



**OFFICE  
OF THE CHIEF  
MEDICAL EXAMINER**

***ASSESSMENT AND  
REVITALIZATION PLAN***

Board of Medicolegal Investigations  
Subcommittee for Assessment and Revitalization

December 2009



**OFFICE OF THE CHIEF MEDICAL EXAMINER**  
*Board of Medicolegal Investigations*

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**TABLE OF CONTENTS**

**Executive Summary-----3**

**Historical Information-----4**

**Problem Statement-----7**

**Identified Deficiencies-----8**

**Accreditation-----9**

**Administrative Leadership-----11**

**Oversight-----15**

**Backlog and Reporting Issues-----18**

**Equipment Needs-----20**

**Evidence and Property Handling Procedures-----24**

**Facilities-----26**

**Medicolegal Death Investigative Operations-----30**

**Personnel Shortages-----33**

**Policy and Procedure Development-----36**

**Training Needs-----38**

**Budget/Fiscal Requirements-----41**

**Implementation Plan-----45**

**Summary-----51**

**Attachments:**

**National Association of Medical Examiners Report**

**University of Central Oklahoma Proposed Medical Examiner Facility Site**

**Sources of Information**

## **EXECUTIVE SUMMARY**

In the late summer of 2009, at the request of Governor Brad Henry, Speaker of the House of Representatives, Chris Benge, and President Pro Tempore of the State Senate, Glenn Coffee, a subcommittee of the Board of Medicolegal Investigations was created to draft a proposal for the revitalization of the Oklahoma Office of the Chief Medical Examiner (OCME). The challenging assignment was to draft a proposal for the Governor's Office and Oklahoma legislature for an implementation strategy that would enhance services and update antiquated facilities and equipment, in addition to other strategies for restoring national accreditation.

The subcommittee has created this implementation strategy detailing steps that must be taken to accomplish the goals delineated above. Some steps involve changes in law. Others require financial support from general revenue funds allocated from the state legislature. Internal administrative actions can be used to implement the remainder of the subcommittee recommendations.

This proposal was written to provide State leaders with a strategy that will revitalize the OCME through sound management principles, recommendations from subcommittee members, medicolegal board members, legislative personnel and professionals within the existing medical examiner's system. Historical events associated with the OCME were evaluated as factors in the decision making process.

The OCME's mission is to protect the public health and safety of Oklahomans through the scientific investigation of deaths as defined by state statutes. This process involves death scene investigation and Medicolegal autopsy complementing the activities of law enforcement agencies and public health officials. It is therefore a critical component of Oklahoma State government that demands the highest degree of professionalism and medical expertise.

Both historical and recent events have eroded the Agency's credibility and its capacity to meet the expectations of state citizenry and government officials alike. This document proposes the changes needed to restore the community's trust in one of Oklahoma's most fundamental services.

Finally, the report contains proposed draft legislation for the statutory changes necessary to effectively accomplish the goals listed above.

## **OFFICE OF THE CHIEF MEDICAL EXAMINER**

### **HISTORICAL INFORMATION**

The Oklahoma Medical Examiner system came into being as the Board of Unexplained Deaths in 1961, largely due to the activities of a woman named Nannie Doss, Oklahoma's first convicted serial killer. Dr. T.W. Violet served as the first Chief Medical Examiner from 1965 through 1967. In 1967, the Agency was renamed the Board of Medicolegal Investigations with Dr. James L. Luke serving as the Chief Medical Examiner. The Agency had four part-time employees, a budget of \$75,000, and an average annual autopsy total of 205. Doctor Luke left the office in 1971.

A. Jay Chapman, M.D., was appointed the next Chief Medical Examiner and served until the fall of 1982. Under his tenure, the statutes pertaining to the medical examiner's office were enacted and physical offices were acquired at 813 N.W. 15<sup>th</sup> in Oklahoma City. The budget was increased to \$349,000, autopsies increased to more than 620 annually, and the Agency had six full-time employees. In 1971 the Agency also hired its first toxicologist, Dr. Bonny Orndorf, who was unfortunately murdered in the early summer of 1972 while on a camping trip in Alabama.

In December 1973, the Board of Medicolegal Investigations established administrative and fiscal control over the Agency and in 1975 the Agency moved to wing 4-B of University Hospital. Concurrent with that move was the introduction of field investigators to the Oklahoma City Metropolitan area.

The Eastern Division of the Medical Examiner's system was established in 1976 and opened for operations at 2421 W. 41<sup>st</sup> in Tulsa. This first location was the previous Admire Auto Parts, and was locally referred to as the "Body Shop". In that same year, the Agency was successful in obtaining a "local works" grant for \$700,000, and construction began on a new building in Oklahoma City. The morgue portion of the Central Office was completed in 1978 and autopsy operations were then moved to 901 N. Stonewall. The remainder of the building was completed in 1980 and Oklahoma City operations were then under one roof.

In 1981 the new Eastern Division office was completed on the campus of the Oklahoma State University College of Osteopathic Medicine located at 1115 W. 17<sup>th</sup>, in Tulsa. The next year, Dr. Robert Hemphill joined the Agency as the Deputy Chief in charge of the Eastern Division.

In 1986, facing funding problems, the Agency made an attempt to generate revenue by charging local governments \$100 for each autopsy that was necessary in a death that occurred in that jurisdiction. A lawsuit was filed against the Agency by several municipalities, including Oklahoma City. Ultimately, the Oklahoma Supreme Court found the fee unconstitutional in the spring of 1987.

In 1990, the state legislature authorized over \$300,000 in additional funding to address personnel needs, replace obsolete equipment, and fund a substantial increase in transportation costs for the Oklahoma City area necessitated by the withdrawal of AMCARE from its contract with the Agency. The same year, the Agency was also approved for the Fellow in Forensic Pathology training program, a post-graduate fellowship training program that has produced eight forensic pathologists, to date.

During 1992, the Agency was forced to spend over \$94,000 to make emergency roof repairs to both the Oklahoma City and Tulsa buildings. This expenditure was closely followed by another expenditure for new equipment for the Tulsa office.

Legislation in 1994 authorized the Agency to begin receiving monies generated by cremation permits directly into its revolving fund. The same legislation decreased the total regular annual appropriation by a like amount.

In 1996, funding and one FTE were appropriated for a third forensic pathology position in the Tulsa office. The same year, the Oklahoma State University College of Osteopathic Medicine and OCME began preliminary studies with regard to incorporating a much needed addition to the Tulsa office, with the expansion of the OSU-COM campus.

Funding for the Tulsa addition was appropriated in 1998, 1999, and 2000, totaling \$1.193 million. This allowed for additional space and renovation of the existing building. During this time period, the Agency began implementing the regional investigator program adding the first four of 19

rural medicolegal investigators. Also appropriated at this time were funds to make much needed adjustments to the professional staff positions of the Agency. In 2000, Deputy Chief Medical Examiner Dr. Robert Hemphill, retired and Ron Distefano, D.O. was promoted into that same position to provide leadership for the Eastern Division of the Agency.

After several years of increasing appropriations, the Agency, along with the entire state, suffered financial setbacks in 2002 and 2003. While receiving six additional FTE for regional investigators, the total reduction in appropriations for this period was over \$464,000. The Agency weathered these cuts without furloughing employees, however, budget cuts significantly reduced the number of bodies from the rural areas that were examined in Oklahoma City and Tulsa.

In 2004, the Agency began a new era as Chief Medical Examiner Dr. Fred Jordan retired and returned to his home in Maine. Jeffery Gofton, M.D., became the Chief Medical Examiner on July 1<sup>st</sup>, 2004. During his tenure, the Agency maximized the regional investigator program to station lay investigators across the state by using additional FTE and appropriations.

In 2008, Dr. Gofton left the Agency to accept a position in Virginia. Following his departure, Eric Duval, D.O., assumed responsibility for the Agency on an interim basis. In early 2009, the Board of Medicolegal Investigations appointed Collie Trant, M.D. as the new Chief Medical Examiner for the State of Oklahoma.

## **PROBLEM STATEMENT**

Controversy has been associated with the OCME since the 1970's when the Chief Medical Examiner performed autopsies in an open field in an effort to draw the attention of media and state legislators in hopes of securing funding for a new facility. Recent problems center around the failure of the Agency to secure reaccreditation through the National Association of Medical Examiners (NAME) due to shortages in personnel, antiquated equipment, and an inadequate and aging headquarters facility. This was followed by revelations prompting a Grand Jury indictment of the Agency's former Chief Investigator. Further, the statutory structure of the agency, in which the Chief Medical Examiner is directly responsible for administrative functions as well as medicolegal functions, does not allow for proper oversight of all agency functions, particularly administrative functions such as fiscal management and human resources.

## **IDENTIFIED DEFICIENCIES**

The Board of Medicolegal Investigations Subcommittee on Agency Assessment and Revitalization has identified the following areas of the OCME as critical areas for review. The categories are not listed in priority order:

- Accreditation
- Administrative Leadership
- Oversight
- Backlogs – Reporting Issues
- Equipment Needs
- Evidence and Property Handling Procedures
- Facilities
- Investigative Operations
- Personnel Shortages
- Policy and Procedure Development
- Training Needs

## ACCREDITATION

In April 2009, an audit of the OCME was conducted by NAME for purposes of reaccrediting the Agency. During the audit, an excessive number of deficiencies were identified in both the Oklahoma City and Tulsa offices. The majority of the deficiencies were related to the inadequate facilities and staffing shortages. However, "a chronic lack of funding" was mentioned by NAME as an underlying factor in operational deficiencies. This resulted in a failure to meet the minimum criteria established for accreditation.

NAME recommends that forensic pathologists perform no more than 250 autopsies annually in order to devote the time and attention required for appropriate medicolegal descriptions, reports and related matters. Currently, OCME pathologists are averaging approximately 350 autopsies per year, significantly exceeding the recommended maximum number.

Because of this high caseload and staff shortage, the agency is forced to limit the types of cases for which it conducts autopsies, thus excluding certain categories of cases which may merit more thorough investigation.

The OCME currently has a 1,550 case backlog of autopsy reports. This delay in processing is the source of numerous complaints from families awaiting death certificates needed for insurance purposes and prevents closure for grieving family members. This, too, can be attributed to a shortage of personnel such as toxicologists needed to perform laboratory examinations of biological specimens, transcriptionists to type autopsy reports, forensic pathologist, pathologist assistants, and medical records staff.

The NAME auditor cites the core problem with the OCME as "a lack of funding" to support the Agency. It should be noted that these problems have a long history and precede the arrival of the new Chief Medical Examiner, Dr. Trant, who has already initiated corrective actions in several areas where personnel and funding allow.

## **Recommended Course of Action**

If a renewed facility and additional personnel are added as suggested by the Subcommittee, reaccreditation will be forthcoming. Reaccreditation will not happen overnight. Improvements are still needed and some will take years, while others may take only a few days. Some recommended changes come with a hefty price tag, while others are fairly inexpensive. The Subcommittee for Assessment and Revitalization recommends that the cost associated with revitalization be spread over three years so that the fiscal impact to the State may be minimized.

Depending on general revenue funding levels during the FY-2011 legislative session, the OCME anticipates having the accrediting organization return to Oklahoma at the earliest possible date for reexamination of the OCME accreditation status. The Board of Medicolegal Investigations intends to work diligently to correct the numerous deficiencies responsible for the loss of accreditation.

## **ADMINISTRATIVE LEADERSHIP**

After consideration of historical information, the findings of the Multi-County Grand Jury, and discussions with current legislative leadership, it is the recommendation of the Board of Medicolegal Investigations Subcommittee for Agency Assessment and Revitalization that in order to provide the Agency and the Chief Medical Examiner with much needed administrative structure and assistance that a Chief Administrative Officer be appointed to assume responsibility for all Agency administrative functions.

The committee recommends that the statutes authorizing the creation of the Office of the Chief Medical Examiner be amended to create an organizational structure which provides for the addition of a Chief Administrative Officer with equal authority to that of the Chief Medical Examiner. The Chief Administrative Officer would be appointed by and also serve at the pleasure of the Board of Medicolegal Investigations. The Board would serve as a check and balance system with authority to override any act by the Chief Administrative Officer and/or Chief Medical Examiner that jeopardizes the integrity, efficiency or fiscal viability of the Agency. Discrepancies would be addressed by the Board through a simple majority vote.

The Subcommittee members want to be clear that they do not question the medical competence of the Chief Medical Examiners, past or present. These highly educated and skilled individuals have traditionally provided quality forensic analysis dealing with cause and manner of death for many years. However, there is little question that the case loads and forensic duties associated with the position leave little time for managing the day-to-day administrative operations of the OCME.

**The Subcommittee recommends the following for qualifications and key characteristics of the Chief Administrative Officer:**

The candidate for this position shall have the following qualifications including, but not limited to; being an individual of high integrity, who possesses a masters degree from an accredited college or university with a minimum of five (5) years experience serving in an executive leadership capacity with a private or government organization having at least 50 employees and an annual operating budget of at least five million dollars. Preference will be given to those individuals who are skilled, experienced or have specialized training in the areas of business management, employee evaluation procedures, human resource practices, budget preparation and fiscal issues, procurement law, computer skills, legislative process and/or liaison experience, inventory control, public relations, customer service, records management, continuing education and employee training; strategic planning, organizational skills, law enforcement, verbal and written skills.

The Board of Medicolegal Investigations shall be the deciding entity on whether a person's qualifications meet the minimum standards for administrative experience. Input from the Chief Medical Examiner shall be considered in the deliberations of the Board regarding this matter. Key characteristics shall include promoting quality through established performance standards, appraising staff accomplishments using developed and consistent standards, taking action to reward, counsel, and/or remove employees, as appropriate. Additional important characteristics include valuing cultural diversity and other differences and fostering an environment in which people who are culturally diverse can work together cooperatively and effectively in achieving organizational goals, while fostering commitment, team spirit, pride, trust and group identification.

The successful candidate must be capable of taking steps to prevent situations that could undermine Agency goals, and must be capable of resolving conflicts in a positive and constructive manner using accepted human resource standards. This includes promoting labor/management partnerships, dealing effectively with employee relations matters, tending to office morale and organizational climate issues, handling administrative,

labor management and EEO issues, and taking disciplinary action where appropriate. The Chief Administrative Officer must be able to work effectively with the Chief Medical Examiner.

**The Subcommittee recommends the following duties for the Chief Administrative Officer:**

The Chief Administrative Officer of the OCME is the Executive Director of the Agency and is responsible for the day-to-day operations and management of the Agency. The Chief Administrative Officer shall design and implement strategies that maximize employee potential and foster high ethical standards in meeting the Agency's vision, mission, and goals. He/she shall provide leadership along with the Chief Medical Examiner in setting the work force's expected performance levels, commensurate with the organization's strategic objectives, by inspiring, motivating, and guiding others toward goal accomplishment. The Chief Administrative Officer shall make timely and effective decisions that produce results through strategic planning, implementation, and evaluation of programs and policies. The Chief Administrative Officer, or their appropriate designee, shall be responsible for:

1. Human resource and staffing issues, such as the employment and hiring process, including the appointment, promotion, demotion and/or discipline of any personnel on the operational and administrative side of the Agency;
2. Budgeting issues such as the reporting of financial documentation and quarterly budgetary review by the Board;
3. Reporting of Agency assets and other documents required by the State Auditor's Office;
4. Purchasing in accordance with the Oklahoma Central Purchasing Act;
5. Assisting families, legislators, and the public in procuring requested information;

6. Processing death certificates, out-of-state and cremation permits in a timely manner;
7. Establishing professional policies and procedures addressing all non-clinical areas of Agency operations;
8. Establishing written qualifications and duties for each staff position within the Agency;
9. Providing at least quarterly information to the Board of Medicolegal Investigations regarding operational statistics, advancement in meeting Agency goals and benchmarks, critical issues affecting the progress and success of the Agency, personnel issues affecting operations, and all formal complaints against the Agency;
10. Providing minutes of all Board meetings for public inspection;
11. Directing administrative staff in adhering to all State and Federal laws associated with human resources, procurement, budgeting issues, promulgation of administrative rules, and destruction of records no longer of value to the Agency.
12. All other duties prescribed by the Board of Medicolegal Investigations.

The Chief Administrative Officer is a full-time position and is eligible for state benefits. The position may require the individual to be available outside of normal business hours. Compensatory time is provided for hours worked outside of normal business hours. A state-owned cellular telephone and laptop computer will be provided. Some inter-state and intra-state travel and overnight stays will be required.

The Chief Administrative Officer shall maintain a clean driving record and valid driver's license as a condition of employment in order to properly perform the duties of the office. Salary is set by the Board. This is an at-will, unclassified position and the employee is subject to dismissal with or without cause.

## **OVERSIGHT**

Concerns about lack of proper oversight of the OCME prompted legislators to propose legislation during the 2009 legislative session, to dissolve the current Board of Medicolegal Investigations. The proposed legislation would have placed the Agency under the direct supervision of the Governor's office. The committee does not believe this provides a satisfactory solution, and proposes alternative strategies to address the concerns.

There are presently no statutory mandates or administrative rules requiring the OCME leadership to provide necessary data and information regarding Agency operations, such as fiscal matters and personnel issues, to the Board. As a result, the Board was often kept in the dark regarding issues that might tarnish the reputation of the Agency, or reflect negatively on medical examiner leadership.

In light of recent events, the Board has also taken a more aggressive role in Agency operations and has requested more frequent meetings to address the multitude of issues currently facing the OCME. Board members have established a closer relationship with the Chief Medical Examiner in an effort to resolve problematic issues through administrative means.

The current Chief Medical Examiner, Dr. Collie Trant, has been extremely receptive to Board involvement in resolving problems associated with the Agency. The Board of Medicolegal Investigations has established a relationship with Dr. Trant that is moving the OCME in a positive direction.

## **RECOMMENDED COURSE OF ACTION**

The Board of Medicolegal Investigations is established and governed by the 63 O.S. §931, et. seq. It is comprised of eight members, as follows:

- The Director of the Oklahoma State Bureau of Investigation, or a designee
- The State Commissioner of Health, or a designee
- The Dean of the College of Medicine of the University of Oklahoma, or a designee
- The Dean of the Oklahoma State University College of Osteopathic Medicine, or a designee
- The President of the Oklahoma State Medical Association, or a designee
- A funeral director, as provided by 59 O.S. §396.3 , appointed by the Oklahoma Funeral Board
- The President of the Oklahoma Bar Association, or a designee
- The President of the Oklahoma Osteopathic Association, or a designee

It is the recommendation of the Oklahoma Board of Medicolegal Investigations, Assessment and Revitalization Subcommittee, that the Board of Medicolegal Investigations remain as the governing body of the State Medical Examiner's Office, in its current composition. The current Board is comprised of individuals who are highly skilled and experienced in their respective disciplines. The Board is extremely diverse in its statutory design, and its members have a broad range of backgrounds capable of addressing the various issues commonly associated with medicolegal investigations.

The Subcommittee further recommends that an additional position be statutorily added to the Board of Medicolegal Investigations to include the

Director of the University of Central Oklahoma Forensic Science Institute, or a designee. This position is currently held by Dr. Dwight Adams, former Director of the Federal Bureau of Investigation forensic laboratory in Quantico, Virginia. Dr. Adams, specifically, would bring additional perspectives and expertise of the highest degree to the Board in the areas of accreditation, forensic laboratory leadership, and managerial skills. He would be an invaluable asset to both the OCME and the State of Oklahoma.

It is the Subcommittee's position that placing the OCME under the direct supervision of the Governor's Office would do little to change the much needed continual oversight that is necessary to address the issues plaguing the Agency at the current time. Conversations with the Governor's Office indicate that Governor Henry's primary interest is the restoration of credibility and integrity to the OCME and that he supports whatever methodology is necessary to achieve this goal.

Statutory amendments are also recommended to clarify the powers and duties of the Board of Medicolegal Investigations so there are no misunderstandings as to its authority. Other necessary statutory changes include mandating the OCME to provide specific information critical to the Board of Medicolegal Investigations during regularly scheduled Board meetings. This information should include, but not be limited to, budget and personnel issues, new and existing projects and programs, complaints against the Agency, and any other information critical to the Board's statutory responsibilities and the functioning of the Agency.

## **BACKLOG AND REPORTING ISSUES**

The OCME has recently been criticized for the extreme number of backlogged death certificates and autopsy reports pending completion. This issue has plagued the Agency for some time. Historically, the Agency has taken as long as two years to produce finalized death certificates and autopsy findings.

A completed death certificate for a decedent who is subjected to an autopsy cannot be issued until an autopsy report has been finalized. Although an incomplete certificate (one that does not state the cause and manner of death) can be used for burial purposes, the next of kin must have a completed death certificate in order to claim insurance and government benefits, settle a probate estate, or initiate certain legal actions. Best practices show that autopsy reports should be produced promptly so that completed death certificates can be generated and provided to the next of kin with minimal delay. NAME recommends that 95% of autopsy reports be completed within two months from the time of the autopsy in cases involving homicide, and within three months from the time of autopsy in all other cases.

The OCME's records indicate that there are a total of 1,550 cases from 2008 and 2009 that remain in "pending" status as of October, 2009. These are unacceptable statistics and changes must be made to alleviate these escalating backlogs. As determined by NAME, most of the backlog can be attributed to staff shortages, excessive caseloads, inadequate administrative support, and a lack of standardized operating procedures.

Despite having completed the autopsy, laboratory analysis, and examination of investigative concerns, there is still no final written disposition of the case until it is transcribed. It is important to note that incomplete reports could have a lasting impact on the medical and/or legal standing of the case.

## **RECOMMENDED COURSE OF ACTION**

The Subcommittee for Assessment and Revitalization recommends an increase in the number of forensic pathologists to reduce the pending backlog of autopsy reports requiring a physician's attention. The Subcommittee further recommends establishing standardized policies and procedures and medical protocols, thereby insuring the timely completion of autopsy reports commensurate with NAME accreditation standards.

Administrative personnel are encouraged to consult with NAME in the development and implementation of policies and procedures specifically addressing existing case backlogs. Research indicates that NAME will provide guidance and direction on written standards and case management. Based on experience with similar issues in other jurisdictions, NAME recommends the development of policies and procedures that prioritize delinquent and aging cases. It also recommends implementation of internal controls to minimize the manual processing and tracking of cases.

The Agency administration must conduct workflow studies that can improve the overall efficiency of Agency operations in final case dispositions. This includes updating procedures, protocols, forms and documentation used for automated tracking and reporting purposes.

The OCME must redesign autopsy report forms so that completion and sign-off dates are readily visible in future reviews. Implementation of quality assurance guidelines will assist in the reduction of case backlogs and operational efficiencies. It will also promote accountability by staff in meeting Agency and customer expectations in case turn-around times.

Finally, the Subcommittee recommends that regular reviews of pending backlogged autopsy reports occur to address Agency accountability. Supervisory personnel need to make recommendations on methods of expediting the closure of all current and future cases in accordance with accreditation standards. Dr. Trant indicates that efforts are being made to address some of the Agency's oldest pending cases, but additional efforts to reduce the turn-around time for all cases need to be made.

## EQUIPMENT NEEDS

Historical information and a simple walk through of the Agency provides a glimpse of the inadequate working conditions and antiquated equipment that current OCME personnel must utilize. After many years of neglect, some equipment is either obsolete or subject to break down at any time, leaving the Agency at a virtual stand-still.

**The Subcommittee for Assessment and Revitalization recommends the following equipment be purchased:**

After speaking with many employees within both the Oklahoma City and Tulsa Offices, the Subcommittee for Assessment and Revitalization has determined that the following basic equipment is essential to restore efficiency and accreditation to the office. The equipment needs are broken down by office and/or department, and include estimated costs for the procurement of these items. Listed below is the physical location of the requested equipment. They are listed in priority order, within each department:

#1	TOXICOLOGY / Serving OKC and Tulsa		
No.	ITEM	PURPOSE	COST
1	CO Oximeter Instrument	Detects body carbon monoxide	\$15,000
2	Refrigerators	Storage of lab specimens	\$7,000
2	Freezers	Storage of lab specimens	\$7,000

1	LC/MS Analysis Instrument	Comprehensive drug screening	\$400,000
1	Alcohol Analysis Instrument	Detects alcohol	\$60,000

<b>#2 MORGUE / Serving OKC and Tulsa</b>			
<b>No.</b>	<b>ITEM</b>	<b>PURPOSE</b>	<b>COST</b>
1	Digital X-Ray Machine with computer and server	X-ray of human remains	\$60,000
1	Digital Dictation System	Dictation during autopsies	\$28,000
4	Rolling Cart Table Systems	Body transport	\$68,000
1	Tissue Tek Instrument	Processing tissue samples on slides	\$35,000
3	Digital Cameras	Pathology autopsy Examinations	\$1,500
1	Bariatric 1000 LB Cart	For human remains	\$3,669
1	Tissue Tek Bedding Instrument	Embed tissue samples in wax	\$10,000
1	Acid Cabinet	Chemical storage	\$1,500
1	Washer and Dryer	Morgue coats, scrubs, towels	\$2,000
1	Floating X-ray Table	X-ray of human remains	\$9,600
1	Metal Building to attach to existing building in OKC	Morgue and autopsy space	\$100,000

1	Additional Photo Equipment	Pathology autopsy Examinations	\$20,000
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<b>#3</b>	<b>MEDICOLEGAL INVESTIGATIONS / Serving OKC and Tulsa</b>		
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<b>No.</b>	<b>ITEM</b>	<b>PURPOSE</b>	<b>COST</b>
30	GPS Devices	Statewide directions	\$6,000
60	Uniforms	Scene attire	\$8,100
30	Vehicles	Scene response	\$450,000

<b>#4</b>	<b>MORGUE / TULSA</b>
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<b>No.</b>	<b>ITEM</b>	<b>PURPOSE</b>	<b>COST</b>
2	Rolling Cart Table Systems	Body transport	\$34,422

<b>#5</b>	<b>OKLAHOMA CITY OFFICE</b>
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<b>No.</b>	<b>ITEM</b>	<b>PURPOSE</b>	<b>COST</b>
1	Computer Station with scan, print, and fax capability	Use by transcriptionists	\$1,200
1	Multi-Head Scope/Computer/Monitor	Viewing of tissue slides by physicians	\$15,000
1	Emergency Generator/ Fire Safety	Electricity to building	\$75,000

#6	TULSA OFFICE			
No.	ITEM		PURPOSE	COST
1	Multi-Head Monitor	Scope/Computer/	Viewing of tissue slides by physicians	\$15,000
1	Emergency Safety	Generator/ Fire	Electricity to building	\$40,000

**Equipment Cost \$1,022,991.**

**Vehicle Costs: \$ 450,000**

**TOTAL 1,472,991.00**

NOTE: The equipment listed above will only help the Agency regain accreditation. Future and consistent funding will be necessary to maintain existing equipment and provide for replacement purchases over time.

## **EVIDENCE AND PROPERTY HANDLING**

The OCME has recently experienced criticism for allegedly mishandling both physical evidence and personal property associated with medicolegal death investigation. This gave rise to concerns from both law enforcement and attorneys regarding the integrity of evidence being processed by State or Federal laboratories or used in criminal prosecutions.

The Committee proposes the following procedures pertaining to evidence handling and property control. These procedures will help ensure that evidence is maintained in such a fashion as to be of value in legal proceedings and to ensure the return of personal property to its rightful owner.

## **RECOMMENDED COURSE OF ACTION**

The Subcommittee on Assessment and Revitalization recommends the following actions be taken to correct the problems associated with evidence handling procedures within the OCME:

1. Establish policy for the maintenance of an inventory system for property taken into custody, whether it is evidence or forfeitable property.
2. Comply with all applicable state and federal requirements for seized or forfeited property.
3. All property must have the chain of evidence properly documented and recorded in an established database or file.
4. Property to be used in criminal proceedings must be properly packaged and stored in a secure location.
5. Law enforcement agencies need to be immediately notified when evidence needs to be analyzed and is available.
6. All handling of personal property or physical evidence needs to be properly documented for investigative files and future reference.
7. Routine supervisory inspections of all property and evidence storage facilities must be made, to ensure that accepted protocols are being followed.
8. There should be limited and controlled access to personal property/evidence storage facilities.
9. Funding permitting, the OCME should employ a full-time FTE to address the continuous receipt of property and evidence.
10. The handling of personal property and physical evidence needs to be a core part of the basic training for all medicolegal investigators.

Evidence handling, packaging, storage, and transportation training can be obtained free of charge from the Physical Evidence Technicians at the Oklahoma State Bureau of Investigation. These specialists handle thousands of pieces of evidence daily and can provide hands-on training to OCME investigative personnel. The Tulsa Office has adequate space to properly dry clothing that has been soaked in fluids, but the Oklahoma City Office does not.

## **FACILITIES**

For several years now, members of the Board of Medicolegal Investigation have advocated for improved facilities, which would address the vast majority of problems presently associated with the OCME. As a preliminary matter, there is a critical need for construction of a new facility to replace the rapidly aging and antiquated structure currently serving as the Agency's headquarters.

The OCME has medicolegal operations in two physical facilities within the State. The headquarters is located at 901 N. Stonewall in Oklahoma City, while a second office is located at 1115 West 17th in Tulsa. According to OCME staff, the Tulsa office seems to be physically adequate to facilitate the needs of the Agency, for that location.

However, the headquarters facility is grossly inadequate to house existing staff, let alone a much needed expansion, including additional personnel. There is also inadequate space for Agency documents and storage of human cadavers.

The OCME in Oklahoma City has modified the structure through renovation on several occasions. The much needed training room has been converted into office space to accommodate the addition of medical and support staff. This space is insufficient for the current FTE load. However, to accommodate all available FTE's, additional office space is desperately needed. Dr. Trant indicates that the Agency is looking into the rental of portable buildings as a temporary accommodation for existing staff, but additional permanent office space is necessary to obtain reaccreditation by NAME.

A recent assessment of the OCME by NAME left no doubt that the antiquated facility was a primary reason for this denial of reaccreditation. Coupled with a severe shortage of personnel the assessment resulted in what has been described as one of the worst reviews of an Agency in NAME history. Oklahoma was cited with twenty-two (22) Phase II violations, and nineteen (19) phase I violations. NAME accreditation standards allow an Agency only ten (10) Phase I and zero (0) Phase II violations in order to maintain accreditation status.

The NAME reaccreditation assessment reported that the 18,500 square foot OCME headquarters facility has adequate space to accommodate 26 employees. However, the Agency currently houses 37.4 FTE in that area, and not all available FTE positions are presently filled.

## **RECOMMENDED COURSE OF ACTION**

The Board of Medicolegal Investigations, Subcommittee for Assessment and Revitalization of the OCME, recommends that the Oklahoma State Legislature approve funds in the amount of 60 million dollars (60M) from the Oklahoma Capitol Improvement Authority (OCIA), and annual recurring funds to reduce the 60M bond for the construction of a new OCME headquarters facility.

The proposed new facility is critical for meeting the escalating needs of the OCME in its effort to restore national accreditation and operational efficiency. It is anticipated that the project will take approximately three years from date of approval to complete.

The OCME is currently evaluating two possible locations in the Oklahoma City metropolitan area as possible options for construction of a new facility:

Option #1 proposes total destruction of the existing headquarters facility at 901 N. Stonewall, and the reconstruction of a multi-level structure on existing property. This option provided the advantage of maintaining the Agency in close proximity to the University of Oklahoma College of Medicine and other nearby health care facilities. However, the agency would have the added expense of securing temporary facilities to continue operations while new construction was occurring.

Option #2 proposes that the Agency to relocate to property on the east side of the University of Central Oklahoma campus in the City of Edmond, approximately 13 miles north of the current location. The advantage of this option is the close proximity to the Oklahoma State Bureau of Investigation Forensic Science Center, and the University of Central Oklahoma Forensic Science Institute, both of which are new, state-of-the-art facilities.

It is the position of the Subcommittee that the location of a new facility is immaterial, so long as it is constructed using state-of-the-art technology, and is based on "best practices" and "accepted standards" of construction and

design by members of the medical examiner's profession and forensic community. However, option #2 has several distinct practical advantages over option #1. These advantages include:

- The Edmond location will be located in close physical proximity to the Oklahoma State Bureau of Investigation (OSBI) Forensic Science Center (FSC). The OSBI FSC has a large training classroom with state-of-the-art audio-visual technology, and teaching laboratory space available to medical examiner personnel.
- The OSBI FSC has a full-service toxicology laboratory with well - trained and accredited personnel, and updated toxicological equipment available to medical examiner personnel.
- The OSBI FSC has well qualified physical evidence technicians available for the handling of violent death investigation evidence slated for OSBI submittal. This will assist the OCME in maintaining the integrity of evidentiary items.
- The University of Central Oklahoma (UCO) Forensic Science Institute (FSI) has planned construction that will include a teaching and research laboratory for pathology and anthropology that can be utilized by medical examiner personnel.
- The University of Central Oklahoma has planned construction on a teaching and research facility for chemistry and toxicology that will be available for medical examiner personnel.
- The University of Central Oklahoma plan calls for the integration of the OCME into their forensic science, nursing, criminal justice, and mortuary science programs for purposes of research, training and education.
- Offer of continuing education for medical examiner investigative personnel.
- Association with the University of Central Oklahoma allows the state medical examiner's office access to the following personnel resources, as well:
  1. Dwight E. Adams, Ph.D. – Forensic DNA Analysis, Laboratory Administration
  2. Thomas Jourdan, Ph.D. – Analytical Chemistry, Nuclear Forensics, WMD
  3. Wayne Lord, Ph.D. – Forensic Entomology, Behavioral Profiling, Evidence collection and preservation
  4. Mark McCoy, Ed.D. – Digital Forensics

Construction of a new facility will significantly enhance the recruitment and retention of members of the forensic pathology profession and toxicological laboratory experts, both of which are desperately needed for restoration of national accreditation status.

Conversations with chief medical examiners throughout the nation indicate that the sharing of resources between university, crime laboratory, and medicolegal operations is an extremely viable collaboration option and can have a positive impact on Agency operations and morale.

## **MEDICOLEGAL DEATH INVESTIGATION UNIT**

It is essential that appropriate training and equipment be provided to address various issues within the OCME Death Investigations unit.

Due to a lack of formal training, there are currently only two OCME field death investigators who have national death investigation certification. The training necessary to obtain such certification should be paid for by the OCME and should be a mandatory requirement for each and every field death investigator serving in this capacity. This training should be completed within a prescribed amount of time in order to provide efficiency and integrity within the investigative ranks of the OCME.

Equipment for investigative personnel has also become a critical issue needing immediate attention. Currently, field investigators share vehicles and cell phones within a designated region. This slows response time to death scenes and creates logistical issues for management personnel. Investigators are relying on their own personal desktop computers to store and transmit information pertaining to their jobs, which can cause a significant delay in transmitting such information to the OCME offices. Laptop computers that can be transported to the scene are needed for each investigator so critical information can be documented and electronically forwarded to a database in Oklahoma City and/or Tulsa for referencing, as quickly as possible. GPS devices need to be purchased, installed in Agency vehicles, and implemented into field investigator protocols to enhance response times to investigation locations.

## **RECOMMENDED COURSE OF ACTION**

The OCME must have a Chief Investigator who has the training, education and experience to address the multitude of issues dealing with investigative operations. This person must possess excellent people skills and be customer service oriented. The Chief Investigator should have supervisory and managerial skills, and be familiar with human resource rules and regulations, as they relate to Oklahoma and Federal law. In August 2009, Dr. Trant appointed Timothy Dwyer as his Chief Investigator.

Generally speaking, Death Investigators are defined as people who work with medical examiners to obtain and document information on reported deaths, conduct scene investigations and participate in other aspects of death investigations as directed by, or in conjunction with, the medical examiner. In furtherance of this objective, the Subcommittee recommends training for all OCME Field Investigators in the area of crime scene reconstruction, blood spatter interpretation and annual membership in the International Association of Identification.

There are numerous credible death investigators training courses offered by universities, health science centers, and medical examiner's offices located in other states.

The Subcommittee on Assessment and Revitalization of the OCME recommends that training for all death investigators be budgeted for both the basic and advanced training courses provided by St. Louis University. OCME should explore the possibility of hosting training sessions in Oklahoma City for death investigation training if this option is provided by St. Louis University. The basic training session at St. Louis University currently runs from \$295 to \$825 per student, not including travel expenses.

The Subcommittee also recommends that all OCME investigative personnel receive continuous training in the proper handling and storage of forensic evidence. The Oklahoma State Bureau of Investigation has full-time physical evidence technicians who are trained in the efficient handling of evidentiary items that can provide professional and periodic training to OCME investigative personnel, at no cost to the Agency. Other organizations also

provide this type of professional training, but at a cost to each of its students.

When funds and facility space become available, the OCME needs to purchase and install drying chambers for the purpose of preserving items of evidence which have been saturated with body fluids. Currently, there is no space within the Oklahoma City headquarters facility to implement this recommendation.

Additionally, there needs to be a clear and concise understanding of Oklahoma Statutes dealing with crime scenes, human remains, and evidentiary items presented to OCME investigative personnel by legal authorities. In the past, investigators have misunderstood their powers, duties and responsibilities in these areas. Implementation of these recommendations will alleviate the sometimes strained relationship between OCME investigative personnel and law enforcement .

Funds need to be budgeted to procure the following equipment for each OCME Death Investigator:

GPS device

Cell Phone (currently being shared)

Vehicle (currently being shared)

Uniform Allowance (currently are only issued three each)

Implementation of the aforementioned personnel, training, and equipment recommendations will substantially enhance the Medical Examiner's investigative system.

## **PERSONNEL SHORTAGES**

The National Association of Medical Examiners (NAME) conducted a reaccreditation assessment on the OCME in April 2009. NAME detected an excessive number of deficiencies that prohibited the agency from obtaining reaccreditation status (19 Phase I and 22 Phase II). According to Debra Kay, M.D., who conducted the assessment, the majority of the deficiencies were attributed to the Medical Examiner facility and a shortage of staffing. (Cover letter page dated June 8, 2009 and signed by Jeffrey M. Jentzen, M.D., Chairman, NAME Inspections and Accreditation) Dr. Kay noted in her final report that "the quality of investigations and autopsies is excellent, but that personnel have an excessive workload" (Page 1 of final assessment report written by Dr. Kay to Dr. Jensen).

This shortage in FTE is evident by the backlog of reports, over-time by investigators, and an unacceptable number of autopsies and viewings being required from each staff pathologist (Page 3, #15, Inspection Report on OCME by Deborah Kay, M.D.).

## RECOMMENDED COURSE OF ACTION

The Subcommittee on Assessment and Revitalization recommends the addition of the following personnel in order to bring the OCME into compliance for NAME accreditation. As stated in the "Implementation Plan" section of this proposal, the increase in personnel can be phased-in over a period of two years. However, the Subcommittee strongly suggests that the minimal number of new FTE be approved for employment as soon as funds permit, in order to reduce existing backlogs, improve efficiency, and bring the agency into NAME compliance for reaccreditation.

A total of 30 additional FTE are requested to facilitate the needs of the State Medical Examiner's Office. This number includes an administrator, staff pathologists, pathology assistants, medicolegal death investigators, toxicologists, a family assistance coordinator, a cremation technician, medical transcriptionists, security guard, and support staff for both the Oklahoma City and the Tulsa offices.

### Recommended staff includes:

NUMBER	POSITION	SALARY EACH	BENEFITS	TOTAL
One (1)	Chief Administrative Officer	\$90,000	\$37,977	\$127,977
Five (5)	Forensic Pathologist	\$875,000	\$260,000	\$1,135,000
Four (4)	Medicolegal Death Investigator	\$35,000	\$24,530	\$238,120
Six (6)	Forensic Toxicologist (Chemist)	\$53,000	\$28,931	\$491,586
One (1)	Toxicology Secretary	\$28,500	\$22,940	\$51,440

One (1)	Family Assistance Coordinator	\$37,000	\$25,019	\$62,019
Four (4)	Pathology Assistant	\$31,000	\$23,552	\$218,208
One (1)	Cremation Specialist	\$28,500	\$22,940	\$51,440
Two (2)	Medical Records Specialist	\$21,500	\$21,229	\$85,458
One (1)	Security Guard	\$23,600	\$21,742	\$45,342
Four (4)	Medical Transcriptionist	\$21,500	\$21,229	\$42,729
<b>30</b>	<b>TOTAL</b>			

Endnote:

It is strongly suggested that the Agency conduct a criminal history background check through the Oklahoma State Bureau of Investigation and a pre-employment drug screen on all future employees. This procedure will help insure the safety and security of current employees and the integrity of Agency operations and documentation. OCME administrators need to adopt a policy that creates a minimum standard commensurate with nationally accepted human resource and hiring practices.

## **POLICY AND PROCEDURE DEVELOPMENT**

Policy and procedure reflect the standards of operation and performance by which employees of the OCME are expected to perform their assigned duties. Agency employees are expected to conduct business and regulate their activities in accordance with Agency policies and procedures.

Currently, the OCME existing policies and procedures do not adequately address all necessary areas of agency operations. Further, policies are not adequately communicated to employees or consistently enforced.

## **RECOMMENDED COURSE OF ACTION**

The Subcommittee on Assessment and Revitalization of the OCME recognizes that Dr. Trant has begun the process of reviewing, revising, and creating new polices where needed. The Committee recommends that the newly appointed Administrator be assigned the responsibility of oversight of administrative policy and procedure development and enforcement, including annual review to insure that polices and procedures are in compliance with current laws and technological advances. It shall be the responsibility of the Agency Administrator to work with the OCME Human Resource officer for the development and implantation of all personnel policies and procedures. It shall further be the responsibility of the agency administrator to see that all agency employees are familiar with these policies and procedures and that they have continual access to them in hard copy and electronic format.

The Chief Medical Examiner shall maintain oversight of polices and procedures relating to Medicolegal functions, including but not limited to scene investigations, autopsies, toxicology, and evidence handling and property storage.

Development of policies and procedures will not only increase morale within the Agency by providing standardized direction for employees, it will also aid in preventing grievances within the agency resulting from the absence of standardized protocols.

The Oklahoma Office of Personnel Management can assist OCME with this project. Other state agencies like OSBI, University of Oklahoma Medical School, and the Oklahoma Funeral Board have all offered their policies and procedures to use as a guide in the development of policies and procedures that can be modified to meet the needs of the Agency.

## **TRAINING NEEDS**

Providing training for employees not only assists them in the development of their skills and knowledge, it is also motivational and a building block to organizational success. It is important for any state agency to plan the training that its employees may need. Training must be for the right people and needs to be the right type of training.

One of the best ways to encourage and support employees within the OCME is through professional development and training opportunities. Investing in training opportunities provides the tools for proper execution of the job as it changes or evolves. Sometimes, just getting employees out of the day-to-day routine of their everyday work schedule is enough to jump-start their enthusiasm and encourage them to recommit to their jobs and the Agency. Learning new skills and interacting with new and different people has a direct impact on the productivity and atmosphere of the work environment.

Training has to be an integral part of any agency rebuilding strategy. The rewards become evident through the renewed spirit of employees and the revitalization of creativity and productivity, and can yield many positive benefits for the Agency.

## RECOMMENDED COURSE OF ACTION

Consultation with both medical and investigative personnel within the OCME has revealed a critical need for appropriate training for both departments. The Subcommittee on Assessment and Revitalization recommends annual funds be budgeted for new and continuing education training.

Pathologists at OCME are trained forensic specialists holding physician pathologist credentials. However, continuing education through the **National Association of Medical Examiner's** (NAME), the accrediting organization for this profession, is absolutely essential to rebuilding the reputation and credibility of the Agency. An alternative to NAME is the **American Academy of Forensic Science**, another recognized professional organization offering annual specialized training in the area of forensic pathology.

Training for the medicolegal investigative staff of the Agency has been partially addressed under the "Investigative Operations" portion of the Identified Deficiencies section of this document, which identifies the need for basic and advanced certification as forensic death investigators. However, an association with the **American Board of Medicolegal Death Investigators** should be established in order to obtain the necessary credentials and networking resources needed to restore more competence and credibility to this sizeable workforce within the medical examiner system. It is recommended that OCME pay for all investigative personnel to have professional memberships with the American Board of Medicolegal Death Investigators (ABMDI) and encourage involvement with the Oklahoma Division of the International Association of Identification .

Continuing education for staff toxicologists needs to be implemented in order to maintain compliance with accepted forensic protocols. It is recommended that all of the existing Toxicologists attend training conducted by the American Academy of Forensic Scientists, or another recognized organization in order to promote certification standards

Continuing education for support staff of the Agency, can be obtained relatively inexpensively in most cases, or at no cost to the agency

through the Oklahoma Office of Personnel Management (OPM) or Institutes of higher Education.

The Subcommittee further recommends that managerial training be provided to staff members in leadership positions within the Agency. This will help to shore up deficiencies in leadership capabilities that are critical to the organization's success. All of the aforementioned recommendations are an integral part of the leadership and administrative process that should be standardized within the OCME.