



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



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February 15, 2024

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

The Honorable Aaron Michlewitz
Chair, House Committee on Ways and Means
State House, Room 243
Boston, MA 02113

Dear Chairpersons:

Pursuant to the FY24 General Appropriation Act, I am submitting the following report to the House and Senate Committee on Ways and Means detailing: (a) the current caseload of the office and each of its medical examiners and the caseload for fiscal year 2023; (b) the number of procedures performed in fiscal year 2023; (c) the current turnaround time and backlogs; (d) the current response time to scenes; (e) the number of cases completed in fiscal year 2023; (f) the current status of 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.

This report also highlights the work accomplished by the highly trained and dedicated OCME staff who strive to consistently provide the Commonwealth with the highest standards of death investigation services. I want to commend the OCME team for the professionalism, service, and compassion they demonstrate as they perform one of the more difficult missions in the Commonwealth. I am proud to present this report reflecting our achievements and reaffirm the OCME's commitment to delivering the highest quality of medicolegal death investigation services to the Citizens of the Commonwealth.

Please contact me if you have any questions or require additional information.

Sincerely,

Mindy J. Hull, MD
Chief Medical Examiner

cc: Terrence Reidy, Secretary, Executive Office of Public Safety and Security
Kerry Collins, Undersecretary for Forensic Science and Technology

Overview

The Office of the Chief Medical Examiner (OCME) was established through Massachusetts General Laws 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.

OCME Facilities

The OCME is comprised of four offices and employs one hundred sixty-one (161.5) employees representing multiple disciplines including, medical examiners (forensic pathologists), a forensic anthropologist and a forensic odontologist, medical examiner assistants, intake specialists, administrative support for medical examiners, medicolegal investigators, medicolegal investigators for field examinations, accountants, and managers.

The OCME Headquarters is in Boston and operates twenty-four hours a day, seven days a week. Twelve full-time medical examiners, including the Chief Medical Examiner, one part-time medical examiner, and one forensic pathology fellow are assigned to the Boston office. There are three regional offices located in Westfield, Worcester, and Sandwich. As of this fiscal year, the Westfield and Sandwich offices expanded operations to twenty-four hours, seven days per week. Both the Westfield and Sandwich offices also increased their medical examiner complement by one with the recruitment of two forensic pathologists, one in July 2023 and the other in October 2023. The Westfield office is now staffed with four full-time medical examiners, including the Deputy Chief Medical Examiner, and one contract medical examiner.¹ The Sandwich office is staffed with three full-time medical examiners. The Worcester office is located at UMass Memorial Hospital in a space that is shared with the Hospital's pathology department. In July 2020, operations in this office were suspended to minimize potential COVID-19 transmission within this shared medical facility and the contract medical examiner assigned to this office was reassigned to the Westfield office to assist with the examination of Worcester cases that are transported to the Westfield office for examination. The Worcester office remains closed to forensic examinations, but the administrative and mortuary space is utilized.

Case Statistics

The OCME's mission is to determine cause and manner of death for deaths that occur in Massachusetts under violent, suspicious, or unexplained circumstances and to release work products, namely certifications of death and autopsy reports, in a timely fashion. To fulfill its unique mission, the OCME maintains a robust team composed of forensic pathologists, medical examiner assistants (MEAs), medicolegal investigators (MLIs), as well as individuals proficient in administrative, fiscal, legal, and managerial functions.

Gen. Laws c. 38 § 3 lists the deaths that must be reported to the OCME. Based on the circumstances of the death, the medical examiner will either accept or decline jurisdiction. Table 1 shows the reporting statistics for the past five fiscal years.

¹ A part-time medical examiner hired on November 6, 2022, for the Westfield office resigned on December 13, 2023.

Table 1
Reporting Statistics²

| | Number of Cases Reported to the OCME | Number of Cases Accepted | Number of Cases Declined |
|------|---|---------------------------------|---------------------------------|
| FY19 | 16,023 | 7,020 | 9,003 |
| FY20 | 17,584 | 7,515 ³ | 10,069 |
| FY21 | 18,366 | 7,947 | 10,419 |
| FY22 | 18,355 | 8,458 | 9,897 ⁴ |
| FY23 | 18,486 | 8,726 | 9,760 |

Number of Procedures Performed in Fiscal Year 2023.

Table 2 reports the procedures performed for the past five fiscal years.

Table 2
Number of Procedures Performed

| Fiscal Year | Autopsy | External Examinations | District Medical Examiners Views | Bones/Tissues | Chart Reviews | Total Accepted Cases | Cremation Views |
|--------------------|----------------|------------------------------|---|----------------------|----------------------|-----------------------------|------------------------|
| FY19 | 1,927 | 4,083 | 649 | 105 | 256 | 7,020 | 29,853 |
| FY20 | 1,947 | 4,522 | 234 | 135 | 671 | 7,509 ⁵ | 34,521 |
| FY21 | 2,177 | 4,263 | 229 | 108 | 1,170 | 7,947 | 32,488 ⁶ |
| FY22 | 1,903 | 4,708 | 248 | 109 | 1,490 | 8,458 | 34,099 |
| FY23 | 1,946 | 4,714 | 167 | 117 | 1,782 | 8,726 | 33,408 |

In addition to the autopsies and external examinations, staff medical examiners and contract medical examiners perform chart reviews on cases identified during a cremation authorization view where the cause and manner of death are not properly certified, cases where the body is no longer available, or cases where the decedent’s cause and manner of death is obvious from inspection of medical and other records and no relevant further information would be obtained by transporting the body to the OCME. The MLI Field staff will examine and photograph the decedent, obtain available medical records, and collect toxicology as determined by the attending medical examiner. The results of the MLI Field’s examination are provided to the attending medical examiner for certification of the death. The expansion of this resource efficient chart review program has allowed the OCME to accept jurisdiction of and certify deaths on more ambiguous cases.

² The data reports that support Table 1 and all subsequent tables are generated from the 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 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 but rather within an unknown but small margin of error.

³ Six of the accepted cases were recorded as “Surge” cases pursuant to the OCME’s COVID-19 response. Surge cases that were accepted by the OCME were not for the purpose of determining cause and manner of death, but rather to provide short term storage.

⁴ Due to a typographical error, the number of declined cases in FY22 was incorrectly reported in the FY22 Annual Report as 9,879. The correct number is 9,897 declined cases for FY22.

⁵ The 6 surge cases were not included in this number.

⁶ The number of cremation views for FY21 were incorrectly reported in the FY21 report as 34,488. The correct number of cremation views conducted in FY21 was 32,488. This was a typographical error in the FY21 report.

District Medical Examiner (DME) views are performed in hospitals or funeral homes by physicians on contract whose medical training may be something other than forensic pathology. Historically, DMEs have played an important role in OCME operations, and their contributions have allowed the OCME and decedents' legal of kin to avoid the costs associated with transporting the decedent to and from the OCME when an examination by a forensic pathologist is not necessary. The number of DMEs has declined in recent years, and with limited interest from other physicians to work as a DME, the number of DME views has also decreased. As a result, those deaths which cannot be assigned to a DME are assigned to staff medical examiners and contract medical examiners, assisted by MLI Field staff.

Discovered bones are reported to the OCME and brought in for examination by a medical examiner or the forensic anthropologist. Cremation views are performed by medical examiners, DMEs, MLI Field staff, or forensic investigators on bodies intended for cremation or burial at sea to determine that no further examination or judicial inquiry is required. Cremation views are conducted on *all* decedents intended for cremation or burial at sea in the Commonwealth, whether the OCME had jurisdiction over the decedent or not.

Postmortem Toxicology

Postmortem toxicology testing is an integral component of medicolegal death investigations and since July 2013, the analysis has been performed by the Massachusetts State Police Crime Laboratory.⁷ Table 3 reports the postmortem toxicology analysis for FY23. The average turnaround time (TAT) for toxicology analysis for FY23 was 51.6 days.

Table 3
Toxicology Analysis

| Month | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
|----------------------|-----|------|------|------|-----|-----|-----|-----|-----|-----|------|------|
| # of Cases Completed | 317 | 530 | 395 | 535 | 835 | 762 | 530 | 459 | 532 | 505 | 464 | 421 |
| # of Cases Assigned | 553 | 601 | 581 | 526 | 580 | 623 | 572 | 445 | 628 | 486 | 587 | 563 |
| # of Cases Pending | 944 | 1017 | 1204 | 1196 | 938 | 797 | 840 | 824 | 919 | 900 | 1023 | 1164 |
| Average TAT | 42 | 51 | 58 | 70 | 57 | 44 | 44 | 44 | 50 | 49 | 54 | 56 |

Medical Examiners' Caseloads

Table 4 reports the medical examiners' caseloads for the past five fiscal years.

Table 4
Medical Examiners' Caseload

| | Autopsy | External Examinations | Chart Reviews | Total |
|-------------------|---------|-----------------------|---------------|-------|
| Caseload for FY19 | 1,927 | 4,083 | 256 | 6,266 |
| Caseload for FY20 | 1,947 | 4,522 | 671 | 7,140 |
| Caseload for FY21 | 2,177 | 4,263 | 1,170 | 7,610 |
| Caseload for FY22 | 1,903 | 4,708 | 1,490 | 8,101 |
| Caseload for FY23 | 1,946 | 4,714 | 1,782 | 8,442 |

⁷ In some cases, the State Police Crime Lab will outsource certain samples for additional or specialized testing to third-party labs.

Current Caseload by Medical Examiner

Table 5 reports each medical examiner's caseload for six months of this fiscal year.

Table 5
Current Caseload by Medical Examiner (July 1, 2023 through December 23, 2023)

| Medical Examiner | Autopsy | External Examinations | Chart Reviews | Total Number of Cases (Autopsy + External Examinations + Chart Reviews) |
|--|-------------|-----------------------|---------------|---|
| Dr. Atkinson (FT) | 52 | 120 | 14 | 186 |
| Dr. Bornstein (FT) ⁸ | 81 | 5 | 0 | 86 |
| Dr. Cannon (FT) ⁹ | 0 | 60 | 322 | 382 |
| Dr. Capó-Martinez (FT) | 48 | 132 | 5 | 185 |
| Dr. Dedrick (FT) | 35 | 106 | 7 | 148 |
| Dr. Desai (PT) ¹⁰ | 28 | 57 | 6 | 91 |
| Dr. Elin (FT) | 57 | 98 | 14 | 169 |
| Dr. Evans (Contract 0.5FTE) | 16 | 130 | 49 | 195 |
| Dr. Grivetti (FT) | 77 | 167 | 18 | 262 |
| Dr. Hull, Chief Medical Examiner(FT) ¹¹ | 0 | 6 | 0 | 6 |
| Dr. Jones (FT) ¹² | 59 | 70 | 6 | 135 |
| Dr. Matthews (FT) | 28 | 159 | 7 | 194 |
| Dr. Mourtzinis (FT) | 59 | 116 | 19 | 194 |
| Dr. Nointin (FT) ¹³ | 26 | 49 | 6 | 81 |
| Dr. Perry (FT) | 54 | 95 | 13 | 162 |
| Dr. Sandler (.5 FTE) | 16 | 65 | 5 | 86 |
| Dr. Scordi-Bello (FT) | 65 | 75 | 11 | 151 |
| Dr. Shah (FT) | 53 | 233 | 32 | 318 |
| Dr. Stanley (FT) | 30 | 71 | 3 | 104 |
| Dr. Springer (FT) | 63 | 105 | 16 | 184 |
| Dr. Stonebridge (FT) ¹⁴ | 0 | 4 | 0 | 4 |
| Dr. Vidal | 53 | 132 | 23 | 208 |
| Dr. Welton, Deputy Chief Medical Examiner (FT) | 66 | 94 | 25 | 185 |
| Dr. Yakubu-Owolewa (FT) | 38 | 75 | 16 | 129 |
| Total | 1004 | 2224 | 617 | 3845 |

⁸ Forensic Pathology fellow who began her training on July 2, 2023.

⁹ Dr. Cannon is specifically assigned to telepathology services and chart reviews.

¹⁰ Resigned December 13, 2023

¹¹ The Chief Medical Examiner's responsibilities are predominantly administrative.

¹² Hired July 2, 2023

¹³ Hired October 15, 2023

¹⁴ As the Director of Neuropathology and Cardiac Pathology Services, Dr. Stonebridge specializes in performing examinations of the brain and heart. From July 1,2022 through June 30, 2023 Dr. Stonebridge has conducted - 172 neuropathology and 33 cardiac pathology examinations.

Current Turnaround Time, Number of Cases Completed in FY23, and Backlog Status

Providing timely information to suit the needs of the citizens of the Commonwealth has been Dr. Mindy Hull's priority since her appointment as Chief Medical Examiner on October 24, 2017. Accordingly, OCME leadership has focused attention on the active management of turnaround time and the completion of cases. Successful strategies have included:

1. an improved case assignment system; the development of a new autopsy report format.
2. more rapid acquisition of case specific information due to the reliance on the investigative expertise of medicolegal investigators to identify and obtain the needed information.
3. a collaborative approach to weekly turnaround time monitoring for the completion of autopsy reports and death certificates, that involves the administrative assistant, medical examiner, and quality assurance teams which includes the development of weekly and monthly caseload tracking reports.

These efforts have been successful for completing cases in a timely fashion and for achieving the National Association of Medical Examiner (NAME) standard for the completion of autopsy reports.

Current Turnaround Time

In the Spring of 2023, and pursuant to the end of their post-COVID-19 pandemic grace period that was discontinued on January 1, 2023, the NAME Inspection and Accreditation Committee requested that the OCME present the turnaround time data of all of its medical examiners without any exclusions and without the 4-day administrative window. Between January 1, 2023 and June 30, 2023, all of the medical examiners in the Massachusetts OCME system completed autopsy reports on 95% (908 out of 956 cases) of all identified autopsies within 90 days or less. During the same period, of all identified cases where a death certificate was signed (4,189), 3,965 were completed within 90 days or less (95%) .

Number of Cases Completed in FY23 and Backlog Case Status

The backlog of 1,612 cases inherited in 2017 by the current OCME leadership in which an autopsy report or examination had been performed, but the autopsy report and/or death certificate was not yet completed has been reduced to 359. Furthermore, as of this writing, 98.7 % of the 8,442 cases, (autopsies, external examinations, and chart reviews) examined by staff medical examiners and contract medical examiners in FY23 have been completed, thus largely avoiding any contribution to an ongoing backlog. The OCME backlog has been stabilized and the residual historic backlogged cases are completed on a case-by-case basis.

NAME Accreditation

The OCME was initially granted full accreditation by NAME on July 29, 2018 (effective December 16, 2017, to December 16, 2021). Accredited offices are required to undergo an on-site inspection every four years and to submit an annual status report for the intervening years. The OCME's required four-year inspection took place on November 9, 2021, and notification of continued Full Accreditation was received on January 9, 2022, (effective December 16, 2021 to December 16, 2025). This year's status report was submitted to NAME on December 16, 2023 and notification of our continued Full Accreditation was received on January 2, 2024.

Forensic Pathology Fellowship Program

Since initial accreditation in 2005 by the Accreditation Council of Graduate Medical Education (ACGME), the OCME Program has graduated sixteen physicians as forensic pathologists. The OCME has been fortunate to have recruited thirteen of the graduating forensic pathologists to staff medical examiner positions, twelve of whom remain on OCME staff to include the Chief and Deputy Chief Medical Examiners. The OCME

anticipates promoting the current fellow to a staff medical examiner position upon successful completion of her fellowship on June 30, 2024.

Current Response Time to Scenes

Current response time was determined by analyzing the OCME's Medical Examiner Assistants (MEAs) response to 311 scenes during the period from November 1, 2023 through November 30, 2023. Deaths that occurred in a medical facility were not considered as scene responses and were excluded from this analysis. The average time for MEAs to depart from the OCME and arrive at a scene was 52 minutes, which is a slight increase from last year's response time of 45 minutes for a two-year average of 48.5 minutes.

Historically, the OCME has contracted with funeral homes and livery services to assist with staff response to death scenes as the number of MEAs was not sufficient to respond to every scene throughout the Commonwealth. The goal of OCME leadership has been to increase the number of death scenes responded to by OCME staff, not only as a means of reducing costs and reliance upon contracted services, but more importantly, to ensure the transportation of decedents consistently adheres to OCME procedures and protocols. Through the achievement of 24-hour, seven days per week operations at all three major OCME offices, OCME MEAs responded to 96% (4,056) of the scene deaths in FY23 compared to 88% (3681) scenes in FY22.

Progress in Identification and Improving Delays in Decedent Release

The majority of decedents are examined within 24 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. When the examination has been completed, either a final or pending death certificate is signed with most decedents being ready for release the same day. Delays in release can occur when decedents are unclaimed and/or when the decedent must be identified at the OCME.

Identifications at the OCME are necessary when:

1. visual identification is not appropriate due to trauma or decomposition
2. the death is believed to be a homicide
3. the death occurred while in police custody or in a jail or correctional facility
4. the decedent was reported as unknown or is unclaimed

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 but may take months when DNA analysis is the only option. In FY23, of the 6,658 decedents identified at the OCME, two were released without their identity being confirmed after all identification efforts had been exhausted. OCME hopes to utilize a new tool that has emerged in the forensic science field to identify unknown decedents. Forensic Genetic Genealogy, also referred to as Investigative Genetic Genealogy, is a method of DNA analysis that has successfully been used in the law enforcement setting to identify a suspect in a criminal investigation or a missing or unidentified person. Law enforcement agencies in Massachusetts have begun using this method to identify victims in cold cases. The OCME has requested funding in our FY25 Maintenance requests for this method of DNA analysis to identify eight unidentified decedents and notify their next of kin.

The establishment of the OCME Burial Program has addressed the delays that had been occurring in the release of unclaimed and/or unidentified decedents awaiting burial through the Department of Transitional Assistance (DTA) in accordance with G.L. c. 38, § 13. As discussed below, due to increasing issues associated with the DTA assignments to funeral homes and costs associated with DTA cases, the OCME and DTA have collaborated on a new burial program for unclaimed and unidentified decedents.

New Initiatives and Key Accomplishments

Since October 2017, goal-directed management of fiscal resources has enabled accomplishments to be achieved and significant improvements realized in the delivery of medicolegal investigative services to the citizens of Massachusetts. Most notably was the achievement of Full NAME Accreditation on July 29, 2018, effective December 17, 2017 to December 16, 2021 and, following the required four-year inspection on November 9, 2021, the OCME was again granted Full Accreditation, effective December 16, 2021 to December 16, 2025. Notification from NAME on January 2, 2024 of our continuing full accreditation ensured that the OCME's goal of providing timely reports to suit the needs of the citizens of the Commonwealth was being met. Other significant accomplishments achieved include:

- Expanded the number of staff medical examiners by 3.5 positions. In July 2022, the graduating forensic pathology fellow was promoted to staff medical examiner at the Sandwich office and a part-time forensic pathologist was recruited for the Westfield office (October 2022). Two more full-time medical examiners were hired this fiscal year, one for the Sandwich Office, (July 2023) and one for the Westfield office, (October 2023). Since July 2018, the OCME has hired eleven forensic pathologists as staff medical examiners, (ten full-time and one part-time), the significance of which cannot be overstated considering the documented shortage of forensic pathologists in the country.¹⁵ ¹⁶ As of this writing, eight remain on staff at the OCME.
- Enhanced medical examiners workflow and archiving capabilities through the establishment of digital histology imaging. Histology is the microscopic examination of tissue specimens taken for ancillary testing. A digital histology scanner is used to produce digital images of the tissue sections on glass microscopic slides (histology). The image is uploaded into an image folder and viewed by the forensic pathologist on a desktop computer monitor rather than viewing specimen through a microscope. Digital imaging enables the medical examiner to complete postmortem examination paperwork from a location remote from OCME offices, and a workforce capable of working remotely is increasingly necessary for both hardening the OCME from untoward events, as well as providing a highly desired attribute to attract and retain physicians. Digital histology also improves archiving capabilities by eliminating the need for glass slides which are prone to breaking and subject to degradation with time.
- Established the OCME Burial Program following the success of the Burial Pilot Project. G.L. c. 38 §13 entrusts the Department of Transitional Assistance to accept unclaimed and unidentified decedents from the OCME and assigns burial to funeral homes willing to accept these assignments. A \$1,100 DTA stipend is provided to the funeral home for burial costs. In 2016, concerned with the amount of time decedents were awaiting DTA burial due to a diminishing number of engaged funeral homes, the OCME implemented a \$1,000 incentive program to supplement the DTA stipend and assist with out-of-pocket expenses, provided the funeral home would pick-up the decedent from the OCME within 14 days of receiving the DTA assignment. Despite the supplemental payment, fewer and fewer burial service providers accepted the growing number of DTA cases. The number of decedents released to DTA has increased each year from 100 in FY17 to 163 in FY22, with one funeral director accepting nearly all of the DTA assignments.

Recognizing the need to care for our unclaimed or unidentified decedents, as well as growing concern with the reliance on a single funeral director to accept DTA assignments, the OCME signed a Memorandum of Agreement (MOU) with DTA which established the OCME-DTA Burial Pilot Project. Under the MOU's terms, DTA agreed to assign five decedents directly to the OCME for burial. Using the DTA \$1,100 stipend for each case and the \$1,000 incentive payment the OCME would have

¹⁵ Weedn, VW and Menendez, MJ. American Journal of Forensic Medicine and Pathology, 2020;41:242-248.

¹⁶ Mulhausen DB. Report to Congress: Needs Assessment of Forensic Laboratories and Medical Examiner/Coroner Offices. NIJ, OJP, DOJ. NCJ 253626. Released 12/20/2019. Available at: <https://www.justice.gov/olp/forensic-science#needs>

provided to a funeral director (for a total of \$2,100 for each decedent), the Agency procured a cemetery plot, casket, and grave marker for a dignified burial – often at a reduced cost. Additionally, OCME’s partners at the Department of Public Health Registry of Vital Records and Statistics modified the Electronic Death Registration to allow designated OCME staff to electronically file the death certification record with local city and towns and obtain the burial permit, actions which previously could only be performed by funeral directors. By September 2022, all 5 decedents in the pilot project received appropriate burial.

In light of the model success, the OCME expanded the pilot to a permanent Burial Program. With a new Interdepartmental Service Agreement (ISA) with DTA, the OCME’s unclaimed and unidentified decedents are assigned by DTA back to the OCME for burial. By the end of FY23, the OCME had buried 51 unclaimed or unidentified decedents for \$1,780.10 per decedent which is \$319.90 below the cost for utilizing a funeral home. As of December 11, 2023, the OCME has buried 104 decedents this fiscal year. The OCME is extremely proud of the Burial Program as it serves to ensure the timely release and dignified burial of unclaimed and unidentified decedents and reduces DTA burial costs to the Commonwealth.

- Expanded services in the Westfield¹⁷ and Sandwich offices to 24 hours, seven days per week. Historically, only the Boston office had been staffed 24 hours, seven days per week leaving a significant portion of central, western, and southeastern Massachusetts with limited evening and no overnight medical examiner assistant coverage to respond to scenes. Forensic examinations were performed in these “satellite” offices 3-5 days per week, with cases transported to the Boston office for examination on the weekends. The goal to expand services to southeastern and western Massachusetts was an incremental process that began in FY19 with the expansion of services in the Sandwich office from five days per week to seven days for mostly two shifts and relied upon funding from multiple fiscal years to hire the medical examiners and the medical examiner assistants needed. By the end of FY23, the goal had been achieved, with the Sandwich and Westfield office joining the Boston office in providing services to the entire state of Massachusetts, 24 hours, seven days per week.

Conclusion

Providing timely information to suit the citizens of Massachusetts has been Mindy J. Hull, MD’s priority since her appointment as Chief Medical Examiner on October 24, 2017 and her subsequent reappointment on October 24, 2022. Since January 2018, OCME medical examiners have consistently completed the bulk of their work (autopsies, views, and chart reviews), in three months or less. Other achievements not previously mentioned include:

- Creating secure, digital portals for decedent release, cremation authorizations, and law enforcement information (FY19)
- Dedicating a new Westfield office to serve the constituents of Western Massachusetts (FY20)
- Recruiting, training, and promoting four forensic pathology fellows to staff medical examiners (FY19, FY20, FY21, FY23)
- Hiring graduating forensic pathology fellow as the Director of Neuropathology and Cardiac Pathology Services (FY21)
- Improving perimeter security in the Sandwich and Boston offices (FY21)
- Implementing Telepathology Services in the Sandwich office to maximize physician resources and minimize the impact of medical examiner shortages and/or attrition on forensic pathology services at the OCME (FY22)

¹⁷ Westfield office opened in November 2019. Prior to this, OCME forensic examinations were performed in the Holyoke office located in rental space in the Providence Behavioral Health Hospital.

- Recruiting a forensic pathologist from another state for a medical examiner position in Sandwich (FY22)
- Compliance and improvement of the agency's systems and procedures.

As we look ahead to delivering medicolegal investigative services in FY24, the OCME has established a Quality Assurance Department which will further focus on quality compliance and improvement of the agency's systems and procedures.