

COMMISSION ON MEDICOLEGAL INVESTIGATIONS MINUTES

November 18, 2022

The meeting of the Commission on Medicolegal Investigations was held at the Office of the Chief Medical Examiner (OCME) in Farmington, CT on Friday November 18, 2022.

Present: Todd D. Fernow, J.D. (Chairman) (Remotely)
John H. Sinard, M.D., Ph.D., Vice Chairman (Remotely)
Sidney M. Hopper, Ph.D., Secretary (Remotely)
Elizabeth Frugale DPH, (Remotely)
Susan Keane Baker M.H.A (Remotely)

Absent: Celia F. Pinzi,
Michael M. Krinsky, M.D.

Also Present: James R. Gill, M.D., Chief Medical Examiner
Maura E. DeJoseph, D.O., Deputy Chief
Linda Sylvia, Executive Secretary
Lincoln Dwayne Gordon, Administrator

Chairman Fernow called the meeting to order at 2:05 p.m. and thanked Dr. Sinard for standing in during the last Commission meeting.

The minutes for the September 23, 2022, meeting were adopted with correction.

Report of the Chief:

The number of autopsies projected for this year are in excess of 3,100. Drs. White is on indefinite leave and Dr. Hays has resigned but will participate as a per diem employee a few days a month. The Office currently has six medical examiners not including the Chief, Deputy, and one Fellow. Two candidates have been interviewed for the vacated positions. One declined for family reasons and the other candidate was offered more money once their present employer realized that the candidate was interviewing elsewhere. It may take months to find suitable candidates to fill the two open positions. Hiring current and/or former fellows remains a possibility.

Case completion statistics for 90 days remains at 90%; the 60-day turnaround time has been decreasing into the 80s due to case load and staff shortages. Reports may be slightly delayed.

There was additional discussion regarding the reclassification of deaths where fentanyl was involved. A death of this nature may still be considered an accidental death or an accidental drug intoxication death. In order to certify a death due to intoxication, three components are necessary: 1) toxicology 2) an autopsy that excludes other causes and 3) consistent history and circumstance. Other M.E. offices have been cutting back on autopsies for drug intoxication deaths because they don't have enough staff. We are managing with autopsies, but the reports are going to decrease a bit. In some instances involving drug intoxication deaths, dealers are criminally charged. Reasonable doubt may

be raised if the Office testifies in court without a thorough autopsy. Ten to twenty percent of causes of death may not be correct. OCME will continue to perform autopsies on these cases. In the event we are overwhelmed, tough decisions will have to be made. If a person dies at home with a family present and a needle is present, we may decide to conduct an external examination with toxicology. However, our desire is to conduct a full autopsy.

OCME follows professional guidelines to determine whether an autopsy is automatic or discretionary. As an example, suicidal gunshot wounds to the head, hangings and suicides generally receive external examinations. Other M.E. offices may perform full autopsies. If a person arrives at a hospital following a motor vehicle incident and there is documentation of injuries, an autopsy is not performed unless a criminal component is present. Family requests for an autopsy are referred to other hospitals because a private autopsy may cost thousands of dollars. The Office generally autopsies passengers in motor vehicle accidents where a lawsuit for pain and suffering is a possibility. Most motor vehicle collision deaths involve single drivers or motorcyclists. There are variations between states as to which cases are autopsied.

Due to the present shortage of medical examiners, OCME is considering early offers of permanent employment to current Fellows contingent upon completion of their training. There are currently 50 offers of employment in the United States. Salaries are increasing and applicants are being approached by Offices everywhere. There are 53 board certified forensic pathologists completing training this year - the highest number to date and still not enough to meet demand.

Investigator scene presence for September and October was 100% and 99% respectively.

There are currently 116 bodies in house with 53 over 30 days. Since the new statute that allows the Office to take jurisdiction, more cases have been expedited.

Deland Weyrauch is progressing well and will make an excellent forensic pathologist.

Two national architectural firms have been interviewed to determine whether expansion of the present site or a new site for OCME would be best. The office must make the final selection.

OCME is investigating the possibility of obtaining a part-time in-house attorney in addition to representation by the Office of the Attorney General. A discussion ensued as to the rationale for in-house representation.

The National Association of Medical Examiners (NAME) accreditation inspection was performed virtually. The inspection included interviews with staff and a virtual walk-around the facility. The inspection appeared to go well. We believe that accreditation will be provisional based on deficiencies related to the facility. As an example, the Office performs 3,200 autopsies per year and has only 4 autopsy tables. For comparison purposes, the state of New Mexico performs 2,000 autopsies per year and has 16 tables. Nineteen million dollars have been bonded for the new site/expansion which should correct some of these issues.

There has been an increase in bad behavior by a few funeral directors who have been verbally mistreating OCME staff. Dr Gill has sent letters to these directors explaining that this is unacceptable. If this behavior continues it will be reported to the state.

Financial information in the Executive Administrative Summary Report was reviewed.

Regular Scheduled meeting dates for the Commission on Medicolegal Investigations for 2023 are:

Friday, February 3,
Friday, March 24 (Open Meeting)
Friday June 30
Friday September 22
Friday November 17

Noted for the record COMLI Officers will remain the same.

Tom Scanlon, Office of the Commission Appointment Bureau, in the Office of the Governor, has contacted all medical and law schools in Connecticut as well as the Connecticut Bar Association to identify potential replacements for the present COMLI vacancies.

The new statute has helped in moving unclaimed remains and DSS is getting the funeral directors reimbursed quickly.

Greater than 60% of death records are being filed using the EDRS system. Nursing homes and PCPs will be using the system shortly with the goal of 100% compliance within the first quarter of 2023. OCME's use is currently 100%. The EDRS system has decreased time in submitting information to our federal partners. Historically, using a paper-based system, submission was greater than 4 months. Using the EDRS, submission time is less than 20 days with the majority of submissions less than 10 days. OCME has a close relationship with DPH systems. There is dual entry into both systems. An interface is being developed that will eliminate duplication of effort. DPH has been testing with some hospitals in the New London area resolving workflow issues. The DPH is working with Dr. DeJoseph and her team to correct idiosyncrasies and verify information in the system.

There being no further business the meeting was adjourned at 2.57 p.m.

Sidney M Hopfer, Ph.D
Secretary