



**FY2014 PERFORMANCE PLAN
D.C. 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.

PERFORMANCE PLAN DIVISIONS

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

AGENCY WORKLOAD MEASURES

Metrics	FY 2011 Actual	FY 2012 Actual	FY 2013 YTD ¹
Number of Postmortem Examinations performed: Full/Partial	1078	1061	814
Number of Deaths Due to Traffic Accidents (i.e., cars, Metro, motorcycles)	53	36	52
Number of deaths due to hypertensive cardiovascular disease	325	288	253
*Number of fire deaths due to cigarette smoking	N/A	N/A ²	2
*Number of deaths due to obesity	N/A	N/A	1
*Number of deaths due to jumping suicides (bridges)	N/A	N/A	1
*Number of deaths due to jumping suicides (Metrotrain)	N/A	N/A	2
Number of Court-related Activities – Death Investigation: Forensic Pathology (i.e., pre-trial conferences, depositions, testimony)	89	49	10
Number of DUI cases performed	915	927	626

¹ Data provided for FY2013 are as of the third quarter (June 30th)

² Those measures with N/A in the data fields are measures to be evaluated beginning in FY2013. As such, data will be reported Year-to-Date beginning during FY2013 and FY2014.



Metrics	FY 2011 Actual	FY 2012 Actual	FY 2013 YTD³
Number of Court-related Activities – Forensic Toxicology (i.e., pre-trial conferences, depositions, testimony)	783	1140	1026
Number of child deaths due to inappropriate bedding (with or without crib in the dwelling)	4	7	1
*Number of youth deaths due to homicide where youth education level is not age-appropriate	N/A	N/A	TBD

³ Data provided for FY2013 are as of the third quarter (June 30th)



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

During FY2013, the agency moved to a new location – the Consolidated Forensic Laboratory. As a result policies and procedures and refresher/new training were critical to continuity of operations in a facility that has a significantly different layout and involves the agency to work on the first, third, fifth and sixth floors. Modifications to policies and procedures must be made to account for new workflow processes based on the facility and staffing. Further, policies and procedures must be updated prior to plans for application for accreditation which requires certain policies and procedures to be updated within two years of inspection. Staffing models must also be modified as the agency evaluates workflows, scheduling and increased work load due to new equipment, procedures and requirements of the facility. This effort will continue throughout FY2014. **Completion Date: 9/30/14.**

INITIATIVE 1.2: Information Technology Enhancements.

a) The OCME will implement an electronic data management and records sharing system for case files managed by the Records Management Unit, as well other agency documents that will be stored on a server medium and secured in such a way as to allow staff to check out an e-file and return it once completed, so that an audit trail is recorded indicating whether the file was read, printed or copied (if allowed). This system would be required to meet the following international standards. 9/30/14

b) The OCME IT Unit plans to utilize the existing Office of the Chief Technology Officer (OCTO) framework (Share Point, Google Docs, etc.) to deploy a full-fledged online document sharing solution. This solution will allow each Division/Unit to develop and maintain its own repository of dynamic documents that is secure and accessible anywhere that internet access is available. For example, the General Counsel and the Forensic Toxicology Division could upload the many discovery and litigation packets that are frequently requested by the Office of the Attorney (OAG), saving time and other valuable resources. Completion Date: 9/30/14.

c) With the recent surge in digital data managed by the OCME due to the deployment of several new technologies, the amount of digital storage must be increased to service the agency through the foreseeable future. This storage expansion will provide the



scalability required to accommodate data from improved toxicology laboratory instrumentation, digitization of medical records by the records management unit, and enhanced multimedia for the death investigations unit. 9/30/14

d) The IT Unit will implement the DC Net Call Center Solution employed by many other District agencies that have several agents responsible for fielding calls from the public. This solution, recommended by OCTO as a management tool, will allow for call monitoring, agent auditing and discontinuation of dropped calls. **Completion Date: 9/30/14.**



Death Investigation

SUMMARY OF SERVICES

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

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. 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. In FY2012, the agency completed 80% of homicide cases in 90 days and 74% of non-homicide cases in 60 days. As of the third quarter of FY2013, the agency has not met either of the targets at 76% and 36%, respectively. This is due to staffing shortage (i.e., two medical examiner vacancies reducing the staff from six to 4, including the Chief Medical Examiner) which creates an overload on the current staff. Further, the agency has experienced a backlog of cases due to the lack of reliable and accurate histology services. It is the goal of the agency to hire additional medical examiners with the current FY2013 advertisement of the positions. Further, the agency is working with the Office of Contracting and Procurement (OCP) to rectify the challenges in securing an appropriate histology services vendor. Ultimately, the agency plans to utilize the in-house histology laboratory that was included in the plans for the CFL (see Initiative 1.4 below). With these changes, the agency hopes to improve on the results for this initiative in FY2014. The agency will also continue to implement procedural and technological modifications to workflow process to improve effectiveness in this area. **Completion Date: 9/30/14.**

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

The OCME will develop a death investigation training program for the D.C. Fire and Emergency Medical Services Department (FEMS) focused on the mission and function of the agency, background on the process of death, and the interaction between OCME and FEMS at a death scene. This will include instruction on what FEMS' responsibility will be at the death scene (i.e., preservation of the body for death investigation purposes



and for subsequent forensic pathology work (i.e., post-mortem examination) by the medical examiner. The purpose of the training program will be to ensure that FEMS is knowledgeable about the work of the agency at a death scene and their role such that the District maintains quality death investigations. **Completion Date: 3/31/13.**

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

The agency will continue efforts toward mass fatality and Emergency Incident Planning through its Mass Fatality Committee. The committee will review a draft update of the mass fatality plan for finalization. Further, during the fourth quarter of FY2013, the agency completed a revision of its Emergency Response Plan (ERP) and Continuity of Operations Plan (COOP). The revisions focused on significant changes in light of the transition to a new facility and increased security and emergency procedures requirements, as well as increased awareness and training on specific incidents and after action reports over the past two years. As such, FY2014 will focus on overall training and refresher reviews of all incident management plans (i.e., Mass Fatality, ERP and COOP). Management will develop and implement a training schedule to ensure that all employees have a working knowledge of the plans. All employees will receive a copy of each revised plan. **Completion Date: 9/30/13.**

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

The new CFL facility that the agency moved into during FY2013 will house an in-house histology laboratory. The CFL construction included the build-out of the laboratory; however, the spacing must be modified in order to accommodate the necessary equipment and staffing model. As such, this laboratory must be reconstructed and existing equipment placed therein. The agency has hired a Medical Technologist to operate and serve in an advisory capacity in the development of the laboratory. Once the laboratory is constructed and equipment placed, standard operating procedures will be completed and several staff members trained to assist the Medical Technologist when required. The significance of implementation of an in-house laboratory is the cost-savings that it brings to the District in not being required to rely on external laboratories that either are costly due to their testing protocols (i.e., bulk testing as opposed to itemized testing) or provide inaccurate and/or untimely results; overbilling errors; and no return of specimens or results at all. An in-house laboratory will present a cost-savings and more efficiency in results toward quality death investigation and cause and manner of death findings. **Completion Date: 9/30/13.**

INITIATIVE 1.5. Information Technology Enhancements.

Web-Based Instruction: (IT Enhancement for Toxicology)

The IT Department, in partnership with and support of the Toxicology Unit, endeavors to deploy the WebEx platform (or similar software suite) that enables remote desktop access, real-time file sharing, and video and voice conferencing. Among other benefits, the use of this technology would allow OCME Toxicology staff members to conduct training on a plethora of topics and disciplines to an array of off-site participants. One particular area in which this would be useful would be training for the Breathalyzer Program that provides training to dozens of MPD officers.



Web-Based Document Sharing: (IT Enhancement for Toxicology & Administration)

The IT Department intends to utilize the existing OCTO framework (Share Point, Google Docs, etc.) to deploy a full-fledged online document sharing solution. This will allow each department to develop and maintain its own repository of dynamic documents that is secure and accessible anywhere that internet access is available. The primary implementation of this will be with the Toxicology Unit which intends to upload the many discovery and litigation packets that are frequently requested by the OAG, saving time and other valuable resources.

Expansion of Digital Storage: (IT Enhancement)

With the recent surge in digital data managed by the agency due to the deployment of several new technologies, it will be incumbent upon the IT staff to increase the amount of digital storage available for the foreseeable future. This will provide the scalability required to accommodate data from improved Toxicology instrumentation, the ongoing Digitization of Historical Records, and enhanced multimedia data for the Death Investigations Unit.

Call Center Solution: (IT Enhancement)

The IT Department endeavors to implement the DC Net Call Center Solution employed by many other District agencies that have several agents responsible for fielding calls from the public. This solution, lauded by OCTO as a remarkable management tool, will allow for call monitoring, agent auditing, and the discontinuation of dropped calls.

KEY PERFORMANCE INDICATORS – Death Investigations

Measures	FY 2012 Actual	FY2013 Target	FY13 YTD ⁴	FY14 Projection	FY15 Projection	FY16 Projection
Objective #1						
Percent of reports of all postmortem examinations completed within 60 calendar days from time of autopsy* ELIMINATED in FY2012 AND REPLACED WITH THE TWO INDICATORS BELOW.	N/A	N/A	N/A	N/A	N/A	N/A
Percent of all postmortem examinations completed within 90 calendar days from the time of autopsy in homicide cases	80%	90%	76%	90%	90%	90%

⁴ Data provided for FY2013 are as of the third quarter (June 30th).



Measures	FY 2012 Actual	FY 2013 Target	FY 2013 YTD ⁵	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Percent of all postmortem examinations completed within 60 calendar days from the time of autopsy in all cases (homicides excluded)	74%	90%	36%	90%	90%	90%
Percent of positively identified bodies ready for release within 48 hours	87.24%	95%	90%	95%	95%	95%
Percent of primary contacts (case decision for jurisdiction) made within 8 hours of case assignment to investigator. ELIMINATED IN FY2012 AND REPLACED WITH THE INDICATOR BELOW.	N/A	N/A	N/A	N/A	N/A	N/A
Percent of preliminary investigative reports complete for utilization in the daily case review morning meetings	90%	95%	91%	95%	95%	95%
Percentage of unclaimed cases where the public disposition process is initiated three days after positive identification	N/A	90%	36%	90%	90%	95%
Percent of mortuary scene response within one hour of transport notification by an investigator or medical examiner of an accepted case	86%	95%	73%	90%	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.

⁵ Data provided for FY2013 are as of the third quarter (June 30th).



**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: OCME IT Unit Partners with Forensic Toxicology Laboratory for Information Technology Enhancements.

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

In FY2013, the OCME procured, modified, tested and implemented a new computer based case management system in order to improve overall work flow. The new database module will be interfaced with the Medical Examiner's current system and will enhance daily communication as well as statistical reporting. During FY2014, the module will “go live” or be fully integrated into the forensic toxicology laboratory’s workflow process. Standard operating procedures will be developed and training of all toxicology staff will be conducted. **Completion Date: 9/30/14.**

INITIATIVE 1.2: Implementation of Toxicology Laboratory Web-based Instruction.

The OCME will implement web-based instruction by deploying a WebEx platform (or similar software suite) that enables remote desktop access, real-time file sharing and video and voice conferencing. The use of this technology will allow the OCME toxicology staff members to conduct training on a plethora of topics and disciplines to an array of offsite participants. One particular area in which this would be useful is in training MPD officers in the Breathalyzer Program. **Completion Date: 9/30/14.**

OBJECTIVE 2: Surveillance Project, “Synthetic Drugs”

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

Synthetic marijuana is used in the United States (Spice, K2, Scoobies). The extent of abuse in the District is largely unknown because the chemicals are undetectable during routine drug testing. In addition, the toxicity of these compounds remains unknown; however, reports of psychosis, brain, organ damage, and driving impairment have all been associated with abuse. For example: The Center for Disease Control (CDC) has linked synthetic marijuana use with 16 cases of acute kidney damage. The Toxicology Unit will conduct an analytical survey to determine the prevalence of synthetic marijuana in postmortem and driving under the influence specimens. Results of the survey will be published in the 2014 annual report. **Completion Date: 9/30/14.**



KEY PERFORMANCE INDICATORS – FORENSIC TOXICOLOGY

Measures	FY2012 Actual	FY2013 Target	FY 2013 YTD ⁶	FY2014 Projection	FY2015 Projection	FY2016 Projection
Objective #1						
Percent of toxicology examinations completed within 90 calendar days of case submission *** TO BE ELIMINATED AND REPLACED BY THE TWO INDICATORS BELOW.	N/A	N/A	N/A	N/A	N/A	N/A
Percent of negative toxicology examinations completed within 30 calendar days of case submission	88%	90%	45.78%	90%	90%	90%
Percent of positive toxicology examinations completed within 60 calendar days of case submission	98%	90%	82%	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.

⁶ Data provided for FY2013 are as of the third quarter (June 30th).



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: Standard Operating Procedures and Protocols.

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

The Fatality Review Unit has undergone significant staffing, policy and procedure and workflow changes over the past five years. While a new staffing module, utilizing three as opposed to 13 staff members, has been developed, it must be refined and memorialized. Further, there have been numerous policy and procedural modifications involving the fatality review meetings, review of cases, development of recommendations and publication of annual reports. During FY2014, the unit will create standard operating procedures and protocols to capture current modifications that have been implemented. This will also serve as a review of the procedures and protocols and an opportunity for further modification toward efficient operations. **Completion Date: 9/30/14.**



KEY PERFORMANCE INDICATORS – FATALITY REVIEW

Measures	FY2012 Actual	FY 2013 Target	FY 2013 YTD ⁷	FY 2014 Projection	FY2015 Projection	FY2016 Projection
Objective #1						
Percent of CFRC fatality reviews held within six months of notification of the death	45%	80%	74%	80%	80%	80%
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%	80%	100%	80%	80%	80%

⁷ Data provided for FY2013 are as of the third quarter (June 30th).