



D58 Comparative Analysis of the Public Health Role of Two Death Investigation Systems in Texas: Application of Essential Services

Stacy A. Drake, MSN; Stanley Cron, MS, 6901 Bertner Avenue, Houston, TX 77030; Angelo Giardino, MD, 2450 Holcombe Boulevard, Ste 34L, Houston, TX 77021; and Kurt B. Nolte, MD, Radio-Path Ctr for Forensic Imaging, Office of Medical Investigator, MSC07 4040, 1 University of NM, Albuquerque, NM 87131-0001*

After attending this presentation, attendees will understand the application of the ten essential public health services fulfilled by death investigation systems. Attendees will be able to appraise how two death investigation systems within the state of Texas Medical Examiner (ME) system and Justices of the Peace (JP) system fulfill these services. The results flow naturally to recommendations for standardization of practices and promotion of collaborative efforts.

This presentation will impact the forensic science community by serving as a key example of state assessment of medicolegal death investigation public health essential services.

The purpose of this research was to assess the policies and practices of medicolegal death investigation agencies in the State of Texas and to investigate differences between agency's perceptions of their role within their public health responsibilities. The public health responsibilities, which are applicable to all public death investigation systems, are summarized by the ten essential services.^{1,2} A survey was conducted in which JPs and MEs were questioned on their agency's policies and practices in regard to essential services provided. A recently developed and published 50-item instrument subdivided into ten essential service areas was used.¹ The essential services are summarized in these categories: monitor; diagnose and investigate; inform and educate; mobilize; policies and procedures; enforce; link; assure adequate standards; evaluate; and research. The study was a quantitative descriptive cross-sectional design in which nonparametric analysis was used to ascertain differences between groups.

Texas' 254 counties are divided into 11 public health regions, which are served by 12 MEs and approximately 723 JPs. The 12 medical examiners' offices and approximately 723 JPs were the participants of interest. The respondent sample size for analysis was composed of 10 (83%) ME offices and 112 (15.5%) JPs. The study showed significant differences in the execution of the majority of roles and functions, both across respondents and between the two groups of medicolegal death investigation agencies in providing essential services. Specifically, this significance was pronounced when examining responses to items addressing patient safety and healthcare treatment-related deaths and how hospital administrators and forensic providers identify, investigate, and classify these deaths.

This presentation will inform attendees about the findings of this study and provide recommendations for the standardization of medicolegal death investigation in the state of Texas.

References:

1. Drake SA, Nolte KB. Essential Medicolegal Death Investigation Services: Standardization of a survey instrument based on the Essential Public Health Services. *J Forensic Sci* 2011; 56(4): 1034-1040.
2. National Public Health Performance Standards Program [NPHSP]. *Local public health system performance assessment instrument*. Retrieved on July 31, 2013 from <http://www.cdc.gov/od/ocphp/nphsp/TheInstruments.htm>

Forensic Sciences, Death Investigation Systems, Essential Service