



**The Commonwealth of Massachusetts  
Executive Office of Public Safety and Security  
Office of the Chief Medical Examiner**



**Charles D. Baker**  
Governor

**Karyn E. Polito**  
Lieutenant Governor

**Daniel Bennett**  
Secretary

*Headquarters*

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February 1, 2018

The Honorable Karen E. Spilka  
Senate Committee on Ways and Means  
State House, Room 212  
Boston, MA 02133

The Honorable Jeffrey Sánchez  
House Committee on Ways and Means  
State House, Room 243  
Boston, MA 02133

Dear Chair Spilka and Chair Sánchez:

Pursuant to the FY 2018 General Appropriations Act, the Office of the Chief Medical Examiner (OCME) is required to submit to the House and Senate Committees on Ways and Means a report detailing the caseload of the office including, but not limited to: (i) the current caseload of the office and the caseload for fiscal year 2017; (ii) the number of procedures performed in fiscal year 2017; (iii) current turnaround time and backlogs; (iv) the current response time to scenes; (v) the number of cases completed in fiscal year 2017; (vi) progress in accreditation with the National Association of Medical Examiners; (vii) progress in identification and completion of reports; and (viii) progress in improving delays in decedent release.

The OCME was established, through MGL Chapter 38, to investigate deaths that occur under violent or other unnatural circumstances, or natural circumstances that require further investigation. The OCME works in collaboration with District Attorneys, the Attorney General, Courts, funeral homes, hospitals, academic centers, insurance companies, organ procurement organizations, fire departments, and local and state police, as well as supporting families and friends of decedents.

The OCME Headquarters is located in Boston and operates twenty-four hours a day, seven days a week. Seven full time medical examiners, including the Chief Medical Examiner, three part-time medical examiners and three forensic pathology fellows are assigned to the Boston office. There are three satellite offices located in

Sandwich, Worcester and Holyoke. The Sandwich office is a stand-alone OCME facility that operates one shift, five days per week and is staffed with one full-time medical examiner and one contract medical examiner. The Worcester office is located in the basement of UMass Memorial Hospital in space that is shared with the Hospital's pathology department. This office operates one shift, five days per week and is staffed with two contract medical examiners. The Holyoke office is in rented space at the Providence Behavioral Health Hospital and operates one shift, six days per week and is currently staffed with one full-time medical examiner. A medical examiner from the Boston office is assigned to the Holyoke office two days per week. Construction is underway in Westfield for a new, stand-alone OCME facility to replace the Holyoke office. This office is scheduled to open in the fall of 2018. Collectively, these four facilities currently employ eighty-nine (89) employees.

#### **Current caseload of the office and caseload for FY 2017**

Table 1 reports the medical examiners' current caseload for FY 18 and their caseload for FY17.

**Table 1**  
**Medical Examiners' Caseload**

	<b>Autopsy</b>	<b>External Examinations</b>	<b>Total Number of Cases (Autopsy + External Examinations)</b>
Current Caseload for FY18 (7-1-2017 through 12-31-2017)	1536	1493	3029
Caseload for FY 17	3192	2728	5920

Table 2 compares the medical examiners' caseload for the past three fiscal years.

**Table 2**  
**Medical Examiners' Caseloads for Three Fiscal Years**

	<b>Autopsy</b>	<b>External Examinations</b>	<b>Total Number of Cases (Autopsy + External Examinations)</b>
Caseload for FY 2015	2469	2869	5338
Caseload for FY 2016	2811	2707	5518
Caseload for FY 2017	3192	2728	5920

These data show that medical examiners' caseloads have increased each fiscal year with an overall increase of nearly 10 percent (582 cases) from FY 2015 to FY 2017. The current caseload data suggests medical examiners' caseloads for FY 2018 will be higher than their FY 2017 caseloads.

## Number of Procedures Performed In Fiscal Year 2017

In addition to the autopsies and external examinations performed by staff medical examiners, physicians on contract with the OCME, known as district medical examiners, perform views in a hospital or funeral home. In each of these cases, the death was not the result of foul play, and the cause and manner of death is clear from available medical history.

Discovered bones are reported to the OCME and brought in for examination by a medical examiner. Medical examiners also perform chart reviews on cases identified during a cremation authorization view when the cause and manner of death may not be properly certified. All pertinent medical documentation is obtained, reviewed by a medical examiner, and the death certificate is amended with the proper cause and manner of death. Cremation views are performed by a medical examiner, district medical examiner, or forensic investigator on bodies intended for cremation or burial at sea, to determine that no further examination or judicial inquiry is required.

Table 3 reports the procedures performed in fiscal year 2017.

**Table 3**  
**Number of Procedures Performed in FY 2017**

<b>Autopsy</b>	<b>External Examinations</b>	<b>District Medical Examiners Views</b>	<b>Bones/Tissues</b>	<b>Chart Reviews</b>	<b>Cremation Views</b>
3192	2728	1025	140	139	28196

## Postmortem Toxicology

Postmortem toxicology testing is an integral component of medico-legal death investigations. Since July of 2013, the State Police Crime Laboratory has been performing the post-mortem toxicology analysis for the OCME. Table 4 shows the postmortem analysis for FY17. The average turnaround time (TAT) for toxicology analysis for FY17 was 30 days.

**Table 4**  
**Toxicology Analysis**

<b>Month</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>
<b># of Cases Completed</b>	410	545	402	455	437	452	526	378	512	462	463	496
<b># of Cases Assigned</b>	405	475	459	410	521	438	487	441	499	406	472	479
<b># of Cases Pending</b>	452	381	432	390	470	457	419	481	467	409	414	394
<b>Average TAT</b>	32	29	30	29	27	30	32	30	30	29	28	29

## Cases Completed in Fiscal Year 2017

Each type of examination performed by a medical examiner, i.e., autopsy or external examination requires a death certificate whereby the medical examiner certifies the cause and manner of death.

Table 5 shows the number of cases completed and remaining backlog of FY 2017 cases as of 12/31/17.

**Table 5**  
**Cases Completed in Fiscal Year 2017**

Year	Number of Autopsies and External Examinations Performed	Number of Death Certificates Finalized as of 12/31/2017	Number of Backlog Death Certificates as of 12/31/2017	Number of Autopsies Performed	Number of Autopsy Reports Completed as of 12/31/2017	Number of Backlog Autopsy Reports as of 12/31/2017
FY 2017	5920	5423 (92%)	497 (8%)	3192	2581 (81%)	612 (19%)

## Current Turnaround Time and Backlogs

The National Association of Medical Examiners' (NAME) standard requires that 90 percent of autopsy reports be completed in 90 days. The OCME uses this standard to measure the turnaround time for completion of autopsy reports and death certificates.

In last year's report to the House and Senate Committees on Ways and Means, the OCME described a new organizational approach to address the adverse impact that delays in finalizing death certificates and autopsy reports were having on families. Implemented on October 26, 2015, the goals of this new approach were to meet the NAME standard for the completion of autopsy reports and reduce the backlog of pending death certificates and incomplete autopsy reports. Prior to implementation of the plan, 56 percent of the death certificates and 25 percent of the autopsy reports were completed in 90 days. Table 6 shows the turnaround time with one and two years of post-implementation data.

**Table 6**  
**Turnaround Time**

	Percent of Death Certificates Finalized in 90 Days	Percent of Autopsy Reports Finalized in 90 days
Cases examined from 10-26-15 to 10-02-2016	81%	72%
Cases examined from 10-26-2015 to 09-30-2017	78.3%	58.3% *

\*This increase in turn-around time from 72% to 58.3% can be attributed to the overall increase in cases accepted and autopsies performed during the reporting period



## **Backlog Cases – Prior Years**

OCME data indicates that for the cases examined prior to 2017, 2.7% of the death certificates and 14.3% of the autopsy reports have not been finalized. With available resources, the OCME will continue to work to finalize previous years' cases.

## **Progress in NAME Accreditation**

Our NAME accreditation status is "In Progress – Accredited". NAME's inspection and accreditation process requires a full onsite visit by a certified inspector every five years for offices accredited prior to January 1, 2017 and every four years for offices accredited after that date. The OCME is due for an onsite inspection and the site visit is expected to be completed in calendar year 2018.

## **Current Response Time to Scenes**

Current response time was determined by analyzing both OCME staff and funeral home response to scenes during FY 2017. Deaths that occur within a medical facility were not considered as scenes and were excluded from the analysis. The median time from notification to arrival at the scene was one hour and sixteen minutes.

## **Progress in Identification and Improving Delays in Decedent Release**

The majority of decedents are examined within twenty- four hours of their arrival at the OCME. Many are examined the same day. The time between arrival and examination is occasionally greater on holidays or when the number of cases is very high on a particular day. In these instances, the time between arrival at the OCME and examination rarely exceeds 48 hours.

The death is certified when the examination has been completed, with most decedents being ready for release on the same day. Delays in release can occur when the decedent has to be identified at the OCME. In FY 2017, the OCME's Identification Unit facilitated the identification of 1802 (30.4%) decedents who were decomposed. The turnaround time for completion of the identification can be as quick as a day when dental records are available, or months when DNA analysis is the only option.

Delays can also occur for unclaimed or unidentified decedents who are waiting burial through the Department of Transitional Assistance (DTA), in accordance with M.G.L. c 38, § 13. Since January 2016, the OCME has been able to expedite the release of decedents to DTA for burial through an incentive program. This program pays \$1000, in addition to the DTA provided stipend, to funeral directors who accept a DTA case for burial, provided the funeral director picks up the decedent within two weeks of being assigned the case by DTA. At the start of the program, there were twenty-nine (29) decedents waiting DTA burial. Within one month, all twenty-nine decedents had been released to a DTA assigned funeral home for burial. Since that time, the number of decedents awaiting DTA burial at one time has not exceeded ten, nor has the time awaiting release to a DTA funeral home exceeded an average of nine days.

In conclusion, and as highlighted in this report, the OCME is facing an increasing caseload, due in part to the opioid epidemic, and staffing constraints. In recognition of these challenges, the Governor's FY 19 House 2 budget will include \$1.75 million in new funding to reduce caseload burdens, improve turnaround time for completion of death certificates and autopsy reports, and more efficiently deliver services. These improvements will align the agency with national best practices and help achieve its goal of securing full

accreditation by the National Associate of Medical Examiners. House 2 also includes an increased retained revenue account for the CME, allowing the office to collect and keep a higher volume of fees.

Please contact me if you have any questions concerning the information contained in this report or require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mindy J. Hull', with a stylized, flowing script.

Mindy J. Hull, MD  
Chief Medical Examiner

cc: Daniel Bennett, Secretary, Executive Office of Public Safety and Security  
Curtis M. Wood, Undersecretary, Executive Office of Public Safety and Security  
James Connolly, Chairman, Commission on Medicolegal Investigations