



N.C. Department of Health  
and Human Services

# **North Carolina's Statewide Medical Examiner System**

## **2001 Medical Examiner Study Group Findings and Recommendations**

**Joint Legislative Oversight Committee on Health and Human Services  
Medical Examiner Subcommittee**

**September 29, 2014**

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## **2001 Medical Examiner Study Group Objectives**

- Commissioned by the State Health Director and charged to address the following areas:
  - Legal Structure and Authority
  - Organization of Services
  - Training and Technical Assistance
  - Resource Development
- 5 subcommittees
- March – August 2001
- Examined NC Medical Examiner System and other states' ME systems
- Report in August 2001 made recommendations to DHHS Secretary



## **Study Group Participants**

26 individuals representing stakeholder groups such as:

**Medical examiners**

**Forensic Pathologists**

**Law enforcement**

**Funeral homes**

**Legal community**

**State administrators**

**Academic partners**

**Advocacy groups**

**Citizens at large**



## **2001 Medical Examiner Study Group**

Changes since this study was completed and recommendations were made:

- Demographics in NC have changed
- Best practices have been updated
- Technology options have grown
- Inflation - Cost of doing business has risen



## **Noted Strengths of NC ME System**

- ME system implemented in 1972 was an improvement over the previous coroner system, which relied heavily on lay individuals
- Quality of death investigations was improved by using forensically trained physicians when possible
- Central authority of Chief Medical Examiner



## **Noted Challenges of NC ME System**

- Changing demographics in NC made recruiting & retaining physicians to serve as MEs very difficult
- Increasing pressure to conduct complex investigations in a timely manner



## **Noted 2001 Media Attention and Issues**

- ME investigations, visiting scenes of death, lack of ME training, non-physicians serving as MEs
- Training and qualifications of pathologists performing autopsies
- Funding, personnel resources, legislative support and fees paid
- Heavy workload and demands on those working in the ME system
- Failure of attending physicians to notify MEs of unnatural deaths of their patients; failure of vital records system to refer such cases to MEs for follow-up
- Rate and quality of death investigations among elderly decedents and children
- Timeliness of death investigations



## **Improvements Recommendations and Goals**

23 improvement recommendations made around 8 distinct goals:

1. Enhanced Regionalization of ME Services
2. Establish Medicolegal Death Investigator Role
3. Improved Training & Certification of Personnel
4. Broaden the Mission & Optimize Use of ME Data
5. Improved Internal Quality Assurance & Customer Service
6. Greater Use of Information Technology
7. Strengthen Statutory Authority of ME System
8. Assure Adequate State & Local Resources for ME System





## GOAL 1

# Enhanced Regionalization of ME Services

### **#1 - Establish Regional ME Offices with board-certified forensic pathologists and appropriate support staff**

- Recommended central OCME & 5 regional centers
- Partially implemented (not fully funded) – Central OCME and 3 regional centers (*formalized relationships through increased autopsy fees and funding*)
- Existing # of regional centers are still not sufficient to ensure qualified personnel complete all autopsies in NC



**GOAL 2**

## **Establish Medicolegal Death Investigator Role**

### **#2 - Establish Medicolegal Death Investigator Role (MDI) in NC**

- Clearly define education and training requirements for MDI; define MDI role in General Statutes
- MDI would work under the direction of regional autopsy center and would assist local MEs in that region
- *Not implemented (not funded)*



**GOAL 3**

## **Improved Training and Certification of Personnel**

### **#3 - Enhance Quality and Quantity of Training for MEs, Pathologists doing Autopsies and MDIs**

- Training for death scene investigation, including working with law enforcement officials
- Local and regional training; yearly seminar
- *Not implemented (not funded)*

### **#4 - Mandatory Training Requirements**

- Minimum annual training hours; mandatory training for ME appointments
- *Not implemented (not funded)*



**GOAL 3**

## **Improved Training and Certification of Personnel**

### **#5 - Improve Quality of Death Scene Investigation**

- Address with training of death investigation personnel
- *Not implemented (not funded)*

### **#6 - Establish a Certification System**

- MDIs affiliated with Regional Centers should be nationally certified
- *Not implemented (MDIs not funded)*



**GOAL 3**

## **Improved Training and Certification of Personnel**

### **#7 - Training Coordinator**

- Create position in OCME to provide, coordinate, evaluate ME personnel training statewide
- Includes orientation to ME system, and training for new/reappointed MEs, MDIs, and pathologists doing autopsies
- Track compliance with requirements
- *Not implemented (not funded)*



**GOAL 3**

## **Improved Training and Certification of Personnel**

### **#8 - Accreditation**

- OCME should seek accreditation by the National Association of Medical Examiners (NAME)
- *Not implemented (significant system improvements are needed to meet NAME standards; system improvements not funded; OCME toxicology laboratory has applied for national accreditation)*



## GOAL 4

# Broaden Mission and Optimize Use of ME Data

### #9 - Broaden Mission

- Greater focus on data analysis, academic research, injury prevention, public health aspects of death investigation
  - Annual reporting on data is a NAME requirement
- *Not Implemented (not funded)*
  - *Current ME Information System (MEIS) is inadequate for extracting routine data; IT assessment completed in 2014 with upgrade plan established for hardware / software*
  - *DHHS has identified 3 internal resources (FTEs) to reclassify to support this function (1 Epidemiologist and 2 IT support positions)*



**GOAL 4**

## **Broaden Mission and Optimize Use of ME Data**

### **#10 - Enhance Data Analysis**

- See details of previous recommendation
- *Not Implemented (not funded)*





**GOAL 4**

## **Broaden Mission and Optimize Use of ME Data**

### **#11 - Improve Public Access to Information**

- Establish an Information Specialist position at the OCME to respond to numerous requests for information, data and reports from citizens, legislators, law enforcement, the media and other stakeholders
- *Not implemented (not funded)*

*DHHS has identified an internal resource (1 FTE) to reclassify to support this function (Paralegal III)*



**GOAL 5**

## **Internal Quality Assurance and Customer Service**

### **#12 - OCME Infrastructure Needs**

- Centralized ME records and archiving
  - *Not implemented (not funded)*
- Renovation of toxicology laboratory space
  - *Implemented with OCME move to new facility in 2013*



**GOAL 5**

## **Internal Quality Assurance and Customer Service**

### **#13 - Creation of a Medical Examiner System Advisory Committee**

- For soliciting input and providing stakeholder feedback, advocating for ME system issues
- Appointed by the DHHS Secretary; staffed by the OCME
- *Not implemented. OCME does not currently have staff resource to support this effort*



**GOAL 6**

## **Greater Use of Information Technology**

### **#14 - Electronic Reporting System**

- Develop fully automated and integrated web-based reporting and data analysis system for ME system death investigations
- *Not implemented (not funded)*
- See previous slides on optimal use of ME system data



**GOAL 6**

## **Greater Use of Information Technology**

### **#15 - Digital Photographs**

- Adopt a policy and develop capacity to utilize digital photographs for autopsies
- *Implemented for OCME; partial implementation for regional autopsy centers*
  - *Implemented at ECU and Mecklenburg and photos are available in MEIS*
  - *WFU needs access to MEIS to fully implement across regional centers*



**GOAL 6**

## **Greater Use of Information Technology**

### **#16 - Enhanced Website**

- For use by local MEs via password to download forms and documents, file investigation reports, access ME database (to check case status, lab results or other related information)
- For use by the public to access appropriate ME information
- Eventual “paperless” system with direct data entry from the field
- *Not implemented (not funded)*



## GOAL 7

# Strengthen Statutory Authority of ME System

### #17 - Storage of Bodies

- Clarify existing statutes regarding county responsibility to provide suitable temporary body storage, pending death investigation and body transportation
- Storage provided should meet certain standards
- County should contract and pay for storage services
- *Fully implemented*

### #18 - Fee Structure

- Implement new fee structure to recognize increased cost of ME services and variation in death investigations in terms of providers and complexity of each case
- *Not implemented (not funded)*



**GOAL 7**

## **Strengthen Statutory Authority of ME System**

### **#19 - Establish Medicolegal Death Investigator (MDI) Authority**

- Revise the ME statute to allow full- or part-time MDIs to assist the ME investigation as needed
- The qualifications for appointment as an MDI shall be determined by the OCME
- *Not implemented (MDIs not funded)*

### **#20 - Mandatory Training Requirements**

- Add new mandatory training requirement, per previous recommendation, to General Statutes
- *Not implemented (Training not funded)*





**GOAL 7**

## **Strengthen Statutory Authority of ME System**

### **#21 - Clarify the Appointment and Authority of Acting ME**

- General Statutes should allow for appointment of non-physician MEs if physician not available in a county
- *Fully implemented*
  - *MDs, NPs, RNs, EMT-Ps, PAs (medically trained) can be appointed by the Chief Medical Examiner to serve as local MEs*



**GOAL 8**

## **Ensure Adequate State and Local Resources**

### **#22 - State and Local Funding**

- Maintain shared funding between state and local government; future county funding should center around ensuring local body transportation and storage; state should assume greater responsibility for out-of-county transportation and regional office development
- *Not implemented*
  - *There is shared funding for autopsy/ME fees but no county sharing of body transportation costs*
  - *No new development for regional autopsy centers secondary to no funding*



**GOAL 8**

## **Ensure Adequate State and Local Resources**

### **#23 - Legislative Study Commission**

- Pass proposed legislation (HB648 – Medical Examiner Study)
- Would establish Legislative Study Commission to evaluate the ME system and report to the Legislative Study Commission
- *Not implemented in 2001*



## **Recommendation Status**

Of the 23 improvement recommendations made to the DHHS Secretary:

- 2 fully implemented
- 3 partially implemented
- 18 not implemented (primarily due to lack of funding)



## **2004 Review by DHHS Office of Policy & Planning**

15 improvement recommendations made to the State Health Director (majority overlapped with 2001 study recommendations)

- 6 were implemented
- 1 partially implemented
- 8 not implemented (primarily due to lack of funding)