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The Commonwealth of Massachusetts Executive Office of Public Safety and Security

Office of the Chief Medical Examiner

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September 3rd, 2026

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 FY26 General Appropriations Act, I am submitting the following report to the House and Senate Committees on Ways and Means detailing: (i) the current caseload of the office and each of its medical examiners and the caseload for fiscal year 2025; (ii) the number of procedures performed in fiscal year 2025; (iii) the current turnaround time and backlogs; (iv) the current response time to scenes; (v) the number of cases completed in fiscal year 2025; (vi) the current status of 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.

This report also highlights the work accomplished by 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: Gina K. Kwon, 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 seventy-two full-time and three part-time (173.5 total) 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 (MLI), medicolegal investigators for field examinations (MLI Field), accountants, and managers.

The OCME Headquarters is in Boston and operates twenty-four hours per day, seven days per week. Thirteen full-time medical examiners, including the Chief Medical Examiner and Director of Cardiac and Neuropathology, and one part-time medical examiner are assigned to the Boston office. Regional offices in Sandwich and Westfield also operate twenty-four hours per day, seven days per week. Three full-time medical examiners are assigned to the Sandwich office, and the Westfield office is staffed by five full-time medical examiners, including the Deputy Chief Medical Examiner, and one contract medical examiner. The OCME's fourth office is located in Worcester at UMass Memorial Hospital in 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 continues to be utilized.

Case Statistics

The OCME's mission is to determine cause and manner of death 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. The types of deaths which must be reported to the OCME are enumerated in G.L. c. 38, § 3. 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 seven fiscal years, and Table 2 shows the procedures performed for the same timeframe.[1]

Table 1
Reporting Statistics

	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[2]	10,069
FY21	18,366	7,947	10,419
FY22	18,355	8,458	9,897
FY23	18,486	8,726	9,760
FY24	18,354	8,488	9,866
FY25	18,736	8,055	10,681

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[3]	34,521
FY21	2,177	4,263	229	108	1,170	7,947	32,488
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
FY24	2,099	4,298	208	100	1,783	8,488	33,580
FY25	2,105	3,810	116	85	1,939	8,055	33,830

The medical examiner staff comprises 21 full-time forensic pathologists (including the Chief Medical Examiner, Deputy Chief Medical Examiner, and Director of Cardiac and Neuropathology), one part-time forensic pathologist, and one contract medical examiner.[4] In addition to autopsies and external examinations, chart reviews are conducted on cases that do not require a physical examination for determination of cause and manner of death. Chart reviews are performed by staff medical examiners, contract medical examiners, and District Medical

[1] The data reports that support Table 1 and all subsequent tables are generated from the OCME Case Management and Tracking System (CMTS) (Consiliences 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.

[2] 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.

[3] The 6 surge cases were not included in this number.

[4] Contract medical examiners are forensic pathologists who work part-time and are paid per diem.

Examiners[5] on cases identified during cremation authorization views where the cause and/or manner of death was 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 investigatory records. MLI Field staff examine and photograph the decedent, obtain available relevant 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. Chart reviews have enabled the OCME to accept jurisdiction and certify deaths on more ambiguous cases.

District Medical Examiner (DME) views are performed in hospitals or funeral homes when the cause and manner of death is apparent from the circumstances of the death and available medical records. Historically, DMEs have played an important role in OCME operations, and their contributions have avoided the transportation of decedents to the OCME when an examination by a forensic pathologist is not necessary. The number of DMEs continues to decline 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 forensic pathologists, assisted by MLI Field staff. The workload of the shrinking pool of DMEs has been effectively offset by the robust chart review service now offered by the OCME. The chart review service offers similar financial benefits by reducing costs associated with transporting decedents to the OCME for examination.

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, or MLI Field staff on all bodies intended for cremation or burial at sea to determine that no further examination or judicial inquiry is required.

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.[6] Table 3 shows the postmortem analysis for FY25. The average turnaround time (TAT) for toxicology analysis for FY25 was 41.8 days, down from 52.5 in FY24.

Table 3
Toxicology Analysis

Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
# of Cases Completed	579	406	588	522	433	622	542	558	564	470	484	435
# of Cases Assigned	541	519	442	514	560	450	535	485	464	470	476	438
# of Cases Pending	770	881	733	726	853	674	664	591	486	487	475	476
Average TAT	47	49	51	55	42	47	42	37	32	32	35	33

Medical Examiners' Caseloads

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

Table 4
Medical Examiners' Caseloads

[5] District Medical Examiners (DMEs) are physicians on contract with the OCME who perform chart reviews and DME views.
[6] In some cases, the State Police Crime Laboratory will outsource certain samples to third party laboratories for additional or specialized testing.

	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
Caseload for FY24	2,099	4,298	1,783	8,180
Caseload for FY25	2,105	3,810	1,939	7,854

Current Caseload by Medical Examiner

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

Table 5
Current Caseload by Medical Examiner (July 1, 2025 through December 31, 2025)

Medical Examiner	Autopsy	External Examinations	Chart Reviews	Total Number of Cases (Autopsy + External Examinations + Chart Reviews)
Dr. Atkinson (FT)	44	86	9	139
Dr. Bornstein (FT)	51	78	8	137
Dr. Cannon (FT)[7]	0	33	321	354
Dr. Capó-Martinez (FT)	56	116	5	177
Dr. Dedrick (FT)	71	116	7	194
Dr. Elin (FT)	42	91	7	140
Dr. Evans (Contract 0.5FTE)	20	112	48	180
Dr. Grivetti (FT)	62	86	1	149
Dr. Hull, Chief Medical Examiner (FT)[8]	0	0	0	0
Dr. Jones (FT)	46	98	5	149
Dr. Matthews (FT)	44	112	3	159
Dr. Mourtzinos (FT)	66	137	15	218
Dr. Nointin (FT)	66	129	2	197
Dr. Perry (FT)	54	89	9	152
Dr. Sandler (.5 FTE)	17	73	7	97
Dr. Scordi-Bello (FT)	69	58	7	134
Dr. Shah (FT)	34	127	6	167
Dr. Stanley (FT)	25	76	1	102
Dr. Springer (FT)	64	59	5	128
Dr. Stonebridge (FT)[9]	0	0	0	0
Dr. Vidal	76	101	1	178

[7] Dr. Cannon is specifically assigned to telepathology services and chart reviews.
[8] The Chief Medical Examiner's responsibilities are predominantly administrative.
[9] As the Director of Neuropathology and Cardiac Pathology Services, Dr. Stonebridge specializes in performing examinations of the brain and heart. From July 1, 2025, through December 31, 2025, Dr. Stonebridge has performed 89 neuropathology and 9 cardiac pathology examinations.

Dr. Welton, Deputy Chief Medical Examiner (FT)	57	98	14	169
Dr. Yakubu-Owolewa (FT)	64	71	6	141
Total	1028	1946	487	3461

Current Turnaround Time, Number of Cases Completed in FY25, 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.

Current Turnaround Time

During the period of July 1, 2024 to June 30, 2025, 7506 of 7970 (94.2%) death certificates were completed within 90 days or less, and 1956 of the 2105 (92.9%) autopsy reports were completed within 90 days or less.

Number of Cases Completed in FY25 and Backlog Status

Of the 8055 cases falling under OCME jurisdiction in the year reflected in this report (FY25), 99.8% of cases (i.e., all but 16 autopsies, external examinations, or chart reviews) examined by staff medical examiners and contract medical examiners have been completed.

Not unexpectedly, a small number of cases have remained incomplete every year, often due to an ongoing investigation or the pursuit of additional information. From 2018 to 2024, between 2 to 9 cases annually (for a total of 33 cases) have not been completed.

The current OCME leadership inherited 1612 incomplete cases from 2012-2017. As of this writing, 98.6% (1590) now have finalized death certificates. Currently, 347 instances in this cohort of legacy cases remain in which autopsies were performed, however, a full report has not been issued; requests for reports on these cases are now managed on an as-needed basis.

NAME Accreditation

The OCME was initially granted full accreditation by the National Association of Medical Examiners (NAME) on July 29, 2018 (effective December 16, 2017 to December 16, 2021). At that time, accredited offices were required to undergo an on-site inspection every four years and to submit an annual status report for the intervening years. The OCME underwent the required four-year on-site inspection on November 9, 2021, and notification of continued Full Accreditation was received on January 9, 2022 (effective December 16, 2021 to December 16, 2025). For the next three calendar years, following our submission of the required annual status reports, OCME was granted Continued Full NAME Accreditation.

In 2023, NAME Inspection and Accreditation Committee instituted the performance of virtual inspections of offices every eight years.[10] Accordingly, the OCME's required four-year reaccreditation inspection is a virtual inspection. On December 3, 2025, OCME submitted the required Inspection and Accreditation Checklist, and are currently listed as "In progress - Accredited" as NAME completes their evaluation.

Forensic Pathology Fellowship Program

Since initial accreditation by the Accreditation Council of Graduate Medical Education in 2005, the Commonwealth of Massachusetts, Office of the Chief Medical Examiner Forensic Pathology Program has graduated seventeen physicians as forensic pathologists. The OCME has been fortunate to have recruited fourteen of the graduating forensic pathologists to staff medical examiner positions to include the Chief and Deputy Chief Medical Examiners. While the OCME did not have a fellow for the 2024-2025 academic year, we continue to provide forensic pathology education to the rotating medical students and residents from area medical schools and teaching hospitals.

Current Response Time to Scenes

Current response time was determined by analyzing the OCME's Medical Examiner Assistants (MEAs) response to 255 scenes during the period of November 1, 2025 through November 30, 2025. The average time for MEAs to arrive at a scene was 46.8 minutes. as compared to 52 minutes for the same period in FY24. Deaths that occurred in a medical facility are not considered as scenes and therefore were excluded from this analysis.

The reduction in response time to scenes is attributed to the expansion of services and enhanced scene dispatch procedures. Expanding services to 24 hours, seven days per week at each of the primary offices and increasing the number of scenes responded to by MEAs was a goal established by the current management team when they assumed leadership of the OCME in FY18. MEAs responded to 86% of scene deaths that year (2,966 of the 3,442), while the remaining scenes were handled by funeral homes or livery services on contract with OCME. Increasing scene responses by MEA staff is important, not only as a means of reducing costs and reliance upon contractors, but more importantly, to ensure the transportation of decedents consistently adheres to OCME standard operating procedures. 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 to no overnight medical examiner assistant coverage to respond to scenes. The expansion of services to southeastern and western Massachusetts was an incremental process that began in FY19 and relied upon funding from multiple fiscal years to hire the additional medical examiner assistants needed. By the end of FY23, the goal had been achieved, with the Sandwich and Westfield offices joining the Boston office in providing services to the entire state of Massachusetts, 24 hours, seven days per week, increasing MEA response to scenes to 96.2% (4,046 of the 4,205). The expansion of MEA services across the state has enabled the Mortuary Department to implement a dispatch protocol that dispatches MEA teams already on the road to another scene, thereby reducing the time it would have taken to arrive at the scene if the team had been dispatched from an OCME office. As a result of these expanded services, in FY25 MEAs responded to 99.2% of the scene deaths in Massachusetts (3,653 out of 3,683).

[10] National Association of Medical Examiners "Policies and Procedure Manual," amended July 20, 2025, 48-49. www.thename.org

Progress in Identification and Improving Delays in Decedent Release

Pursuant to G.L. c. 38, § 13, the OCME is responsible for releasing decedents to the person with the proper legal authority, including the surviving spouse, the next of kin, or any friend of the deceased, who shall have priority in the order named. The OCME is also responsible, with a reasonable level of certainty, to confirm or establish the identification of all decedents brought into the office for examination. Decedent identification is done at the OCME or at the funeral home designated by the individual with legal authority to claim the decedent.

Most decedents are examined within 24 hours of their arrival at the OCME. 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 and the decedent is ready for release to the funeral home acting on behalf of the person with the proper legal authority to claim the decedent. The OCME's continued use of a funeral home portal has served to expedite the release of decedents to funeral homes by providing for the electronic submission of required forms and the scheduling of release times.

Delays in release can occur when the decedent must be identified at the OCME and/or when the decedent has not been claimed. Decedent identification at the OCME is 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; or
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 single day when the decedent is visually identifiable or when dental records or antemortem fingerprints are available. However, identification may take months when DNA analysis is the only option. In FY25, 5,102 decedents required identification at the OCME, and through the diligent efforts of the Identification Unit, all decedents released from the OCME in FY25 were released with their identity confirmed.

Unclaimed Decedents

OCME Medicolegal Investigators (MLIs) conduct investigations to locate the person with the proper legal authority to claim decedent (legal next of kin). Decedents who remain unclaimed after the MLI investigation has concluded are referred to the Department of Transitional Assistance (DTA) for burial in accordance with G.L. c. 38, § 13. OCME annual reports to the Joint Committees on Ways and Means dating back to FY17 have reported the delays in decedent release due to issues with DTA assignments to funeral homes. In those reports, the OCME detailed efforts to address the problem by implementing an incentive program for funeral homes to accept DTA assignments.[11] While the incentive program was successful, the reliance upon only one funeral director who was willing to accept DTA referrals underscored the need for a longer-term solution. As detailed in the FY23 OCME Annual Report, the establishment of the OCME Burial Program, following the success of the Burial Pilot Project, has served as the long-term solution to the delays in decedent releases. Through the establishment of an Interdepartmental Service Agreement (ISA) with DTA each fiscal year, the OCME's unclaimed and unidentified decedents are referred to DTA by statute and then assigned by DTA to the OCME for burial. Since the inception of the program in the spring of 2022, the OCME's Burial Program has ensured the timely release and dignified burial of 567 unclaimed decedents.

[11] OCME Annual Reports to the House and Senate Committees on Ways and Means can be found at: www.mass.gov/lists/office-of-the-chief-medical-examiner-ocme-annual-reports.

Initiatives and Key Accomplishments (2018-2025)

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, through 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 through December 16, 2025. As noted earlier in this report, the OCME is undergoing a virtual reaccreditation inspection by NAME, and while awaiting their decision, the OCME remains fully accredited. Other OCME initiatives include:

- **Expanded the Number of Forensic Pathologists.** The OCME has hired twelve forensic pathologists (eleven full-time and one part-time) as staff medical examiners since July 2018. Seven of these medical examiners were graduates from the OCME's Forensic Pathology Fellowship Program, while the other five forensic pathologists were recruited from other states. Looking at attrition during this same period, two full-time and one part-time forensic pathologists resigned in July 2021 (2 full-time), and December 2023 one part-time). With a demonstrated ability to recruit and retain forensic pathologists, the OCME has established a stabilized workforce, the significance of which cannot be overstated considering the well-publicized nationwide shortage of forensic pathologists. A stabilized workforce has enabled the OCME to meets its mission of determining the cause and manner of death for deaths that occur in Massachusetts under violent, suspicious, or unexplained circumstances and releasing work products, namely certifications of death and autopsy reports, in a timely fashion.

- **Implementation of Technology Initiatives to Enhance Medical Examiner Resources, Resiliency, and Workflow.**
  - Telepathology Services were implemented in FY22 in the Sandwich office. Utilizing new imaging and information technology equipment, Medical Examiner Assistants (MEAs) and Medicolegal Investigators (MLIs) capture external documentation of the decedent and upload the images into the system. The medical examiner analyzes the images remotely, along with related case material such as investigative reports and medical records and then certifies the death. Since its implementation, telepathology services have served to maximize medical examiner resources and will serve to buffer the impact of any future physician shortages and/or attrition.
  - Enhanced medical examiners workflow and archiving capabilities through the establishment of digital histology imaging. A digital histology scanner is used to produce digital images of the tissue sections on glass microscopic slides. 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. This capability also enables the OCME to efficiently share histology slides with third-party stakeholders, including experts involved in criminal and civil litigation, without the need to create recuts of tissue specimens.
  - Implementation of the Postmortem Computed Tomography (PMCT) Scanner to telepathology services in the Sandwich office. Initially purchased in FY22 as a component of telepathology services, integration of the PMCT software into the State's IT network presented some challenges. These issues have been resolved and the PMCT is in operation to assist in determining the type of examination to be performed (autopsy versus external examination); radiographic identification of decedents; mass

fatalities; anthropology and odontology examinations; and infectious disease deaths where there is a possibility of transmitting infection during examination.
    - Initiated MLI Field Examinations as a tool to provide medical examiners additional information on deaths that are accepted for chart reviews, which are also considered a component of the telepathology service. Chart reviews are conducted on cases identified during cremation authorization views where the cause and manner of death were not properly certified, or cases where the decedent's cause and manner of death is obvious from inspection of medical and other records and no further information would be obtained by transporting the body to the OCME. The MLI Field 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.

- **Establishment of the OCME Burial Program.** As discussed earlier in this report and detailed in prior reports to the Joint Committee on Ways and Means, the OCME Burial Program, since its establishment in the Spring of 2022 has served to ensure the timely release and dignified burial of unclaimed and unidentified decedents. On October 17, 2024, the OCME was honored as a recipient of the *Manuel Carballo Governor's Award for Excellence in Public Service.*

- **American Board of Medicolegal Death Investigators (ABMDI) Certification.** Previously, the Medicolegal Investigators at the Massachusetts OCME were ineligible for ABDMI Diplomate Certification. In 2024, the Chief of Investigations began a scene response pilot program, completed the required scene hours, and was certified on March 5, 2025. This certification has allowed OCME to meet a NAME accreditation standard that we were previously unable to meet.

- **Upgraded Funeral Home Release Portal.** In FY19, the Funeral Home Release Portal was deployed to expedite the release of decedents to funeral directors acting on behalf of the legal next of kin by providing for the electronic submission of required forms and the scheduling of release times. The upgrade, which went live this fiscal year, streamlines the release process for funeral homes and enhances OCME compliance users.

- **Other Accomplishments 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);
    - Hiring the graduating forensic pathology fellow as the Director of Neuropathology and Cardiac Pathology Services (FY21);
    - Improving perimeter security in the Sandwich and Boston offices (FY21);
    - Expanding services to 24 hours, seven days per week at all three primary offices (FY23);
    - Establishment of a Quality Assurance Department (FY23); and
    - Hired two additional Medicolegal Investigators for Field Examinations (MLI Field) to perform cremation authorizations and eliminated reliance upon contract forensic investigators (FY24).

As we look ahead, OCME will continue, through its judicious management of resources, to deliver a comprehensive system of medicolegal investigative services to the citizens of the Commonwealth. Focus will remain on quality assurance and improvement of the agency's systems and procedures.