



The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Office of the Chief Medical Examiner



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Thomas A. Turco, III
Secretary

March 5, 2021

Chair, Senate Committee on Ways and Means
State House, Room 212
Boston, MA 02113

Chair, House Committee on Ways and Means
State House, Room 243
Boston, MA 02113

Dear Chairpersons:

Pursuant to the FY21 General Appropriation Act, the Office of the Chief Medical Examiner (OCME) is required to submit to the House and Senate Committee on Ways and Means a report detailing: (a) the current caseload of the office and each of its medical examiners and the caseload for fiscal year 2020; (b) the number of procedures performed in fiscal year 2020; (c) the current turnaround time and backlogs; (d) the current response time to scenes; (e) the number of cases completed in fiscal year 2020; (f) progress in accreditation with the National Association of Medical Examiners; (g) progress in identification and completion of reports; and (h) progress in improving delays in decedent release.

The Office of the Chief Medical Examiner (OCME) was established through Massachusetts General Laws Chapter 38 to deliver, under the supervision and control of the chief medical examiner, a comprehensive system of medicolegal investigative services to the citizens of the Commonwealth. The OCME works in collaboration with District Attorneys, the Attorney General, Courts, funeral homes, hospitals, academic centers, insurance companies, organ procurement organizations, fire departments, and local and state police as well as supporting families and friends of decedents.

OCME Facilities

The OCME is composed of four offices and employs one hundred twenty (120) employees representing multiple disciplines; i.e., medical examiners (forensic pathologists), a forensic anthropologist and a forensic odontologist, medical examiner assistants, intake specialists, administrative support for medical examiners, medicolegal investigators, cremation specialists, accountants, and managers.

The OCME Headquarters is located in Boston and operates twenty-four hours a day, seven days a week. Twelve full-time medical examiners, including the Chief and Deputy Chief Medical Examiners, and one part-time medical examiner are assigned to the Boston office. There are three regional offices located in Sandwich, Worcester, and a new state-of-the-art facility in Westfield, MA. The Sandwich office is a stand-alone OCME facility that operates

seven days per week for mostly two shifts and is staffed with two full-time medical examiners and one contract medical examiner. The Westfield office, which opened on November 17, 2019, operates two shifts, seven days per week, and is staffed with four full-time medical examiners. The Worcester office is located at UMass Memorial Hospital in a space that is shared with the Hospital’s pathology department. Normally, this office operates one shift, three days per week, and is staffed with one contract medical examiner. In order to minimize potential COVID-19 transmission within this shared medical facility, examination and administrative operations were suspended in the Worcester office in July. The contract medical examiner was reassigned to the Westfield office to assist with the examination of Worcester cases that are now transported to the Westfield office for examination.

Case Statistics

Massachusetts General Laws Chapter 38, Section 3, lists the deaths that must be reported to the OCME. Based on the circumstances of the death, the OCME will either accept or decline jurisdiction. Table 1 shows the reporting statistics for the past two fiscal years.

**Table 1
Reporting Statistics¹**

	Number of Cases Reported to the OCME	Number of Cases Accepted	Number of Cases Declined
FY 19	16,023	7020	9003
FY 20	17,584	7515 ²	10,069

Medical Examiners’ Caseloads

The OCME’s mission is to determine cause and manner of death for deaths that occur in Massachusetts under violent, suspicious, or unexplained circumstances, and to release work products such as certifications of death and autopsy reports in a timely fashion. Table 2 reports medical examiners’ caseloads for the past two fiscal years and represents a 13.9% increase in FY 20.

**Table 2
Medical Examiners’ Caseload**

	Autopsy	External Examinations	Chart Reviews³	Total
Caseload for FY19	1927	4083	256	6266
Caseload for FY20	1947	4522	671	7140

¹ The data reports that support Table 1 and all subsequent tables are generated from the OCME Case Management and Tracking System (CMTS) (Conduent Software) using Adapt Analytics Platform and Microsoft Excel 2010. There are limitations to the capabilities of these software platforms and extensive manual rectification of the data is necessary in order to provide meaningful statistical workload reports. It is usual and expected given the methodology of this process that insignificant calculation errors may be present; these should not be considered erroneous but rather within an unknown but small margin of error.

² Six of the accepted cases were recorded as “Surge” cases pursuant to the OCME’s COVID-19 response. Surge cases that were accepted by the OCME were not for the purpose of determining cause and manner of death, but rather in order to provide short term storage.

³ Medical examiners perform chart reviews on cases identified during a cremation authorization view when the cause and manner of death may not be properly certified. All pertinent medical documentation is obtained and reviewed by a medical examiner. The death certificate is then amended with the proper cause and manner of death.

Current Caseload of the Office

Table 3 reports each medical examiner's caseload utilizing data from the two first quarters of FY21.

Table 3: Current Caseload by Medical Examiner (July 1, 2020 through December 26, 2020)

Medical Examiner	Autopsy	External Examinations	Chart Reviews	Total Number of Cases (Autopsy + External Examinations + Chart Reviews)
Dr. Mindy Hull (Chief)	4	14	2	20
Dr. Atkinson (Deputy Chief)	47	108	10	165
Dr. Cannon (FT)	30	128	25	183
Dr. Capó-Martinez (FT)	57	83	20	160
Dr. Dedrick (FT)	48	129	15	192
Dr. Elin (FT)	76	113	37	226
Dr. Evans (Contract .5FTE)	19	75	31	125
Dr. Grivetti (FT)	59	85	17	161
Dr. Julie Hull (FT)	109	60	28	197
Dr. Lindstrom (FT)	77	73	39	189
Dr. Matthews (FT)	47	107	23	177
Dr. Perry (FT)	50	156	57	263
Dr. Sandler (.5 FTE)	22	86	10	118
Dr. Scordi-Bello (FT)	78	101	45	224
Dr. Shah (FT)	27	138	14	179
Dr. Stanley (FT)	55	116	21	192
Dr. Springer (FT)	80	113	11	204
Dr. Stonebridge (FT) ⁴	4	9	5	18
Dr. Welton (FT)	75	118	48	241
Dr. Yakubu-Owolewa (FT)	76	95	22	193
Dr. Zane (Contract .5FTE)	33	149	16	198
Total	1073	2056	496	3625

Number of Procedures Performed in Fiscal Year 2020

Table 4 identifies all the procedures for which the OCME is responsible.

**Table 4
Number of Procedures Performed in FY20¹**

Fiscal Year	Autopsy	External Examinations	District Medical Examiners Views	Bones/Tissues	Chart Reviews	Total Accepted Cases	Cremation Views
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⁴ Dr. Stonebridge was hired as the Director of Neuropathology and Cardiac Pathology Services on July 7, 2020. In this position, Dr. Stonebridge specializes in performing examinations of the brain and heart with limited rotation on autopsy service.

FY 20	1947	4522	234	135	671	7509 ⁵	34,521
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District Medical Examiner (DME) Views are performed by physicians on contract, whose medical training is something other than forensic pathology. DMEs perform views in hospitals and funeral homes to certify the cause and manner of death when the death was not the result of foul play and the cause and manner is apparent from the circumstances of the death and available medical history. DMEs have played an important role in OCME operations and their contributions have allowed the OCME to avoid incurring the costs of transporting decedents to the OCME when an examination by a forensic pathologist is unnecessary. Unfortunately, the DMEs are an aging group of physicians, and over the course of the past four fiscal years, there has been a 77% decrease in the number of cases they have examined (1,021 in FY17 to 234 in FY20). The DME service is aging out and there has not been an interest from other physicians to work as a DME. As a result, many such views have been added to staff medical examiners' caseloads. However, the OCME was fortunate to have a graduating forensic pathology fellow to promote to staff medical examiner on July 1, 2020 to assist with these duties.

Chart reviews are performed by medical examiners on cases identified during a cremation authorization when the cause and manner of death has not been properly certified. All pertinent medical documentation is obtained by a medicolegal investigator and reviewed by a medical examiner. The death certificate is then amended with the proper cause and manner of death.

Discovered bones are reported to the OCME and are brought in for examination by a medical examiner or the forensic anthropologist.

Cremation views are performed by a medical examiner, district medical examiner, medicolegal investigator, or forensic investigator on every body intended for cremation or burial at sea in accordance with M.G.L. c. 38, § 14, to ensure no further inquiry into the death is necessary.

Postmortem Toxicology

Postmortem toxicology testing is an integral component of medicolegal death investigations, and since July 2013, the analysis has been performed by the Massachusetts State Police Crime Laboratory. Table 5 shows the postmortem analysis for FY 20. The average turnaround time (TAT) for toxicology analysis for FY 20 was 28 days.

**Table 5
Toxicology Analysis**

Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
# of Cases Completed	389	465	512	566	440	437	560	446	318	593	556	449
# of Cases Assigned	539	453	463	576	422	572	506	464	459	443	462	580
# of Cases Pending	471	458	401	398	377	502	443	457	590	436	341	470
Average TAT	29	31	30	23	24	29	31	28	31	35	24	22

⁵ This number does not include the six surge cases, which were accepted to the OCME's temporary COVID surge facility at Fitchburg State University.

Number of Cases Completed in FY 20, Current Turnaround Time, and Backlog Cases

Table 6 reports the total number of cases completed in FY20.

Table 6
Number of Cases Completed in FY20¹

	Number of Autopsy Reports with Death Certificates Completed	Number of External View Death Certificates Completed	Completed Work Product (Completed Autopsies + Completed Views)
July 1, 2019 to June 30, 2020	1707	5137	6844

Since January 1, 2018, OCME leadership has focused attention on the active management of the turnaround time of cases. Strategies to improve turnaround time include an improved case assignment system, the development of a new autopsy report format, more rapid acquisition of case specific information, and an administrative assistant-medical examiner partnership approach to weekly monitoring of turnaround time for the completion of autopsy reports and death certificates. Concurrently, a refined approach to OCME caseload data led to the development of monthly workload and turnaround time tracking by the Chief Medical Examiner. These efforts have allowed the OCME to make significant improvements in turnaround time. From July 1, 2019 to June 30, 2020, 96% of all the work (autopsies, views, and chart reviews) and 88% of autopsy reports conducted by medical examiners were completed on time.⁶

Upon taking office in 2017, current OCME leadership inherited a backlog of 1,612 cases in which an autopsy or examination had been performed but the autopsy report and/or death certificate was not yet complete. Since that time, the OCME has completed the work product associated with more than 70% of these cases, reducing the number of unfinished cases to 469 as of this writing. Furthermore, as of this writing, 98% of all autopsy reports and death certificates on examinations conducted by staff and contract medical examiners during FY20 have now been completed, thus largely avoiding any contribution to an ongoing backlog. The current practice is to address residual historic backlogged cases on an as-needed basis, while minimizing the number of incomplete current cases.

NAME Accreditation

The OCME remains fully accredited by the National Association of Medical Examiners (NAME), which sets the standards and is a major accrediting body for medical examiners' offices throughout the country. Although there is no requirement, legal or otherwise, that OCME be accredited by NAME or any other body, OCME affirmatively undertook successful, voluntary efforts toward accreditation in the interests of identifying areas for improvement,

⁶ The OCME observes the NAME accreditation standard requiring 90% of autopsy reports to be completed within 90 days of the postmortem examination. As reported to NAME prior to receiving official notice of continued accreditation in January 2020, the OCME allows a four-day procedural window to account for administrative processing of reports. The small and temporary decline in on-time autopsy report completion reflects a health-related issue particular to one medical examiner, whose work output NAME allowed not to be factored into OCME turnaround time for accreditation purposes.

obtaining outside review, and earning the “endorsement of the quality, integrity, and credibility of the office”⁷ that NAME accreditation bestows. Following the required on-site inspection on May 14-15, 2018, the OCME was granted Full Accreditation, effective through December 16, 2021. Official notices of NAME Continuing Full Accreditation were received on January 14, 2020, and January 17, 2021.

Current Response Time to Scenes

Current response time was determined by analyzing the OCME’s Medical Examiners Assistants (MEAs) response to scenes for a four-week period, November 29, 2020 through December 26, 2020. Deaths that occurred in a medical facility were not considered as scenes and were excluded from the analysis. The average time from departure from the OCME facility to arrival at the scene was forty-five minutes.

Progress in Identification and Improving Delays in Decedent Release

The majority of decedents are examined within 24 hours of their arrival at the OCME. Many are examined the same day. The time between arrival at the OCME and examination rarely exceeds 48 hours. The death is certified when the examination has been completed, with most decedents being ready for release the same day.

Delays in release can occur when the decedent has to be identified at the OCME. Identifications at the OCME are necessary when decedents are decomposed, have sustained facial trauma, or are victims of homicide. In FY20, the OCME’s Identification Unit facilitated the identification of 3,190 (49.3%) of the 6,469 decedents who were brought to the OCME for examination, 459 of whom were decomposed. The turnaround time for the completion of the identification can be as quick as a day when the decedent is visually identifiable or when dental records are available but may take months when DNA analysis is the only option. In April 2020, the OCME entered into a memorandum of understanding with the EOHHS to allow the OCME Identification Unit to access to the MassHealth database for purposes of identifying dentists of deceased MassHealth members to facilitate a timely request for dental records.

Delays can also occur for unclaimed or unidentified decedents who are awaiting burial through the Department of Transitional Assistance (DTA), in accordance with M.G.L. c. 38, § 13. Since January 2016, the OCME has been able to expedite the release of decedents to DTA for burial through an incentive program, improving release time from the OCME, but at a financial cost. This program pays \$1,000, in addition to the DTA-provided stipend, to funeral directors who accept a DTA case for burial, provided the funeral director picks up the decedent within two weeks of being assigned the case by DTA. In FY20, the OCME’s incentive program expedited the release of 137 decedents to DTA for burial, at a cost of \$137,000 to the OCME.

COVID-19

The COVID-19 pandemic poses unique challenges for the OCME, and as Chief Medical Examiner, the protection and safety of staff is a priority. As a state of emergency was declared by Governor Baker in March, a plan was developed to provide for the continued delivery of essential medicolegal services while protecting the health and safety of staff during the pandemic. Key components of the OCME’s COVID-19 Response Plan included:

- All reported decedents that fall under OCME jurisdiction were accepted for examination by the OCME per routine practice.
- Steps were initiated to streamline usual operations, namely to increase workflow efficiency to allow for management of a potential excess of deaths related to COVID-19 and maximize safe handling of

⁷ <https://www.thename.org/assets/NAME%20International%20Accreditation%20%20Flyer%20Final%202019.pdf>

potentially infectious human remains by OCME workers and others in the public involved in deathcare services.

- Operational modification strategies targeted decreasing the number of physical examinations when not necessary to determine cause and manner of death and minimizing excess handling of potentially infectious human remains during the height of the COVID-19 pandemic.
- Physical placement of employees within the office was revised and scheduling changes were made in order to maximize social distancing requirements. A mixed model of teleworking was also adopted.
- A Public Health Order on cremation authorization was issued by the Department of Public Health on March 23, 2020, to allow cremations or burials at sea to be authorized without having to physically view a decedent, but only after reviewing all available paperwork, including available medical records. The 48-hour waiting period was also waived prior to authorizing cremations. This order helped to assure the safety of crematory operators, funeral home employees, and OCME personnel. Currently, the Order remains in place.
- The need for the development of a Commonwealth-wide strategy for managing an excess in deaths during the COVID-19 pandemic was recognized by the OCME and the DPH, thus fostering a collaboration and delineation of management roles.
- The OCME recognized that maximizing the potential of deathcare service providers, namely funeral directors, cremation operators, and cemetery owners, would be key in assuring that all decedents passing during the COVID-19 pandemic would be able to achieve their final disposition in a timely and respectful manner.
- The OCME identified and conferenced with managers from all hospitals and major health care facilities that had mortuaries with the expressed goal of avoiding any undue delay in achieving final disposition for decedents during the COVID-19 pandemic.
- The OCME communicated support strategies with law enforcement and first responders who would be handling the deaths during the COVID-19 pandemic that did not occur at a health care facility.
- The OCME deployed a comprehensive temporary mortuary facility (surge center) to handle a potential surge in deaths and planned to take the lead and manage these deaths to ensure that deathcare and mortuary services remained functional and uninterrupted throughout the Commonwealth. The surge center allowed for processing, identification, temporary storage, and transportation of decedents, which required constant communication and coordination with funeral homes, crematories, and hospital mortuaries.

As of this writing, Massachusetts, like most of the United States, is in the midst of a resurgence of COVID-19 transmission. Our response plan provides the framework for maintaining essential functions for the duration and aftermath of this pandemic.

Initiatives and Accomplishments

Since October 2017, accomplishments have been achieved and significant improvements realized in the delivery of medicolegal investigative services to the citizens of Massachusetts. Most notable was the achievement of Full NAME Accreditation on July 29, 2018. While dealing with the impact of the COVID-19 pandemic, the OCME continued to make improvements to the delivery of medicolegal investigation services. Accomplishments achieved in FY 20 include the following:

- Recruited the graduating forensic pathology fellow as staff medical examiner.
- Hired a Director of Neuropathology and Cardiac Pathology Services.
- Purchased an auxiliary cooler for the Sandwich office to increase our decedent storage capacity and accommodate expanded services.

- Upgraded the X-ray equipment in the Sandwich office.
- Deployed a Cremation Portal to streamline the cremation authorization process.
- Developed a law enforcement portal that enabled state and local police to access the public record data they need to finalize their investigative reports.
- Renovated space in the Boston office to create five additional offices for staff and a small conference room.

Concluding Comments

Providing timely information to suit the needs of the citizens of the Commonwealth has been the priority of the current administrative team of the OCME. The OCME continues to make significant improvements to the delivery of medicolegal investigation services to the Commonwealth and its residents, from the availability of services to the efficiency of operations. Although the COVID-19 pandemic has created many challenges, the OCME has continued to strive to maintain turnaround time in accordance with the NAME metric. As Massachusetts, and the entire country, face a resurgence of COVID-19 transmission, the priority remains to protect the health and safety of OCME employees while continuing to provide essential medicolegal investigative services to citizens of Massachusetts.

Please contact me if you have any questions concerning the information contained in this report or require additional information.

Sincerely,



Mindy J. Hull, MD
Chief Medical Examiner

cc: Thomas A. Turco III, Secretary, Executive Office of Public Safety and Security
Kerry Collins, Undersecretary for Forensic Science and Technology