



## Pathology/Biology Section - 2015

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### H147 Quality Assurance Projects at the Los Angeles Medical Examiner/Coroner's Office

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After attending this presentation, attendees will understand the importance of having a Quality Assurance (QA) process in place so the office can: (1) provide a complete, accurate, timely, usable medicolegal death investigation and report to the citizens; and, (2) ensure all reportable contagious diseases are reported to public health agencies and the needs of the public are met, preserving the confidentiality of results as required by law.

This presentation will impact the forensic science community by helping Medical Examiner/Coroner (ME/C) offices provide quality autopsy reports to the public and improve communication between ME/Cs and public health officials, which will be valuable in the response to a potential bioterrorism event.

The CME-Coroner (CME-C) (1992-2013) coordinated the then Department of Coroner (DOC) staff to obtain accreditations from the National Association of Medical Examiners, American Society of Crime Laboratory Directors-Laboratory Accreditation Board-ISO, Accreditation Council for Graduate Medical Education, and the California Medical Association-Institute for Medical Quality and Peace Officer Standards and Training certification.

A standard operating procedure for quality assurance was developed as the goal was to provide a complete, accurate, timely, usable death investigation report to the citizens served. Through DOC/Medical Division QA committees, reporting and investigation mechanisms for sentinel events and procedures to ensure that all department work products meet minimum specifications was established. When a significant quality problem was identified, measurable corrective action was taken and identified errors were brought to the attention of the persons responsible.

As required by county ordinance, all physicians will receive Performance Evaluations (PE) annually. PEs are prepared by CME-C and physician managers. In order to make the physician PE's less subjective and more objective, raters were directed by the CME-C to use the "QA Case Review" forms as a minimum objective guideline when evaluating cases. These forms assure a basic uniform quality in the autopsy reports (i.e., presence or absence of needle track scars in drug overdose cases, bullet trajectory, skull beveling in deaths from firearms, as well as origin of coronary arteries, etc.). The QA forms were developed with templates from the ME offices in Chicago and San Diego. The draft templates with additional quality indicators were discussed at the Medical QA and in the Physician Business meetings and were approved. The forms were placed in the shared drive for use by physicians on a daily basis during the conduction of autopsies for reference to ensure all minimum quality indicators are addressed. Also the Deputy Medical Examiner (DME) manual was revised to provide guidelines on what needs to be done for a specific type of case.

The measures to be discussed in this presentation include assurance of a basic uniform quality in evaluating cardiovascular status in natural deaths, gunshot wound-related deaths, and drugs of abuse-intoxication/overdose-related deaths. The other measure will outline details on how the ME-C carried out a quality assurance project to improve reporting of contagious diseases to public health agencies. The data before and after intervention (process used) and project completion and outcome will be discussed.

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#### Quality, Autopsy, Communication