Office of the Chief Medical Examiner FY2018

▼ FY2018 Performance Accountability Report

The Performance Accountability Report (PAR) measures each agency's performance for the fiscal year against the agency's performance plan and includes major accomplishments, updates on initiatives, and key performance indicators (KPIs).

▼ Mission

The mission of the Office of Chief Medical Examiner (OCME) is to ensure that justice is served and that the health and safety of the public is improved by conducting quality death investigations and certification, and providing forensic services for government agencies, health care entities and grieving families.

▼ Summary of Services

OCME provides forensic services to local and federal government agencies, health care providers, institutions of higher learning and citizens in the District and metropolitan area. Forensic services include: forensic investigation and certification of certain deaths (i.e., deaths occurring as a result of violence (injury) as well as those that occur unexpectedly, without medical attention, in custody, or pose a threat to public health); review of deaths of specific populations; grief counseling; performance of a full range of toxicological examinations; cremation approvals; and public dispositions of unclaimed remains.

▼ FY18 Top Accomplishments

What is the accomplishment that your agency wants to highlight?	How did this accomplishment impact residents of DC?	How did this accomplishment impact your agency?
Meeting or Exceeding Autopsy and Toxicology Report KPIs & Accreditation: A critical agency Key Performance Indicator requires that the agency complete 90% of all reports of postmortem examinations within 90 calendar days from the time of autopsy in all cases (Q1 – 85.9 ; Q2 -93.8 ; Q3 -95.3; Q4-99) The forensic pathology staff, assisted by forensic investigators, toxicologists, as well as pathologist' and autopsy assistants, have met or surpassed this KPI target consistently for the majority of FY2018. Moreover, the Forensic Toxicology Laboratory has also consistently has significantly exceeded its KPI which requires that 75% of toxicology examinations be completed within 90 calendar days of case submission (Q1 – 98.9 ; Q2 -97.6 ; Q3 -97.6 ; Q4 -100%). The agency was notified on March 1, 2018 that it was successful in achieving Full National Association of Medical Examiners re-accreditation, to be re-inspected in February 2019. The American Board of Forensic Toxicology (ABFT) has granted the OCME Forensic Toxicology Laboratory has accreditation for two years from October 2017 through October 2019.	The ability to complete autopsy and toxicology reports in a timely fashion enables next of kin to obtain the autopsy report for purposes of insurance claims and other business matters, but most importantly provides next of kin detailed information regarding the death of their loved ones. Such reporting also contributes to meeting accreditation criteria towards maintaining accreditation which demonstrates the agency is conducting sound medicolegal death investigations. Timely reporting is also translated into efficient use of staff time and equipment and prevents backlogs of cases. This ultimately results in cost savings .	The ability to maintain accreditation status provides national visibility as an accredited office, thus, attracting professional talent and also ensuring that it is a premier medical examiner's office with best practices for medicolegal investigation.Moreover, the agency positions itself to apply for additional accreditations (i.e., ISO Accreditation). Staff pride and moral are also increased in that they are able to realize the positive results of their teamwork and ensuring that work is completed timely and with sound practices.

What is the accomplishment that your agency wants to highlight?	How did this accomplishment impact residents of DC?	How did this accomplishment impact your agency?
Deployment of the digital fingerprint system Mopholdent. Mopholdent is a digital fingerprinting system which enables OCME to identify decedents in minutes by connecting digitally to the Automated Fingerprint Identification System (AFIS). The Morpholdent system compares a decedent's fingerprints to fingerprints housed in a local database obtained by law enforcement agencies in DC, MD and VA. When a decedent is identified, the system returns an immediate "hit" and a report that lists the individual's name, date of birth, and photograph. Deploying Morpholdent required OCME to build a system for secure data transfer of sensitive information. OCME, OCTO, MPD and Morpho worked closely to successfully deploy the digital fingerprint system.	Digital submission of fingerprints has been a long, multi-year effort that culminated with the deployment of Morpholdent. Throughout the project, the turnaround time for identification via fingerprint comparison decreased from days to minutes. Immediate identification of a decedent provides crucial investigative information to law enforcement. Furthermore, rapid identification allows OCME to provide timely information to families and eliminates the need for families to present to OCME to visually identify their loved ones; a requirement that is a significant burden to some.	Deployment of Morpholdent reduced OCME staff workload and exposure to vicarious trauma. Prior to Morpholdent, fingerprint searches at the local level required creating a duplicate fingerprint card and transferring the card to MPD. Searching fingerprints at the national level required scanning fingerprint cards and emailing them to the FBI. With Morpholdent, searching fingerprints at the local level simply requires touching the decedent's fingertips to an electronic device. Further, the system reduced the number of cases that are searched at the national level. Finally, rapid identification via fingerprints reduced the number of visual identifications conducted in-house. Visual identifications tend to be lengthy meetings with family members and they expose OCME staff to vicarious trauma as the staff repeatedly witnesses the emotional reactions of family members viewing photographs of recently deceased loved ones.
The agency completed the initial phase in its quest to apply for acccreditation by the International Standards Organization (ISO). Not only has the agency facilitated manager and staff training throughout the year, but in hiring an experienced ISO consultant, the agency was able to complete a draft quality and training manual, review standard operating procedures, and most significantly have Pre-Assessment Audit Completed with a Report dated August 18, 2018. The audit found that the agency was in conformance with 169 of 192 accreditation requirements of which 21 required changes/updates to existing policies and procedures. Only three of the 21 were identified during facility walkthrough and related to lab suitability and evidence storage and were considered critical.	Residents can be assured of a efficiently and efficiently run, quality organization. Such ISO accreditation focuses on an organizational quality management system emphasizing an ability to manage impartiality and conflicts of interest as well as the technical competence of people, inspection processes, and equipment. Accredited inspection provides assurance of technically competent service and consistently reliable results, reducing costs and lowering risks. It is key in demonstrating that products, equipment, structures, and systems meet required specifications.	The audit and ultimately the accreditation allows the agency to demonstrate integrity, reliability, and technical competence as well as compliance internationally recognized good practices. Further, the audit and accreditation are based on the most recent international and industry standards and requirements ensuring that the agency is operating as required.

2018 Strategic Objectives

Objective Number	Strategic Objective
1	Provide efficient and quality forensic services related to: a) the medicolegal investigation and certification of the cause and manner of death; b) toxicological analyses and interpretations; c) family assistance in understanding the cause and manner of death; d) expert testimony; and e) education and training of law enforcement, health care providers, academic institutions and other stakeholders.
2	Provide efficient and effective service through a quality management system supported by continuous process improvement, quality control measures, adherence to accrediting body guidelines, training and best practices.
3	Serve as a public health and safety surveillance organization providing statistical data to law enforcement, health care entities and social service entities tasked with prevention, detection and deterrence and ultimately preventing deaths.

Objective Number	Strategic Objective
4	Provide sound expertise as the District's fatality management authority maintaining a comprehensive District-wide plan to respond to all types of fatality incidents and ensure decedent disposition, family assistance, and continuity of operations.
5	Create and maintain a highly efficient, transparent and responsive District government.**

▼ 2018 Key Performance Indicators

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
1 - Provide efficient and quality forensic services related to: a) the medicolegal investigation and certification of the cause and manner of death; b) toxicological analyses and interpretations; c) family assistance in understanding the cause and manner of death; d) expert testimony; and e) education and training of law enforcement, health care providers, academic institutions and other stakeholders. (7 Measures)									
Percent of public dispositions ready for release within 45 days of the date of decedent receipt	Quarterly	75%	No applicable incidents	13.3%	2.2%	14.1%	10%	Unmet	This target is impacted by the agency's work with next of kin who are attempting to claim their family members. Often there are delays due to the inability to finance a funeral/cremation; claim disputes; or other legal matters. There are times when after delay the next of kin does not ultimately claim the decedent and the public disposition process moves forward but beyond the time period slated. The agency however is cognizant of its role in working with next of kin to assist them as much as possible in claiming their loved ones.
Percent of toxicology examinations completed within 90 calendar days of case submission	Quarterly	75%	98.9%	97.6%	97.6%	100%	98.5%	Met	
Percent of all reports of postmortem examinations completed within 90 calendar days from the time of autopsy in all cases	Quarterly	90%	85.9%	93.8%	95.3%	97.7%	93.2%	Met	
Percent of toxicology examinations completed within 60 calendar days of case submission	Quarterly	40%	86.6%	91.4%	90.7%	94.7%	90.9%	Met	
Percent of mortuary/transport service scene response within one hour of transport notification	Quarterly	95%	98.4%	96.6%	96.6%	97.5%	97.3%	Met	

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
by an investigator or medical examiner of an accepted case									
Percent of preliminary investigative reports presented at the morning meeting contain sufficient detail for the Medical Examiners to determine the type of postmortem examination	Quarterly	95%	100%	98.2%	98.7%	98.1%	98.8%	Met	
Percent of decedent cases scientifically identified within five days	Quarterly	30%	32.9%	33.9%	29.7%	37.8%	33.6%	Met	
2 - Provide efficient and effective service through a quality management system supported by continuous process improvement, quality control measures, adherence to accrediting body guidelines, training and best practices. (4 Measures)									
Percent of employees completing and maintaining licensure, certification, industry-specific, web-based, internal agency training	Quarterly	90%	100%	100%	100%	100%	100%	Met	
Percent of forensic pathologists (medical examiners) that are board certified or board eligible	Quarterly	90%	100%	100%	100%	100%	100%	Neutral Measure	
Percent of external autopsy requests responded to within 2 business days of receipt	Quarterly	90%	95.8%	100%	100%	100%	99%	Met	
Percent of all death certificate amendments processed wthin 3 business days of completion/signature	Quarterly	90%	97.3%	100%	99.4%	100%	99.1%	Met	
3 - Serve as a public health and safety surveillance organization providing statistical data to law enforcement, health care entities and social service entities tasked with prevention, detection and deterrence and ultimately preventing deaths. (4 Measures)									
Percent of Child Fatality Review Committee (CFRC) fatality reviews held within six months of notification of the death	Quarterly	70%	100%	100%	100%	100%	100%	Met	

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
Percent of Developmental Disabilities Fatality Review Committee (DDS FRC) fatality reviews held within three months of receipt of the investigative report from DHS/DDS and determination of the cause and manner of death	Quarterly	90%	100%	100%	100%	100%	100%	Neutral Measure	
Percent of FOIA requests responded to within fifteen (15) days	Quarterly	90%	100%	80%	100%	100%	94.1%	Met	
Percent of CFRC case summary reports that will be uploaded to the web portal three days prior to the scheduled case review meetings	Quarterly	80%	100%	85.7%	100%	100%	96.4%	Met	
4 - Provide sound expertise as the District's fatality management authority maintaining a comprehensive District-wide plan to respond to all types of fatality incidents and ensure decedent disposition, family assistance, and continuity of operations. (1 Measure)									
Percent of agency employees completing a mass fatality training annually	Annually	95%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	96.6%	Met	
5 - Create and maintain a highly efficient, transparent and responsive District government. (2 Measures)**									
Percent of positions posted and filled within 30 days	Semi-Annually	80%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	100%	Met	
Percent of requisitions submitted by the timeframe as prescribed by the District's contracting authority's acquisition planning.	Annually	98%	Annual Measure	Annual Measure	Annual Measure	Annual Measure	98.3%	Met	

**We've revisited a project to standardize District wide measures for the Objective "Create and maintain a highly efficient, transparent and responsive District government." New measures will be tracked in FY18 and FY19 and published starting in the FY19 Performance Plan.

🔽 2018 Workload Measures

Measure	Freq	Q1	Q2	Q3	Q4	FY 2018
1 - Forensic Pathology Services (9 Measures)						
Number of Postmortem Examinations performed: Full/Partial (Not including External Exams)	Quarterly	284	315	336	317	1252
Number of Deaths Due to Traffic Accidents (i.e., cars, Metro, motorcycles, pedestrian, bicycle)	Quarterly	10	11	18	18	57
Number of drug deaths (illicit/rxn) diagnosed	Quarterly	76	21	74	54	225
Number of deaths due to hypertensive cardiovascular disease/obesity	Quarterly	84	77	83	85	329
Number of Infant deaths (1 year and under)	Quarterly	6	5	8	6	25
Number of child deaths due to inappropriate bedding/SUID (with or without crib in the dwelling)	Quarterly	4	6	5	5	20
Number of elder deaths due to falls (age 65 and over)	Quarterly	15	25	9	13	62
Number of youth (ages 10-19) homicides where gun violence is a factor	Quarterly	2	4	4	5	15
Number of Anthropologic Analyses Performed	Quarterly	20	22	35	36	113
1 - Toxicology Analysis (1 Measure)						
Number of DUI cases performed	Quarterly	109	149	160	116	534

2018 Strategic Initiatives

Title	Description	Complete to Date	Status Update	Explanation
CONTRACTS AND PROCUREMENT (1 Strategic Initiative)				
Improve Efficiency of Consultation-Testing Services Funding	The agency will work with its OCP Contracting Officer to evaluate its consultation and maintenance services to develop a short-term and long-term plan for obtaining such services. Part of such plan includes development of a justification to use non-expiring local fund type to fund the consultation testing contracts or some other method to address the issue described herein. The agency's consultation services include for example such as toxicology specimens. There is a challenge in estimating the number of specimens to be tested during the fourth quarter due to the business of the inability to forecast death and the number of tests required. As such, while purchase orders are established, it is difficult to predict the amounts needed on the PO. The agency has in the	Complete	During Q4, the agency met with the Public Safety & Justice Cluster Accounts Payable Division. With regard to the issue of ceasing services in order to avoid ratifications, the agency was informed by Accounts Payable that services should continue. If the invoice comes in one fiscal year for a service that was requested in the former fiscal year, it should be paid in the fiscal year received. As such, there should be no ratification due to an attempt to apply the invoice to the fiscal year where there is no money left. Further, the	

Title	Description	Complete to Date	Status Update	Explanation
	past set up a significant amount of "reserve" funding to account for the unanticipated spending, however, this is not believed to be an efficient method as money may not be utllized by year's end. The purpose of this initiative is to prevent the agency from going into ratification if there are insufficient funds and not have a surplus of unused funds by keeping a reserve.		agency should submit a Continuation of Services Memorandum to OCP. The agency has done so in the past with nonapproval. OCP will research this matter and the agency will submit the memo in FY19 and ongoing.	
CUSTOMER SERVICE (2 Strategic initiatives)				
Implementation of Automated Call Center Solution	The agency will implement an Automated Call Center Service Pilot wherein the main line will be automated and provide details on what number to press to direct the caller to the appropriate person or Division/Unit depending on the matter they are calling about. This will be tested during the first and then implemented throughout the year with feedback and improvements. Note that given the nature of the work of the agency, only certain individuals and Divisoins/Units will be included in the automated system. The purpose of the automated system is to ensure that all calls are captured and transferred in an efficient and timely manner, particularly those that may not deal directly with a death investigation matter and can be automatically transferred to the appropriate individuals for administrative resolution.	Complete	The automated call center solution scripts were reviewed after pilot implementation and adjustments made. The system is now in full implementation.	
Enhancement of Digitization Methodology	The agency Records Management Unit will begin an initiative focused on digitization of agency records. The purpose is to streamline the management of medical examiner case files and other documents generated, utilized and stored by the agency (particularly in light of hard copy storage limitations internally and at District external sites.) This initiative involves staff training, development of Standard Operating Procedures, procurement of associated equipment and development of a phased in approach to the digitization effort. Digitization of documents will enable the agency to provide more timely response to records requests in that they are more easily assessible and, thus, can be more efficiently forwarded or provided in a timely manner.	Complete	The digitization effort has been implemented and involves e-case filing, e-signature, e-faxing, e-seal, use of Sharepoint or webportals and a host of other digitization methodologies.	
FATALITY MANAGEMENT (1 Strategic Initiative)				
District-wide Fatality Management Evaluation and Training	The OCME will continue its evaluation of mass fatality and continuity of operations planning; emergency response standard operating procedures; local and regional planning and cooperation; and training and exercising. This will involve coordination with regional entities, such as	Complete	During Q3, the agency held the following: 1. OCME COOP Tabletop Exercise - April 12 2. OCME Victim Identification Tabletop Exercise - April 19	

Title	Description	Complete to Date	Status Update	Explanation
	other local Medical Examiners, District agency stakeholders, funeral homes, universities and hospital, federal partners and other community stakeholders. The OCME will continue its evaluation of mass fatality and continuity of operations planning; emergency response standard operating procedures; local and regional planning and cooperation; and training and exercising. This will involve coordination with regional entities, such as other local Medical Examiners, District agency stakeholders, funeral homes, universities and hospital, federal partners and other community stakeholders. The agency will host an internal mass fatality exercise. This initiative focuses on agency preparation and collaborative partnerships with stakeholders to ensure the safety and security of the District during natural disasters, public health emergencies and terrorist and criminal threats.		3. FBI/OCME Complex Coordinated Attack (CCA) Workshop & Full-Scale Exercise - April 24-25 4. OCME/US State Department National Level Exercise (Atlantic Fury) Tabletop Exercise - April 23 5. OCME/ US State Department National Level Exercise (Atlantic Fury) Functional Exercise - May 7-8 6. OCME/University of the District of Columbia (UDC) National Level Exercise (Atlantic Fury) COOP Full-Scale Exercise - May 10-11 7. DC OCME Family Assistance Center (FAC)/Disaster Victim Identification (DVI) Workshop & TTX June 7 8. DC OCME Victim Identification Center (VIC) Full-Scale Exercise June 28 Q4: G-386 FEMA Mass Fatality Response Course	
FORENSIC INVESTIGATIONS (1 Strategic Initiative)				
Implement a Pilot Investigations Fatality Review Project	The Investigations Unit will engage the District's Fatality Review Committee, Boards and Commissions to provide guidance on the most beneficial information collected from scene investigators for improved interaction with individuals on a scene. This will provide for a more wholistic understanding of the multipurpose uses of information that investigators collect and provide in the District and may provide insight on more effective interactions with individuals at the scene.	Complete	The Investigations and Fatality Review Units have initiated the Pilot Investigations Fatality Review Project. The project will entail a monthly activity, such as "ride alongs" to death scenes by members of the Fatality Review Unit in order to gain understanding of the scene investigation process as related to reviews, and for fatality review staff to advise on what information is key for collection for reviews. One staff person of 4, a Fatality Review Program Specialist, to participate in a "ride along" to a death scene with an investigator team. Justifications, including how the activity will benefit both units and liability issues, were reviewed by the Chief of Staff and General Council, The request was	

Title	Description	Complete to Date	Status Update	Explanation
			approved which begins the start of the Pilot.	
FORENSIC PATHOLOGY (2 Strategic initiatives)				
Meet National Association of Medical Examiners (NAME) industry standards for postmortem examination reporting - 90% of report completed within 90 days from the time of autopsy in all cases	The OCME's Medicolegal Death Investigation Division will focus efforts on meeting NAME standards for postmortem examinations 90% of reports of postmortem examinations completed within 90 days from the time of autopsy in all cases. The agency has implemented a myriad of initiatives to enhance the staffing models and scheduling.	Complete	During Q2, the agency met the KPI target of 90% of autopsy reports completed within 90 days with 94%.	
Establishment of OCME Forensic Library and Training Center	The OCME will develop a forensic library for use of staff specifically to encourage continued certification and licensure and staff ability to maintain knowledge of industry standards for positions such as: medical examiners, toxicologists, investigators, pathologists' assistants, social workers, human resource specialists, attorneys and information technology specialists. The library will also be used as a training facility for all staff and as a resource for work-related matters. Library resources will hard copy and electronic.	Complete	Due to current technology and electronic access to death investigation, materials from the previous library area that were reviewed relating to pathology, forensic and other subject matter topics did not have to be maintained within the facility. Many of these resources are available electronically and thus hard copies were no longer required and have been disposed as outdated or replications. The remainder of the materials have been distributed to various staff, including the pathologists and investigators. The agency library will initially consist of the electronic resources available to staff.	
FORENSIC TOXICOLOGY LAB (2 Strategic initiatives)				
Contribute to the Forensic Toxicology Scientific Community	As part of its function to contribute to the scientific community specifically, the forensic toxicology laboratory will assess toxicological findings, conduct trend analyses and present research papers, publications and presentations to key stakeholders (i.e., scientific community, health care entities, law enforcement and academic community). The goals are to: 1) highlight data findings and trends relevant to stakeholders; 2) provide training for staff in analyzing findings and trends and presenting such information in an academic	Complete	Throughout the year, the Forensic Toxicology Laboratory staff have engaged in activities that contribute to the scientific community. During Q3, the laboratory submitted two proposals for SOFT (Society of Forensic Toxicologists). Both proposals have been accepted and will be presented in October 2018	

Title	Description	Complete to Date	Status Update	Explanation
	setting: and 3) provide visibility to the District's forensic toxicology laboratory.			
Incorporate ISO 17025 requirements into Forensic Toxicology Laboratory	The forensic toxicology laboratory will be adding forms, policies, and practices which will prepare it for future 17020 and 17025 accreditation across the division. Upgrading and streamlining processes associated with ISO 17020 and 17025 will lead to further improvement in the overall quality of the laboratory and bring OCME in line with future national and international standards"	Complete	The laboratory set up contracts with existing vendors and established new vendors to ensure that all our measurement devices are now traceable. The technicians who work on the measurement devices (scales, pipettes, and weights specifically) all now provide certificates which are traceable to National Institutes of Standards & Technology. Because controls are created and equipment calibrated, there is ISO 17025 compliance. Further, This year the laboratory created a re-validation plan for its ethanol method which involved generating a uncertainty budget. We created the plan and purchased the resources to implement the plan (NIST traceable standards for both calibrators and controls). Next steps include the actual re-validation of the ethanol method which is priority for FY19.	

INFORMATION TECHNOLOGY (1 Strategic Initiative)

Title	Description	Complete to Date	Status Update	Explanation
Full Revision of Case Management System	The OCME will work with vendor to establish a new case management system, currently named Forensic Analytic Case Tracking System (FACTS). The new system will address several gaps that currently exist to include: mass fatality, toxicology and fatality review and will improve functionality for the end user. Further, there will be improved efficiency with integrated reporting for various units and additional forms for required recordkeeping. All units will be	Complete	The OCME has partnered with VertiQ to develop and deploy the latest iteration of the agency's case tracking application now known as CMS. While maintaining some elements of the original application interface, it boasts several enhancements to key areas with improved functionality. Whereas the previous versions had	

Title	Description	Complete to Date	Status Update	Explanation
	involved with providing input to work processes that serve as the foundation for the system and how it will integrate with the hard copy medical examiner case files and daily end user utilization.		limited capacity for document handling, CMS affords the medical examiners the ability to ascribe digital signatures to various reports and archive them in PDF format. Additionally, an interactive dashboard allows each user to customize and generate daily reports, both streamlining the data-mining process and providing management with real-time, actionable analytics.	

MORTUARY (1 Strategic Initiative)

Title	Description	Complete to Date	Status Update	Explanation
Full Implementation of METT Body Release & Transport Project	The agency established a Mortuary Examiner Transport Team consisting of Forensic Mortuary Technicians (METT) to fulfill NAME proper body handling during Mass Fatality and day to day case response. The METT also operates to fill gaps identified in: fleet maintenance; decedent intake and release; mass fatality response logistics; post-mortem radiology and identification; supply inventory and tracking; and mortuary quality assurance and control processes. In FY17, the METT was fully staffed with 12 employees, with the last four hired during 4th quarter. During FY18, the full METT transport project will be implemented given completion of training of the additional 4 staff during the 4th quarter such that there will be 12 fully-trained personnel. In FY18, the agency will also fully implement a body release project wherein the METT will have responsibility to coordinate body release to funeral homes.	Complete	The agency was able to provide improved response to multiple scenes within the KPI for 60 min. response to most scenes (98%). The agency was also able to expand its hours of operation, and increase the volume of cases released to funeral home. Previously the agency would release up to 4 cases per day. The agency is now able to release up to 12 cases per day, and has often reached that high mark. This provides better customer service to the agency's constituency which equates to shorter wait times for families to receive their loved ones.	

PERFORMANCE MANAGEMENT (1 Strategic Initiative)

Title	Description	Complete to Date	Status Update	Explanation
Coordination of Performance Management/Leadership Training Series for Managers	The OCME HR Unit will coordinate a performance management training series for managers to focus on enhancing their resources and skills to ensure improved effectiveness and efficiency in the operations of their Divisions and Units, as well as supervision of employees. The purpose of the series is to empower managers to have an understanding of District and OCME procedures and protocols and a concept of lean operations (Six Sigma) in order to improve the overall operations of the agency toward fulfilling its mission. The series of courses will be taught by the HR Advisor, General Counsel, Chief of Staff and Agency Fiscal Officer, as well as external invited speakers on specialized topics.	Complete	During Q4, the Chief of Staff completed the series of Management/ Leadership trainings with a second Six Sigma workshop held on September . This completed the series for the FY18.	
PERSONNEL (1 Strategic Initiative)				
Coordination of Staff Training on DPM and OCME Employee Manual	The OCME staff has increased from about 75 to approximately 100 over the past 3 years. With the number of new staff due to the increase and a number of backfills, it is recognized that enhanced training must be conducted on the District Personnel Manual and OCME Employee Manual above and beyond the annual trainings that have been provided. As such, the agency will provide a series of trainings focused on key elements of the DPM and OCME Employee Manual to ensure that employees are knowledgeable about the procedures and protocol of the District and OCME and are able to ask question. The trainings will occur	Complete	The trainings during Q1 and Q2, as well as SOP revisions, have now been socialized with staff and placed into practice. While the agency will continue to have annual Employee Manual and DPM trainings and will continue to work on a day to day basis to ensure staff are aware and understand these procedures, the initiative is complete.	

Title	Description	Complete to Date	Status Update	Explanation
	throughout the year. The agency's orientation process will also be enhanced to ensure that critical training items and issues are addressed during the on-boarding process.			
TRAINING (2 Strategic initiatives)				
Implementation of Internal and External Professional & Academic Training	The agency's mandate includes an academic component. During FY18, the Deputy Chief Medical Examiner will coordinate this academic program which include:1) ensuring that staff obtains requisite training to maintain required licensures and certificates and to implement agency standards within work processes and procedures; 2) providing academic training opportunities for external stakeholders to learn about the agency and its procedures; internships and other educational opportunities for students (i.e., residents, medical students, forensic students); and 3) training opportunities for stakeholders.	Complete	During Q4, the followin academic trainings were supported: seminar on opioids and marijuana, National Medical Association's Annual Convention, National Bar Association's Annual Convention, International Association of Coroners & Medical Examiners Annual Training Symposium, Mass Fatality Symposium and Full Scale Exercise (staff and external stakeholders). As noted , the agency completely fulfilled this initiative by supporting staff and external stakeholder academic and professional training throughout the year.	
Training on Standard Operating Procedures Toward NAME Re-Accreditation	The agency will focus on Standard Operating Procedures and continued preparation for ISO accreditation.	Complete	A consultant was hired to assist the agency in the development of Training and	

Title	Description	Complete to Date	Status Update	Explanation
	First, the agency will provide training on all Standard Operating Procedures (SOPs) per Division/Unit in preparation for National Association of Medical Examiner's re-accreditation which occurs every 2 years. Per the guidelines, the SOPs will be updated and then socialized with the staff to ensure that any new procedures/protocols and revisions are recognized and effectuated appropriately. Re-accrediation inspection or review occurs in February/March of 2018. Secondly, the agency will begin a first phase of planning toward ISO accreditation. This includes staff ISO training (some of which has been conducted over the past two years, as recently as 4th quarter FY17). The agency will also work to gain additional expertise through consultation which will augment work done by the agency's Records Management/Quality Control Supervisor and ISO Coordinator. This is being implemented as part of the agency's continued efforts to maintain accreditation standards set by the National Association of Medical Examiners		Quality Manuals which were developed. The consultant also performed an audit to verify whether the agency is in compliance with ISO guidelines. The Toxicology staff are trained annually on SOPs. Several units completed review and revision of SOPS. 100% of METT staff are trained in SOPs during monthly mandatory staff meetings, where they are able to engage with managers and receive clarifications on SOPs as well as contribute to the development of new SOPs. The pathology, investigations and autopsy staff have also been trained in SOPs as related to their unit. The mortuary was trained on SOPs involving post-mortem examination procedures, COOP operations and field disaster morgue.	

Title	Description	Complete to Date	Status Update	Explanation
	(NAME). ISO will be incorporated into the new NAME standards and guidelines now required for medical examiner offices as part of accreditation.			