

## **OCME QUALITY ASSURANCE AND CONTROL PROGRAM**

### **MISSION STATEMENT**

The purpose of the Quality Assurance and Control Program of the D.C. Office of the Chief Medical Examiner (OCME) is to ensure that: 1) the professional activities of the OCME staff are in compliance with the standards of the National Association of Medical Examiners (NAME) and the College of American Pathologists (CAP); and 2) the units within the OCME comply with their individual policies and standard operating procedures.

### **QUALITY CONTROL OFFICER**

The OCME Quality Control Officer is responsible for ensuring that all units within the OCME are in compliance with the quality assurance and control program. The Quality Control Officer will also be responsible for assessing quality control measures in other jurisdictions and obtaining information on the best practices in other medical examiner offices throughout the region. The officer shall make recommendations on quality control issues within the agency as it relates to the overall death investigation and certification process, acceptance and release processes, case filing and retention and mortuary services. Toxicology will only be reviewed and commented on from a laymen's perspective.

### **ANNUAL REPORT**

The OCME Quality Control Office will produce the agency's Annual Report during which any and all discrepancies will be remedied by a stringent QA process.

**OCME QUALITY ASSURANCE PROGRAM  
UNIT PROGRAMS**

- 1. Medical Examiner**
- 2. Investigations**
- 3. Records Management**
- 4. Communications/Case Processing**
- 5. Mortuary**
- 6. Photography**

# OCME QUALITY ASSURANCE AND CONTROL PROGRAM MEDICAL EXAMINER/PHYSICIAN UNIT

## **PURPOSE**

The purpose of this program is to establish a quality assurance system appropriate for the physicians of the DC OCME.

## **ACTIVITIES OF PHYSICIANS AT OCME**

1. Accept or decline jurisdiction of a case.
2. Determine appropriate type of examination.
3. Perform and document external and internal (autopsy) examinations.
4. Enter cause and manner of death into the Forensic Automated Case Tracking System (FACTS), primarily for the purpose of certifying the death and completing the death certificate.
5. Approve/decline all cremations, anatomic donations, and burials at sea.
6. Sign death certificates and checklist for release, in order to meet Key Result Measure for percent of positively identified bodies ready for release within 48 hours.
7. Review decedent medical records to establish medical history and determine if it was the cause or contributable to the death (when applicable).
8. Review microscopic specimens (when applicable).
9. Request expert consults (when required or applicable)
10. Produce autopsy reports (and when appropriate external examination reports).
11. Provide expert testimony, depositions and witness conferences for civil and criminal cases.

## **ACTIVITIES OF QUALITY ASSURANCE**

1. **Autopsy Process:** Because each body in the custody of the DC OCME is to be treated as evidence, all autopsy findings are documented in written form and photographically by OCME staff, and when appropriate by law enforcement entities from appropriate jurisdictions. In addition, in Homicide cases the bodies are x-rayed and the x-rays are stored – as are all other records, photo's, and specimens related to the case - for a period that complies with the Millicent Allewelt Amendment Act of 2004 (65 years for open homicide cases). Autopsies are not performed in seclusion, which enables fellow colleagues and the Chief Medical Examiner to review controversial or difficult cases during the time of the procedure. Morning meetings provide a forum for the Medical Examiners to peer-review cases and obtain input from the investigators, as well as review scene photographs. Different opinions, additional information, and perspectives are expressed in order to determine an appropriate type of examination.
2. **Daily Conferences:** The Medical Examiners and the Medicolegal Investigators meet once a day to discuss all cases examined. The daily case census and cause of death determination worksheets are reviewed by one of the physicians and then by the Chief Medical Examiner to insure etiologically specific causes of death and accuracy. Also, Autopsy Services are periodically evaluated (see Mortuary Unit QA program for details).
3. **Weekly and Bi-weekly Conferences:**
  - a. Pending Review: This meeting includes a Toxicologist for the review of pending cases that need further consultation/peer-review.
  - b. Forensic Imaging: This meeting is held to review complicated cases of interest and as an educational forum for Medical Examiners and Investigators.
  - c. Microscopic Review: Intradepartmental consultations on microscopic materials will be conducted bi-weekly, and appropriately logged.
4. **Monthly and Bi-monthly Conferences:**
  - a. Quality Assurance meetings occur bi-monthly, which includes review of case files

including the Autopsy Reports (using the autopsy review form as suggested by NAME) and diagrams.

- b. Fatality Review meetings occur monthly for Children, Infant Mortality, victims of Domestic Violence, and Mental Retardation and Developmentally Disabled decedents, all of which provide opportunities to review various physicians' autopsy reports.

## **AUTOPSY REPORTING**

In order to ensure that autopsy reports are completed whether or not the medical examiner that performed the autopsy examination is still employed with the agency, standardized autopsy reporting is utilized along with standards for recording the initial data. The autopsy report format and body templates have been standardized and are available electronically, which enables the Medical Examiner to produce a first draft of the report immediately after the autopsy examination. This process not only enables a medical examiner to complete another medical examiner's report more easily, but it also expedites the report process of each medical examiner with minimal corrections.

In addition to the above standardized processes a set timeframe in which autopsy findings - which may or may not include the cause and manner of death - must be ready for transcription has been established as well. Each medical examiner is required to produce a draft report within five days of the autopsy. Medical examiners can then provide the draft report of their findings to the medical transcription unit for completion. This ensures that a draft of the autopsy report is produced and documented within five days.

### **Outside Consultation**

Also, when necessary OCME obtains consults with Neuropathologists, Cardio pathologists, Radiologists, Anthropologists and other consultants as appropriate. It is to be noted that unlike Virginia and Maryland who have consultation provided by their state universities, the DC OME must secure its own consultants. The Armed Forces Institute of Pathologists provided such services in the past.

# **OCME QUALITY ASSURANCE AND CONTROL PROGRAM INVESTIGATIONS UNIT**

## **PURPOSE**

The purpose of this program is to establish a quality assurance system that is appropriate for the investigation related activities at OCME.

## **ACTIVITIES OF MEDICOLEGAL INVESTIGATIONS**

1. Full Medico legal investigations (both scene and non-scene), documentation (in written and photographic formats) and decisions regarding disposition of reported deaths.
2. Cremation clearance
3. Process and procure evidence
4. Process requests for storage of unclaimed remains
5. Process unclaimed remains for public disposition
6. Identification of deceased individuals who are not visually identifiable or who are reported as and remain “Unidentified”
7. Collection of reference specimens from relatives of unidentified individuals who can potentially have identification established by means of DNA analysis and comparison.
8. Enter “Unidentified” decedents into the [identifyus.org](http://identifyus.org) database, which is a missing person’s registry that has been approved by the National Association of Medical Examiners (NAME).

## **AUDITS**

Auditing of the above activities is done on a regular basis by the Director of Forensic Investigations. Cases are reviewed on a regular basis for content, correctness and timeliness. Review is accomplished on several levels including:

1. In all cases that OCME has accepted jurisdiction, and the remains are in a public place or at a residence, the remains are secured in a locked body bag to ensure that evidence is secured and chain of custody is maintained.
2. Regular review of investigative, supplemental and scene investigation reports of both declined and accepted cases as well as Intake Information in FACTS.
3. Review photo documentation.
4. Process storage requests for unclaimed remains that are received from hospitals, nursing homes, funeral homes or families. These cases generally become Public Dispositions.
5. A checklist for all unclaimed remains - including cases that OCME has accepted jurisdiction for, whether identified or unidentified - has been established to ensure that proper protocols for public dispositions are followed.
6. Review cases on a monthly basis that do not meet targets for Key Result Measures, so that necessary considerations and/or adjustments can be made to procedures.

*Documentation protocols and peer review for QA will be set up in the near future.*

# **OCME QUALITY ASSURANCE AND CONTROL PROGRAM RECORDS MANAGEMENT UNIT**

## **PURPOSE**

The purpose of this program is to establish a quality assurance for the Medical Records Unit.

## **ACTIVITIES OF MEDICAL RECORDS UNIT**

1. On a daily basis the Medical Records unit performs the following tasks to ensure compliance with the Mayor's customer service standards: 1) clear voicemail messages and respond to them within 24 hours or the next business day and document; 2) respond to US Mail requests within 48 hours of receipt, and 3) ensure all correspondence sent out to the public is written using proper District Government formatting and is in compliance with "*Plain Language*" guidelines.
2. Receive new case files from the Communications Unit. Cases are filed in "color coded" folders, which are coded according to manner of death; case file documents are then organized according to an established case file order.
3. Analyze case files for required documents, accuracy and completeness.
4. Maintain numeric filing system for medical examiner case files.
5. Process requests received by mail, fax, e-mail, telephone and in-person for autopsy and related reports, pathology slides, x-rays and photographs. All requests are documented electronically and a paper record is kept in the file.
6. Type acknowledgment and response letters to requestors, provide tracking/identification number for requestor follow-up, and ensure required fees are collected. All activities are recorded in the database.
7. Process subpoenas for access to, or disclosure of, case file information, and record in database.
8. File the completed autopsy report, review for completeness and minor inaccuracies such as typographical errors (i.e. name and case number).
9. Enter completion date into the Forensic Analysis Case Tracking System (FACTS) and change case status from "Pending" to "Complete". When applicable forward Delayed Report of Diagnosis to the Department of Health, Division of Vital Records.
10. Pull case files for other units within the agency when necessary for the discharge of its official duties, make copies and log in case file tracking logbook when record is removed from the office and when it returns.
11. Receive toxicology reports, review for typographical errors (i.e. name and case number) and file in record.
12. Record demographic information and maintain alphabetical filing system for ID cards.
13. Rotate and archive files on an annual basis, which includes that case files that must comply with the Millicent Allewelt Amendment Act of 2004.

## **AUDITS**

Auditing of the above activities is done on a daily basis by the Supervisory Medical Records Technician. Case files are reviewed on a regular basis for content, accuracy, completeness and timeliness. Review is accomplished by the following methods:

1. Daily review of case files and Communication unit checklists for accuracy & completeness.
2. Daily reviews of acknowledgment letters and assigned tracking number for requestor's identity, and for proper protocol.
3. Weekly review of Case File Tracking Logbook and Delayed Report of Diagnosis Logbook.
4. Monthly review of database for release date and follow-up of requested documents.

# **OCME QUALITY ASSURANCE AND CONTROL PROGRAM COMMUNICATIONS/CASE PROCESSING UNIT**

## **PURPOSE**

The purpose of this program is to establish a quality assurance system for the Communications /Intake Unit.

## **ACTIVITIES OF COMMUNICATIONS/ INTAKE UNIT**

1. Answer 100% of incoming calls during normal business hours (Mon-Fri, 8:00 until 4:30pm) to maintain compliance with Mayoral standards.
2. Enter death reports into the Forensic Automated Case Tracking System (FACTS) to track all deaths reported.
3. Receive cremation request and enter data into FACTS for cremation approval. Ensure fees are paid for cremation stamps.
4. Work with families, relatives, friends and organizations to identify the decedents
5. Type death certificates and review for accuracy before issuing to funeral directors.
6. Process paperwork for the release of remains to a verified licensed funeral director and ensure a release has been signed by the next of kin.
7. Prepare and process family request(s) for Proof of deaths, Photo(s) as well as non-communicable disease forms for funeral directors
8. Enter demographic and other required information on death certificates for public dispositions and prepare them for release, whether for cremation or burial.
9. Log all death reports into logbook and log them out after release to funeral directors.

## **AUDITS**

Auditing of the above activities is done on a daily basis by the Lead Intake Assistant in the Communications Unit. Case files are reviewed for accuracy and completeness. Case files are completed by priority.

1. Death certificates are reviewed by the doctor of the day in the morning meeting.
2. Cases are reviewed in FACTS and a checked against the “**COMMUNICATION FINAL CASE REVIEW**” form, to ensure case files are completed before they are sent to Medical Records.
3. A checklist is used to complete all public dispositions to ensure the process is accurately followed and completed.
4. Customer Service Representatives to check Communications voicemail **daily** to ensure Mayoral standards are met for “Staffing Agency Lines”. If calls in voicemail are more than 24 hours old then this data is reported to agency CSBP via e-mail.
5. Lead Intake Assistant to check Communications voicemail **weekly** as an additional check.
6. Run monthly report for Cremations to ensure proper processing. Suspicious cases will be pulled for agency General Counsel to review.



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**COMMUNICATION FINAL CASE REVIEW**

OCME CASE NO. \_\_\_\_\_

Medical Examiner: \_\_\_\_\_

Case #: \_\_\_\_\_

<b>Date of Death:</b>	
<b>Type of Exam Performed:</b>	
<b>Date Exam Performed:</b>	
<b>Manner of Death:</b>	
<b>Autopsy Report Due Date:</b>	
<b>Autopsy Report Completion Date:</b>	
<i>I. D. Forms ( Fingerprints, X-rays)</i>	
<i>Non-Communicable Disease form</i>	
<i>Proof of Death</i>	
<i>Medical Examiner Final Case Review</i>	
<i>Personal Property/Evidence Submitted and Release Form</i>	
<i>Property Released to Funeral Home Form</i>	
<i>Photocopy of Signed Toe Tag</i>	
<i>Receipt of Remains</i>	
<i>Receipt of Death Certificate form</i>	
<i>Photocopy of Funeral Director License</i>	
<i>Funeral Home Authorization for Release</i>	
<i>Copy Of Government issued ID for Person Providing Visual ID</i>	
<i>Decedent Identification form</i>	
<i>Decedent Survivor Information</i>	
<i>Transport Notification</i>	
<i>Cause of Death Determination</i>	
<i>Death Certificate</i>	
<i>Photograph(s)</i>	
<i>Death Notification</i>	
<i>MRDDA Case</i>	
<i>Case History Card</i>	
<i>Copy of Check for Storage Case</i>	
<i>Letter Requesting Storage</i>	
<i>Police Report (1-20)</i>	
<i>Request for Photo</i>	
<i>Public Disposition Checklist</i>	
<i>Request for photo</i>	

Date Released: \_\_\_\_\_

Released by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_



# **OCME QUALITY ASSURANCE AND CONTROL PROGRAM MORTUARY UNIT**

## **ACTIVITIES OF AUTOPSY/MORTUARY**

1. Pick-up bodies from street scenes, homes, hospitals, nursing homes etc.
2. Procure specimens and maintain specimen room
3. Log in decedent information, which includes: Time of arrival to OCME, Age, Race, Location of death (scene), Name (if identified), Weight, and Height.
4. X-ray decedents, which includes: Body X-rays (head, chest, abdomen and limbs); Dental X-rays (numbering teeth for ante-mortem comparisons); and filing X-rays in case order. (Body positioning is a very important aspect of all X-ray procedures.)
5. Fingerprint decedents (when applicable)
6. Assist with External and Autopsy (partial and full) Examinations, which include evisceration of the body cavity.
7. Assist with photography procedures when necessary
8. Release bodies to Funeral Directors.
9. Clean and disinfect autopsy suite, instruments and equipment.
10. Stock, fuel and clean Mortuary vehicles

## **INTAKE QA PROCESS**

1. Remains are tagged and numbered immediately to ensure a unique identifier.
2. Decedent intake information (Decedent name, pick up location, sex, race, time in/out, height, weight, and technicians initials) is recorded in the OCME Log book. This information is cross referenced and recorded into the Forensic Automated Case Tracking System (FACTS) to ensure information and data integrity.
3. Transport notifications and property sheets are checked daily during morning meeting for proper signatures, times, and completeness.
4. Forensic Automated Case Tracking System (FACTS) is checked weekly to ensure information on the body transport/intake screens is accurate and complete.

## **RELEASE QA PROCESS**

1. Log book is checked to ensure correct decedent is being prepped for release
2. Autopsy Assistant and Funeral Director are required to visually confirm the remains and initial/sign the decedent tag with OCME Case number (unique identifier).
3. Receipt of Remains forms are checked daily for each release before forms are taken to the Communications Unit.
4. The Receipt of Remains screen in the FACTS system is checked weekly to ensure information on has been entered completely.

**Note:** One key component of the QA process will be for IT to create reports for accepted and released cases that will enable the Mortuary Supervisor to perform QA more efficiently.

# **OCME QUALITY ASSURANCE AND CONTROL PROGRAM FORENSIC IMAGING**

## **ACTIVITIES OF FORENSIC IMAGING**

1. Record autopsy findings photographically
2. File, rotate and archive autopsy photo's and X-ray film, which includes photo's and film that must comply with the Millicent Allewelt Amendment Act of 2004.
3. Responsible for procurement of equipment and supplies
4. Identify and provide photo's for educational lectures and conferences
5. Produce copies of autopsy photo's to fulfill subpoena requests.
6. Prepare autopsy photo's for witness conferences and depositions
7. Establish standardize settings for both the digital and the 35 mm cameras
8. Properly store equipment and clean weekly.
9. Properly store equipment and ensure use prior to the expiration date.

## **FORENSIC IMAGING QA PROCESS**

1. Photos are reviewed bi-weekly at the photography conference as required by the National Association of Medical Examiners (NAME) to ensure proper visual's were recorded at the time of autopsy, and that the photo's are free from obstructions and proper settings were used to ensure clarity. This review also allows the Medical Examiners to peer-review the case.
2. A tip sheet for camera settings has been published to ensure standard camera settings are used, so that the best imaging quality is achieved when producing autopsy photographs.

**Note:** Additional QA processes for the photography unit are being developed.