



## **FY2015 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.

The mission is achieved through:

- provision of vision and leadership for the OCME;
- achievement and maintenance of excellent forensic service, education and research in the critical areas of:
  - Investigation, Response, and Reporting of the Cause & Manner of Death;
  - Expert Witness Testimony;
  - Education and Training of law enforcement, health care providers and other stakeholders; and
  - Provision of family assistance in understanding the cause and manner of death of decedents;
- support of law enforcement and public health related initiatives at the state, local, and county levels (i.e. Gang Violence, Drug Abuse); surveillance of critical mortality data; and identification of emerging public health/law enforcement trends; and
- development of partnerships with county/state agencies geared toward mass fatality preparedness.

### **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

Measures	FY 2012 Actual	FY 2013 Actual	FY2014 YTD <sup>1</sup>
Number of Postmortem Examinations performed: Full/Partial	1061	1049	818
Number of Public Dispositions	TBD	TBD	TBD
Number of Deaths Due to Traffic Accidents (i.e., cars, Metro, motorcycles, pedestrian, bicycle)	36	49	36
Number of drug deaths (illicit/rxn)	TBD	TBD	TBD
Number of deaths due to hypertensive cardiovascular disease/obesity	288	364	445
Number of Infant deaths (under age of one year)	TBD	TBD	TBD
Number of child deaths due to inappropriate bedding (with or without crib in the dwelling)	7	2	4
Number of elder deaths (over age of 65)	TBD	TBD	TBD
Number of youth (ages 10-19) homicides where gun violence is a factor	TBD	TBD	TBD
*Number of deaths due to jumping suicides (Metrotrain)	N/A	2	2
Number of Court-related Activities – Death Investigation: Forensic Pathology (i.e., pre-trial conferences, depositions, testimony)	49	17	50
Number of DUI cases performed	927	707	381
Number of Court-related Activities – Forensic Toxicology (i.e., pre-trial conferences, depositions, testimony)	1140	1391	1037

<sup>1</sup> All Year To Date (YTD) data included in all charts within this document reflects that data compiled as of the end of July 2014.



*Offices of the Chief & Administration*

**OBJECTIVE 1: Prepare the agency for inspection and accreditation by the National Association of Medical Examiners (NAME).**

**INITIATIVE 1.1: Conduct Self-Inspection**

The agency will complete a self-inspection; apply for facility accreditation by the National Association of Medical Examiners (NAME); and complete an initial inspection by a NAME inspector before the end of the fiscal year.

**Completion Date: December 31, 2014.**

**INITIATIVE 1.2: Complete Needs Assessment**

The agency will conduct an agency needs assessment on the facility, training/education, staffing models, budget, inventory, data outcomes and key performance indicators. This process will include: a) gap identification and development of recommendations for improvement and short term goals; b) foundation building and implementation of recommendations and short term goals; and c) development of a longevity study focused on organizational framework.

**Completion Date: September 30, 2015**

**INITIATIVE 1.3: Revise Standard Operating Procedures (SOPs).**

A revision of SOPs also ensures compliance with federal and District laws, as well as Mayoral orders; industry protocols and regulations; and agency practices. The agency will also conduct staff trainings on such newly revised (SOPs).

**Completion Date: September 30, 2015**

**OBJECTIVE 2: Develop strategic partnerships as a critical component of the mission of the agency.**

**INITIATIVE 2.1 Forge Strategic Partnerships**

The agency will forge strategic partnerships with stakeholders in the fields of forensic services, education, emergency services, health care, research, grants and law enforcement in order that the OCME can provide or receive support services from such entities. **Completion Date: September 30, 2015**

**KEY PERFORMANCE INDICATORS – *Offices of the Chief & Administration***

<b>FY2015 Measures</b>	<b>FY 2013 Actual</b>	<b>FY 2014 Target</b>	<b>FY 2014 YTD<sup>2</sup></b>	<b>FY 2015 Projection</b>	<b>FY 2016 Projection</b>	<b>FY 2017 Projection</b>
Percent of standard operating procedures completed within 3 months of inspection	N/A	N/A	N/A	90%	90%	90%

<sup>2</sup> Year To Date (YTD) data included in all charts within this document reflects that data compiled as of the end of July 2014.



## *Medicolegal Death Investigation*

**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 postmortem examination reporting – 90% of reports postmortem examinations completed within 90 days from the time of autopsy in all cases.**

The OCME's Medicolegal Death Investigation Division will focus efforts on meeting NAME standards for postmortem examinations – 90% of reports of postmortem examinations completed within 90 days from the time of autopsy in all cases. The agency has implemented a myriad of initiatives to enhance the reporting autopsy reporting time periods to include: smartboard technology, dictation services, staffing models and scheduling. Further, a newly built histology laboratory is to be fully functional beginning in FY15 which will allow the agency to bring histology testing in-house in lieu of outsourcing or having the Medical Technologist utilize the laboratory of another entity. This will improve turnaround time for reporting. Further, the forensic toxicology laboratory turnaround times are constantly improving which also impacts autopsy reporting. The Forensic Pathologist staffing has improved from four to six which has significantly improved reporting time periods resulting in the ability of the agency to achieve the industry standard during the 3<sup>rd</sup> quarter of FY14.

**Completion Date: December 31, 2014.**

**INITIATIVE 1.2: Enhancement of the Identification Unit to an Anthropology Unit.**

This initiative focuses on the expansion of the agency's current identification unit to Anthropology Unit & Laboratory and exploration of development of partnerships with area stakeholders in this industry. The agency currently does not have a fully functional anthropology laboratory and currently outsources this service. The Identification/Anthropology Unit will administer the agency's Decedent Identification Program ensuring that identifications are made in an accurate and efficient manner according to agency and District policies and procedures and utilizing principles of medicolegal death investigation and forensic anthropology. During FY14, the agency hired a Forensic Anthropologist to supervise the work of the identification and public disposition process of the agency. This is important in order to obtain and maintain accreditation in that the identification of remains is a function that a medical examiner's office is expected to perform with expertise and integrity. It is expected that the enhancement be completed by the end of FY15.

**Completion Date: December 31, 2014.**



## **OBJECTIVE 2: Implementation of Mass Fatality Management Preparedness Strategies**

### **INITIATIVE 2.1: Disaster Plan Evaluation & Training/Exercises**

The OCME will hire an expert in “mass fatality” disaster preparedness for support in evaluation of mass fatality and continuity of operations planning; emergency response standard operating procedures; local and regional planning and cooperation; and training and exercising. This position will serve as the agency Mass Fatality Coordinator. **Completion Date. December 31, 2014.**

### **INITIATIVE 2.2: Development of an Agency Fatality Management Operations Center (FMOC)**

The agency has begun discussions on the development of an agency Fatality Management Operations Center which is to mirror the District’s Emergency Operations Center (EOC). The agency will work with other District agencies during FY15 in the development of the FMOC which is based on the concept of the agency operating in an emergency situation and the necessity of the need for communications for up to date information as well as an area for assessment and situational awareness for the agency and other stakeholders during a mass fatality incident. **Completion Date: September 30, 2015.**

## **OBJECTIVE 3: Development of a Data Analysis Fusion Center**

### **INITIATIVE 3.1: Development of a Data Analysis Fusion Center**

The Data Analysis Fusion Center concept is a collaborative effort between agencies to provide and/or share data with the goal of “prevention,” “detection,” “law enforcement” or other types of evaluation or analysis, particularly in the areas of public safety or health. For example, the agency’s mortality data is critical data that can be formatted in a manner that can provide key information to the Department of Health on various issues that can be formulated for various “prevention” messages. Further, the agency IT staff has been trained in GIS mapping wherein mortality data can be utilized by public safety cluster partners. Such data analysis used in a collaborative effort within a fusion center can play a vital role within the District in providing enhanced support services to District residents and visitors. **Completion Date: September 30, 2015.**



## KEY PERFORMANCE INDICATORS – *Medicolegal Death Investigation*

Measures	FY 2013 Actual	FY 2014 Target	FY 2014 YTD <sup>3</sup>	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Percent of all postmortem examinations completed within 90 calendar days from the time of autopsy in homicide cases <sup>4</sup>	76%	90%	60%	N/A	N/A	NA
Percent of all postmortem examinations completed within 60 calendar days from the time of autopsy in all cases (homicides excluded) <sup>5</sup>	36%	90%	32%	N/A	N/A	NA
Percent of all reports of postmortem examinations completed within 90 calendar days from the time of autopsy in all cases. <sup>6</sup>	N/A	N/A	N/A	50%	50%	75%
Percent of all reports or postmortem examinations completed within 60 calendar days from the time of autopsy in all cases. <sup>7</sup>	N/A	N.A	N/A	50%	50%	75%
Percent of positively identified bodies ready for release within 48 hours	91%	95%	93%	95%	95%	95%

<sup>3</sup> Year To Date (YTD) data included in all charts within this document reflects that data compiled as of the end of July 2014.

<sup>4</sup> This measure is a standard adopted by the agency as one that is higher than that of the industry standard adopted in September 2009 by the National Association of Medical Examiners (NAME) within its accreditation guidelines. It will no longer be utilized beginning in FY2014.

<sup>5</sup> IBID.

<sup>6</sup> This measure is an industry standard adopted by NAME within its accreditation guidelines as revised 2014.

<sup>7</sup> IBID.



<b>Measures</b>	<b>FY 2013 Actual</b>	<b>FY 2014 Target</b>	<b>FY 2014 YTD<sup>8</sup></b>	<b>FY 2015 Projection</b>	<b>FY 2016 Projection</b>	<b>FY 2017 Projection</b>
Percent of preliminary investigative reports complete for utilization in the daily case review morning meetings	91%	95%	89%	95%	95%	95%
Percentage of unclaimed cases where the public disposition process is initiated three days after positive identification	42%	90%	74%	90%	95%	95%
Percent of mortuary/transport service scene response within one hour of transport notification by an investigator or medical examiner of an accepted case	84%	90%	90%	95%	95%	95%

<sup>8</sup> Year To Date (YTD) data included in all charts within this document reflects that data compiled as of the end of July 2014.



## *Forensic Toxicology*

### **OBJECTIVE 1: Driving Under the Influence (DUI) Testing Enhancement.**

#### **INITIATIVE 1.1: DUI Testing Enhancement.**

The Forensic Toxicology Laboratory will work to develop a new rapid drug testing methodology that will increase the scope and performance testing.

**Completion Date: September 30, 2015.**

### **OBJECTIVE 2: Enhancement of Breath Alcohol Instrument Program**

#### **INITIATIVE 2.1: Enhance the Breath Alcohol Program**

The Forensic Toxicology Laboratory will enhance the Breath Alcohol Program by applying for American for Society for Crime Laboratory Directors (ASCLD) accreditation. This includes in-house resource allocation, staff training, application process and onsite inspection. **Completion Date: September 30, 2015.**

### **OBJECTIVE 3: Increase Forensic Toxicology Laboratory Contributions to the Scientific Community**

#### **INITIATIVE 3.1: Contribute to the scientific community through academic research, publications and presentations of toxicological findings.**

As part of its function to contribute to the scientific community specifically, the forensic toxicology laboratory will assess toxicological findings, conduct trend analyses and present research papers, publications and presentations to key stakeholders (i.e., scientific community, health care entities, law enforcement and academic community). The goals are to: 1) highlight data findings and trends relevant to stakeholders; 2) provide training for staff in analyzing findings and trends and presenting such information in an academic setting; and 3) provide visibility to the District’s forensic toxicology laboratory.

**Completion Date: September 30, 2015.**

### **KEY PERFORMANCE INDICATORS – *Forensic Toxicology***

<b>Measures</b>	<b>FY 2013 Actual</b>	<b>FY 2014 Target</b>	<b>FY 2014 YTD<sup>9</sup></b>	<b>FY 2015 Projection</b>	<b>FY 2016 Projection</b>	<b>FY 2017 Projection</b>
Percent of negative toxicology examinations completed within 30 calendar days of case submission <sup>10</sup>	51%	90%	21%	90%	90%	90%
Percent of positive toxicology examinations completed within 45 calendar days of case submission <sup>11</sup>	81%	90%	58%	90%	90%	90%

<sup>9</sup> Year To Date (YTD) data included in all charts within this document reflects that data compiled as of the end of July 2014.

<sup>10</sup> The industry standard adopted by National Association of Medical Examiners (NAME) is “the percent of negative toxicology examinations completed within 90 calendar days of case submission.” As such, the agency’s goal is above industry standard in measuring a completion rate of 30 calendar days.

<sup>11</sup> The industry standard adopted by National Association of Medical Examiners (NAME) is “the percent of positive toxicology examinations completed within 60 calendar days of case submission.” As such, the agency’s goal is above industry standard in measuring a completion rate of 45 calendar days.





## *Fatality Review*

### **OBJECTIVE 1: Improvement in delivery service and outcomes for those populations served by the Fatality Review Division.**

#### **INITIATIVE 1.1: Fatality Review Division Staffing**

An assessment of the Fatality Review Division staffing will be conducted to review alignment and work processes in order to implement an improved organization structure staffing model. **Completion Date: March 31, 2015.**

#### **INITIATIVE 1.2: Fatality Review Annual Reports**

The fatality review annual reports will be published in a timely manner (i.e. child, disabled and domestic violence). **Completion Date: September 30, 2015.**

#### **INITIATIVE 1.3: Fatality Review Programmatic Recommendations**

The overall process for all fatality review programmatic recommendations will be reviewed toward improvement in critical services within specific fatality populations (i.e. child, disabled and domestic violence). **Completion Date: September 30, 2015.**

#### **INITIATIVE 1.4: Fatality Review Strategic Partnerships**

The fatality review committees/boards will work towards developing strategic partnerships with District agencies and other stakeholders that provide services to or have expertise with the specific fatality populations. **Completion Date: July 31, 2015**

### **KEY PERFORMANCE INDICATORS – *Fatality Review***

<b>Measures</b>	<b>FY 2013 Actual</b>	<b>FY 2014 Target</b>	<b>FY 2014 YTD<sup>12</sup></b>	<b>FY 2015 Projection</b>	<b>FY 2016 Projection</b>	<b>FY 2017 Projection</b>
Percent of CFRC fatality reviews held within six months of notification of the death	80%	70%	88%	70%	70%	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%	90%

<sup>12</sup>Year To Date (YTD) data included in all charts within this document reflects that data compiled as of the end of July 2014.