



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



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February 15, 2019

The Honorable Michael J. Rodrigues  
Senate Committee on Ways and Means  
State House, Room 212  
Boston, MA 02113

The Honorable Aaron Michlewitz  
House Committee on Ways and Means  
State House, Room 243  
Boston, MA 02133

Dear Chairpersons:

Pursuant to the FY 2019 General Appropriations Act, the Office of the Chief Medical Examiner is required to submit to the House and Senate Committees on Ways and Means a report detailing : (a) the current caseload of the office and each of its medical examiners and the caseload for fiscal year 2018; (b) the number of procedures performed in fiscal year 2018; (c) current turnaround time and backlogs; (d) the current response time to scenes; (e) the number of cases completed in fiscal year 2018; (f) progress in accreditation with the National Association of Medical Examiners; (g) progress in identification and completion of reports; and (h) progress in improving delays in decedent release.

The Office of the Chief Medical Examiner (OCME) was established in 1985 through MGL Chapter 38 to deliver, under the supervision and control of the chief medical examiner, a comprehensive system of medicolegal investigative services to the citizens of the Commonwealth. 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 currently employs the Chief Medical Examiner, Deputy Chief Medical Examiner, twelve staff medical examiners (considered 10.7 full-time equivalents), two forensic pathology fellows, and four contract medical examiners who are assigned to OCME offices in Boston, Sandwich, Worcester and Holyoke. Additionally, three full time medical examiners (two of whom are current fellows) and one new fellow will be on staff by July 1, 2019. One senior medical examiner returned to full-time from part-time status as of February 1, 2019. A forensic pathologist has been extended the offer to join the OCME in July 2020 as the director of neuropathology and cardiac pathology. These additional doctors will contribute a total of four full-time equivalents to the medical examiner staffing.

OCME Headquarters is located in Boston and operates twenty-four hours a day, seven days a week. Eight full time medical examiners, including the Chief and Deputy Chief Medical Examiners, three part-time medical examiners, two forensic pathology fellows, and two part-time contract medical examiners are assigned to the Boston office. 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 part-time contract medical examiner. The Worcester office is located at UMass Memorial Hospital in space that is shared with the Hospital's pathology department. This office operates one shift, five days per week. Staffing is provided by a staff medical examiner one day per week and one contract medical examiner. The Holyoke office is in rented space at the Providence Behavioral Health Hospital and operates one shift, six days per week and is staffed with two medical examiners, one of whom also staffs the Worcester office.

Construction is underway in Westfield for a new, stand-alone OCME facility to replace the Holyoke office. Issues with the refrigerated decedent storage units have delayed the anticipated opening of the facility from Fall 2018 to May 2019. Currently, the OCME employs ninety-four (94) employees among the four offices.

### Current Caseload of the Office

The OCME's mission is to determine cause and manner of death in unnatural and potentially unnatural deaths that occur in Massachusetts, and to release work products, namely death certificates and autopsy reports, in a timely fashion.

Table 1 reports each medical examiner's current caseload for FY 19.

**Table 1**  
**Current Caseload by Medical Examiner<sup>1</sup>**  
**July 1, 2018 through December 31, 2018**

<u>Medical Examiner</u>	<u>Autopsy</u>	<u>External Examinations</u>	<u>Total Number of Cases (Autopsy + External Examinations)</u>
Dr. Hull (Chief)	11	19	30
Dr. Atkinson (Deputy Chief) (FT)	41	139	180
Dr. Cannon (PT .6FTE)	27	104	131
Dr. Capo-Martinez (FT)	53	140	193
Dr. Dedrick (FT)	37	147	184
Dr. Elin (Fellow .5FTE) <sup>2</sup>	87	8	95
Dr. Evans (Contract .5FTE)	9	217	226
Dr. Grivetti (FT) <sup>3</sup>	25	43	68
Dr. Lindstrom (FT)	89	116	205
Dr. Nields (Contract .40FTE)	77	72	149
Dr. Perry (Fellow .5FTE) <sup>2</sup>	83	18	101
Dr. Sandler (.5FTE)	18	74	92
Dr. Scordi-Bello (FT)	91	92	183
Dr. Shah (FT)	25	166	191
Dr. Stanley (FT)	49	119	168
Dr. Springer (.6FTE)	37	80	117
Dr. Stonebridge (Contract 2 days/month)	11	38	49
Dr. Welton (FT)	58	189	247

<sup>1</sup> Data reports are generated from OCME Case Management and Tracking System (CMTS)(Consilience Software) using Adapt Analytics Platform and Microsoft Excel 2010. There are limitations to the capabilities of these software platforms and extensive manual rectification of the data is necessary in order to provide meaningful statistical workload reports. It is usual and expected given the methodology of this process that insignificant calculation errors may be present; these should not be considered erroneous, rather within an unknown but small margin of error.

<sup>2</sup> All work performed by fellows was actively supervised by five board-certified full-time forensic pathologists in the Boston office. This averages an additional 39 cases per supervising doctor. Subjectively, doctors report that the supervision of a case involves as much or more work than if the supervising pathologist had performed the work themselves. The benefit of the forensic pathology fellowship program to the Commonwealth is the ongoing training of forensic pathologists accustomed to Massachusetts practices, which creates a pipeline of potential full-time employees.

<sup>3</sup> Reflects work activity for October, November, and December 2018.

Dr. Yakobu-Owolewa (FT)	62	75	137
Dr. Zane (Contract .5FTE)	61	116	177
<b>Total</b>	<b>951</b>	<b>1972</b>	<b>2923</b>

Table 2 reports the medical examiners' caseload for FY 18.

**Table 2  
Medical Examiners' Caseload for FY 18<sup>1</sup>**

	<b>Autopsy</b>	<b>External Examinations</b>	<b>Total Number of Cases (Autopsy + External Examinations)</b>
Caseload for FY 2018	2755	3390	6145

Table 3 shows the medical examiners caseload for the past two fiscal years. Caseloads increased 3.8% in FY 18.

**Table 3  
Medical Examiners' Caseload FY 17 and FY 18<sup>1</sup>**

	<b>Autopsy</b>	<b>External Examinations</b>	<b>Total Number of Cases (Autopsy + External Examinations)</b>
Caseload for FY 2017	3192	2728	5920
Caseload for FY 2018	2755	3390	6145

**Number of Procedures Performed in Fiscal Year 2018**

The procedures or work performed at the OCME is not just limited to the autopsies and external examinations performed by staff medical examiners. Physicians on contract with the OCME, known as district medical examiners (DMEs), perform views in hospitals and funeral homes. In each of these cases, the death was not the result of foul play and the cause and manner of death is apparent from external examination and available medical history. The DMEs play an important role to OCME operations, and their contribution avoids incurring the costs of transporting and storing these decedents at OCME facilities.

Discovered bones are reported to the OCME and are 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 and reviewed by a medical examiner. The death certificate is then amended with the proper cause and manner of death. Cremation views are performed by a medical examiner, district medical examiner, medicolegal investigator, or forensic investigator on bodies intended for cremation or burial at sea in accordance with M.G.L. c. 38, § 14.

Table 4 reports the number of cases that were reported to the OCME in FY 2018, pursuant to M.G.L. c. 38, §3, the number over which jurisdiction was accepted, and the number of procedures performed.

**Table 4  
Number of Cases Reported, Accepted, and Number of Procedures Performed in FY 2018<sup>1</sup>**

<b>Number of Cases Reported</b>	<b>Number of Cases Accepted</b>	<b>Number of Autopsies</b>	<b>Number of External Examinations</b>	<b>District Medical Examiner Views</b>	<b>Bones</b>	<b>Chart Reviews</b>	<b>Cremation Views</b>
17,102	7,246	2755	3390	858	98	145	29,245

## Postmortem Toxicology

Postmortem toxicology is an integral component of medicolegal death investigations. Since July 2013, the State Police Crime Laboratory has been performing the postmortem toxicology analysis for the OCME. Table 5 shows the postmortem analysis for FY 2018. The average turnaround time (TAT) for toxicology analysis was 32.5 days.

**Table 5**  
**Postmortem Toxicology Analysis<sup>1</sup>**

Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
# of Cases completed	427	425	501	449	500	463	408	512	458	479	507	410
# of Cases Assigned	428	573	466	482	516	444	471	432	442	447	564	474
# of Cases Pending	384	527	489	523	533	577	576	477	441	405	460	517
Average TAT	27	31	31	32	32	35	39	38	34	31	29	31

## Progress in NAME Accreditation

The National Association of Medical Examiners (NAME) sets the standards and is a major accrediting body for medical examiners' offices throughout the country. Offices with no more than 15 Phase I deficiencies and no Phase II deficiencies are granted Full Accreditation. Provisional Accreditation is granted to offices with no more than twenty-five Phase I deficiencies and no more than five Phase II deficiencies. If sufficient progress is made in correcting deficiencies, the office is eligible for Full Accreditation. If deficiencies exist that preclude full accreditation, then a yearly application can be made for five years for continuation of Provisional Accreditation status for as long as the office demonstrates that a good faith effort to correct all deficiencies is being made.

The OCME was granted provisional NAME accreditation on December 16, 2012. In the years that followed, the office was able to correct a significant number of Phase I and Phase II deficiencies and applied for, and was granted Continued Provisional Accreditation. Full accreditation remained unattainable as the standard requiring that 90% of the autopsy reports be completed in 90 days could not be met.

The OCME's history of long delays in finalizing death certificates and autopsy reports and the adverse impact these delays have had upon families is well known. Providing timely reports to suit the needs of the citizens of the Commonwealth has been my priority since being appointed Chief Medical Examiner on October 24, 2017. Systematic improvements have been made throughout the OCME to achieve more rapid acquisition of case-specific information and provide collaborative administrative support with the goal of increasing medical examiner efficiency.

On May 14-15, 2018, the OCME underwent the five year required on-site NAME inspection and was granted Full NAME Accreditation, effective December 16, 2017 to December 16, 2021. Maintenance of Full Accreditation requires the submission of an annual status report to NAME. This year's annual update was submitted to the Accreditation Committee on December 13, 2018 and we await their response.

## Completed Cases in Fiscal Year 2018, Current Turnaround Time, and Backlog

Beginning January 1, 2018, OCME leadership focused attention on the active management of the turnaround time of cases. Successful strategies to improve turnaround time included improved case assignment system, the development of a new autopsy report format, and an administrative assistant-medical examiner partnership approach to weekly monitoring of turnaround time for the completion of autopsy reports and death certificates. Concurrently, a refined approach to OCME caseload data tracking led to the development of monthly workload and turnaround time reports by the Chief Medical Examiner. For the purpose of this report, the number of completed cases, turnaround time, and backlog will be based upon the data compiled from these new initiatives from January 1, 2018 through June 30, 2018.

**Table 6**  
**Case Completion in 90 days for January 1, 2018 through June 30, 2018<sup>1</sup>**

	Number of Autopsies	Number of Autopsies Completed	Number of External Views	Number of External Views Completed	Total Work Product (Autopsies + External Views)	Completed Work Product (Completed Autopsies + Completed Views)
January	226	208	364	359	590	567
February	189	162	272	271	461	433
March	198	172	357	336	555	508
April	224	181	223	216	447	397
May	209	176	321	309	530	485
June	152	125	382	377	534	502
<b>Total</b>	<b>1198</b>	<b>1024</b>	<b>1919</b>	<b>1868</b>	<b>3117</b>	<b>2892</b>
<b>Percentage Completed</b>		<b>(85.4%)</b>		<b>(97.3%)</b>		<b>(92.8%)</b>

### Current Turnaround Time

To measure turnaround time, the OCME uses the NAME Accreditation standard that requires 90 percent of autopsy reports be completed in 90 days of the postmortem examination. External examination completion rate was 97.3%. Autopsy report 90% completion rate was 85.4%, falling slightly below the NAME standard. This was due to temporary circumstances of two full-time medical examiners (including extended leave) and adjustment of a prior full-time medical examiner to part-time contract work. All medical examiners have resumed their full duties and three additional staff medical examiners will be joining OCME by July 1, 2019 to help ensure all completion rates meet the standards set in place by NAME.

### Backlog

From 2012 and 2017, 1612 were cases identified as unfinished, or approximately 4.8% of the 33,665 accepted cases during this time period. OCME has completed 373 (26.6%) of 1400 unfinished autopsy cases, and 58 (27.4%) of 212 unfinished external examinations. Further completion of backlogged OCME work product (reports and/or death certificates) from 1,027 autopsies and 154 external examinations remains in progress.

### Current Response Time To Scenes

Current response time was determined by analyzing both OCME staff and funeral home response to the four hundred fourteen (414) death scenes from November 1, 2018 through December 26, 2018. Deaths that occurred 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 twenty-two 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 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 the same day. Delays in release can occur when the decedent has to be identified at the OCME. Identifications at the OCME include decedents who are decomposed, have sustained facial trauma, or are victims of homicide. In FY 2018, the OCME's Identification Unit facilitated the identification of 2,088 (34%) decedents, 373 of whom were decomposed. The turnaround time for the completion of the identification can be as quick as a day when the decedent is visually identifiable or 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. In fiscal year 2018, the OCME's incentive program expedited the release of one hundred nine (109) decedents referred to DTA for burial

In conclusion, and as highlighted in this report, the Office of the Chief Medical Examiner realized a significant accomplishment with the achievement of full accreditation by the National Association of Medical Examiners. Increasing caseloads, due in part to the opioid epidemic and staffing constraints, continue to present challenges. It is expected that the hiring of additional medical examiners, one medical examiner in May 2019 and two additional medical examiners in July 2019, in conjunction with the systemic operational improvements that already have been made, will provide relief to the caseload volume and continue the progress that has been made in achieving the agency's mission to produce accurate and timely determination of cause and manner of death, including the release of autopsy reports, to suit the needs of citizens of the Commonwealth.

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

Sincerely,



Mindy J. Hull, MD  
Chief Medical Examiner

cc: Thomas A. Turco, III, Secretary, Executive Office of Public Safety and Security  
Matthew Moran, Undersecretary for Forensic Science and Technology