



Pathology Biology Section - 2012

G114 Characteristics of Medical Examiner/ Coroner Offices Currently Accredited by the National Association of Medical Examiners

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After attending this presentation, attendees will become familiar with the characteristics of medical examiner and coroner (ME/C) offices that have attained Full or Provisional Accreditation by the National Association of Medical Examiners (NAME), such as budget, area and population served, staffing levels in key personnel positions, and the breakdown of specific types of cases.

This presentation will impact the forensic science community by providing an awareness of the profile characteristics of offices that are currently accredited by NAME.

Medicolegal death investigation in the United States is highly variable from state to state, and sometimes even within a single state. In 2004, the only comprehensive survey of the ME/C system in the United States was performed, and the Bureau of Justice found 16 states with a centralized statewide medical examiner, 14 states with a county coroner system, seven states with a county medical examiner system, and 13 states with a mixed coroner and medical examiner system.¹ At present there is no national oversight of medicolegal death investigation, with each state deciding on the minimum standards and criteria that must be attained. The National Association of Medical Examiners (NAME) has created inspection and accreditation standards that they believe should apply to all offices, large and small. The current NAME Inspection and Accreditation program was approved in 1997, although NAME has had inspection and accreditation programs for decades before that. As of July 21, 2011, there are 57 American offices/systems that are either fully or provisionally accredited (as well as one office in Singapore and one in Puerto Rico), and an additional nine offices/systems for whom inspection is in progress.²

Thus far, there has been no characterization of these offices/systems that have successfully attained accreditation. As part of the inspection and accreditation process, each office/system must fill out a detailed survey³ In what ways are these offices similar and in what ways do they differ? By analyzing and presenting the data from these 58 accredited offices/systems (the office in Singapore has been excluded from the analysis) this presentation will help to partially answer those questions. Broadly, this presentation will look at jurisdictional, financial, and personnel characteristics of the NAME accredited offices. Basic operational issues such as the presence or absence of in-house toxicology and histology, an office's own dedicated medicolegal death investigators, and access to radiology, forensic odontologists, and forensic anthropologists will be presented. More specifically, we will present measures such as the average physical size of an accredited office, population served, total budget, funding per person served, and age of their facilities. Other administrative questions to be addressed include the number of pathologists (including board-certified) and support personnel (such as autopsy assistants, investigators, toxicologists, administrators, and clerical support). This presentation will also look at total deaths in the jurisdiction, autopsies performed (including external examinations and partial autopsies), and breakdown of those autopsies by manner of death. For each of these measures, are the answers fairly uniform from one office/system to another, or is there a degree of variability between successful applicants? The data will be presented both statistically and visually via graphs, charts, and tables. Statistical analysis of the self-provided survey responses that each successfully accredited office/system submitted at the time of their inspection for accreditation will be provided. This study will provide computed data utilizing the provided survey responses, such as investigators per total reported deaths, investigators per scene attended, toxicology staff per autopsy, forensic pathologists per capita, and autopsies per pathologist full-time equivalent, and other measures about the staffing and financial resources available to these successfully accredited offices. Preliminary review of a subset of the data to include offices accredited since 2009 shows a mean population served of 1.8 million \pm 2.1 million (range: 0.16 to 10.47 million). The mean annual budget is \$4.1 million \pm \$4.9 million (range: \$0.47 to \$26.83 million). The mean budget per capita is \$2.80 \pm \$1.88 (range: \$0.47 to \$10.22). The mean number of deaths investigated is 2179/year \pm 2680 (range: 253 to 14,910). The mean number of autopsies performed 1051/year \pm 973 (range: 76 to 3978). Mean number of pathologists (excluding residents) is 5 \pm 6 (range: 0 to 26; median 3); the mean number of autopsies per pathologist is 215 \pm 118 (range: 28 to 616; median 207). These early values varied widely and were not normally distributed, but rather were skewed by a few very large and a few very small offices. More detailed and complete analysis will be presented, including visual aids to facilitate appreciation for the full range of the data.

Considering the cost and effort of an accreditation application, this information could be extremely valuable to offices/systems preparing to undergo inspection, or ones that are considering whether they ought to do so. Coroners, chief medical examiners, and the administrators will be well-served by the information to be presented.

References:

- ¹ Bureau of Justice Statistics Special Report: Medical Examiner and Coroners' Offices, 2004; Hickman, M, Hughes, K, Strom, K, and Roper-Miller, JD.



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² http://thename.org/index.php?option=com_content&task=view&id=67&Itemid=69

³ http://thename.org/index.php?option=com_docman&task=doc_download&gid=41&Itemid=26

Accreditation, National Association of Medical Examiners, Administration