



The National Association of Medical Examiners®

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October 13, 2016

James R. Gill, M.D.
Chief Medical Examiner
Office of the Chief Medical Examiner, State of Connecticut
11 Shuttle Road
Farmington, CT 06032

RE: Accreditation of the Office of the Chief Medical Examiner

Dear Dr. Gill:

As you know, I performed the initial accreditation inspection of the Office of the Chief Medical Examiner (OCME) for the State of Connecticut in May, 2011, and I have since performed your office's annual accreditation verification reviews for the National Association of Medical Examiners (NAME). The office's accreditation was scheduled to lapse on September 27, 2016. However, the application for re-accreditation, including the appropriate materials and completed pre-inspection checklist, were submitted prior to the lapse date and your office is therefore still considered to be fully accredited until the upcoming inspection, including an on-site visit, is performed and its accreditation status is re-evaluated.

It has come to the attention of the NAME's Inspection and Accreditation Committee through the press and other sources that Connecticut's Office of the Chief Medical Examiner may be experiencing issues that would affect the office's accreditation with NAME. The NAME Policies and Procedures Manual addresses the subject of major changes in accredited offices as follows (Section XX.E.9, page 85):

“The accredited office must notify the NAME Standards, Inspection, and Accreditation Committee if, during an office’s accreditation or provisional accreditation term, there occurs any substantial change in staffing, leadership, policy, facilities, resources or any other change that would bring about one or more Phase II deficiencies for any significant, prolonged, or indefinite time.”

It is the Committee’s understanding that the lack of appropriate funding due to a hiring freeze and budget cuts in the face of a continual increase in caseload has resulted in a number of deficiencies in key positions at the OCME. NAME continues to advocate for high quality, professional death investigation systems in the United States and internationally. NAME can act by withdrawing accreditation if the criteria for accreditation are not met

As I noted in the report of my 2015 annual accreditation verification, my review of the OCME’s annual reports over recent years shows a consistent increase in the workload for the autopsy staff. In 2010, each pathologist performed on average the equivalent of 276 autopsies, with the Chief Medical Examiner taking only a 50 % autopsy case load because of the necessity of performing his administrative duties. Review of the most recent data reveals that that the number of autopsies being performed by each of the seven forensic pathologists exceeds 325, which will result in a Phase II deficiency. The current autopsy numbers necessitate that the Chief continues to perform a full case load. It is anticipated that further Phase II deficiencies will result from insufficient numbers of medicolegal death investigators and clerical personnel.

Pursuant to the realization that change and advancements, both systematic and scientific, are needed in a number of forensic science disciplines to ensure the reliability of work, establish enforceable standards and promote best practices with consistent application, the National Academy of Sciences (NAS) in 2009 issued a report titled *Strengthening Forensic Science in the United States: A Path Forward*. This report provided a detailed plan to address these needs and to establish and enforce standards within the forensic science community. The report addressed standardization, research, ethics, and the accreditation of forensic laboratories and certification of forensic science practitioners. The report outlines best practices and science and is/will be the basis for national practice standards. A number of recommendations pertaining to medicolegal death investigation systems, including the recommendation that all medical examiner offices should be accredited.

The federal government has responded to the NAS report with a number of initiatives. In 2014, the Organization of Scientific Area Committees (OSAC) was created as part of an initiative by the National Institutes of Standards and Technology (NIST) and the Department of Justice to strengthen forensic sciences in the United States. The concept is to produce a Registry of Guidelines and Registry of Standards to be published in the Federal Register to serve as voluntary consensus standards and a list of guidelines and best practices. The OSAC is a collaborative body of forensic science practitioners and other experts who represent local, state, and federal agencies; academia; and industry. The goals of the OSAC include certification

standards for forensic practitioners and accreditation of forensic science laboratories, including medical examiner offices. As the National Academy of Sciences Report criteria are put into practice, a process that has already begun, it is anticipated there will be pressure on all states to comply with the standards. It is unclear at this point whether compliance to the standards developed will be federally mandated. The Office of the Chief Medical Examiner for the State of Connecticut is currently not in a position to fully comply with these standards.

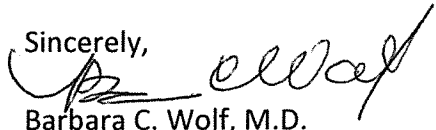
The OCME faces many challenges related to inadequate funding and insufficient staffing. Most notably, there are insufficient numbers of forensic pathologists, medicolegal death investigators and clerical personnel for the volume of cases in Connecticut. The office under your leadership has been putting forth a maximum effort in order to handle an ever-expanding number of increasingly more complex cases without a sufficient increase in funding and personnel. There is only one chance to perform a complete and thorough initial death investigation, so the importance of maintaining sufficient numbers of trained and competent personnel available at all times cannot be over-emphasized. It is also important that you, as Chief Medical Examiner, should be able to lessen your case load to allow you to devote more time to essential administrative duties

The Office of the Chief Medical Examiner for the State of Connecticut has enjoyed the well-deserved reputation of being a high quality, modern and professional medicolegal death investigation system and has been accredited by NAME for 10 years. In my report of my 2015 annual accreditation verification, I stressed that the continued performance of the high quality work of the OCME and the maintenance of its accreditation status would necessitate additional staffing due to the steady increase in caseload. However, it is clear from my review of the materials that the OCME has submitted in preparation for its upcoming scheduled 5 year accreditation inspection that Phase II deficiencies will result in the demotion of the OCME to provisional accreditation, which is only valid for a period of one year. Phase II standards are considered essential requirements; any such deficiencies may seriously impact the work or adversely affect the health and safety of the public or agency staff. If the OCME then does not show a good faith attempt to correct the identified deficiencies, the office will lose its accreditation entirely. Once an office loses accreditation, it may not apply for re-assessment for a minimum of six months.

It should be borne in mind that the OCME is a statutorily mandated organization and that its duties, which are population driven, are not optional. Unfortunately, without resources, even the best pathologists cannot fulfill their office's mission appropriately, which will result in suboptimal service for the citizens of Connecticut and the multiple stakeholders of the OCME. The failure of a medicolegal death investigation system to achieve and maintain accreditation could subject the office to attacks on its credibility in both criminal and civil proceedings, as well as in the eyes of the citizens in its jurisdiction. When an overburdened staff results in the failure of reports of postmortem examinations to be completed within reasonable time frames, the impact is felt at many levels. Law enforcement cannot conclude homicide investigations, prosecutors cannot indict cases properly, family members cannot obtain needed insurance

money or emotional closure and donor tissues cannot be delivered to patients in need in a timely fashion.

Sincerely,

A handwritten signature in black ink, appearing to read 'B. Wolf', written over the word 'Sincerely,'.

Barbara C. Wolf, M.D.

Chair, Inspection and Accreditation Committee
National Association of Medical Examiners

Cc: David R. Fowler, MB.ChB.M.Med Path Forens.
Marcus B. Nashelsky, M.D.