ORM, LSDBE etc. Lastly, the agency is now utilizing DCNET in lieu of Verizon as in its former facility.





Key Performance Indicators – Details

Performance Assessment Key:

● Fully Achieved
 ● Partially Achieved
 ● Not Achieved
 ● No data reported
 ● Workload Measure
● Baseline Measure

	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
Death Investigation								
●	1.1	Percent of reports of all postmortem examinations completed within 90 calendar days from the time of autopsy in homicide cases	76%	90%		64.10%	71.23%	DEATH INVESTIGATIONS/ CERTIFICATIONS
●	1.2	Percent of reports of all postmortem examinations completed within 60 calendar days from time of autopsy (homicide cases excluded)	36%	90%		47.16%	52.40%	DEATH INVESTIGATIONS/ CERTIFICATIONS
●	1.3	Percent of positively identified bodies ready for release within 48 hours	90%	95%		94.02%	98.97%	DEATH INVESTIGATIONS/ CERTIFICATIONS



	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
●	1.4	Percent of preliminary investigative reports complete for utilization in the daily case review morning meetings	91%	95%		89.82%	94.54%	DEATH INVESTIGATIONS/ CERTIFICATIONS
●	1.5	Percentage of unclaimed cases where the public disposition process is initiated three days after positive identification	36%	90%		80.77%	89.74%	DEATH INVESTIGATIONS/ CERTIFICATIONS
●	1.6	Percent of mortuary scene response within one hour of transport notification by an investigator or medical examiner of an accepted case	73%	90%		90.33%	100.37%	DEATH INVESTIGATIONS/ CERTIFICATIONS
Agency Workload Measures								
●	1.7	Number of Postmortem Examinations Performed	814	Not Applicable		1,088	Not Rated Workload Measure	DEATH INVESTIGATIONS/ CERTIFICATIONS
●	1.8	Number of Deaths Due to Traffic Accidents	52	Not Applicable		48	Not Rated Workload Measure	DEATH INVESTIGATIONS/ CERTIFICATIONS



	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
●	1.9	Number of Deaths Due to Hypertensive Cardiovascular Disease	253	Not Applicable		512	Not Rated Workload Measure	DEATH INVESTIGATIONS/ CERTIFICATIONS
●	1.10	Number of fire deaths due to cigarette smoking	2	Not Applicable		16	Not Rated Workload Measure	DEATH INVESTIGATIONS/ CERTIFICATIONS
●	1.11	Number of deaths due to obesity	1	Not Applicable		7	Not Rated Workload Measure	DEATH INVESTIGATIONS/ CERTIFICATIONS
●	1.12	Number of deaths due to jumping suicides (bridges)	1	Not Applicable		7	Not Rated Workload Measure	DEATH INVESTIGATIONS/ CERTIFICATIONS
●	1.13	Number of deaths due to jumping suicides (Metrotrain)	2	Not Applicable		2	Not Rated Workload Measure	DEATH INVESTIGATIONS/ CERTIFICATIONS
●	1.14	Number of Court-related Activities - Death Investigation	26	Not Applicable		66	Not Rated Workload Measure	DEATH INVESTIGATIONS/ CERTIFICATIONS
●	1.15	Number of Court-related Activities - Forensic Toxicology	1,026	Not Applicable		1,299	Not Rated Workload Measure	FORENSIC TOXICOLOGY
●	1.16	Number of DUI Cases Performed	626	Not Applicable		510	Not Rated Workload Measure	FORENSIC TOXICOLOGY
●	1.17	Number of Child Deaths Due to Inappropriate Bedding	1	Not Applicable		4	Not Rated Workload Measure	FATALITY REVIEW COMMITTEES



	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY 2014 YE Rating	Budget Program
Forensic Toxicology								
●	1.1	Percent of negative toxicology examinations completed within 30 calendar days of case submission	45.78	90		29.93%	33.25%	FORENSIC TOXICOLOGY
●	1.2	Percent of positive toxicology examinations completed within 60 calendar days of case submission	82%	90%		62.46%	69.40%	FORENSIC TOXICOLOGY
Fatality Review								
●	1.1	Percent of CFRC fatality reviews held within six months of notification of death	74%	80%		90%	112.50%	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%	80%		100%	125%	FATALITY REVIEW COMMITTEES