

Appropriations Committee
Deficiency Hearing
March 18, 2016

**Office of The Chief Medical Examiner
Testimony Packet**

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Testimony of Dr. James Gill, Chief Medical Examiner

Good morning Senator Bye, Representative Walker, Senator Kane, Representative Ziobron and distinguished members of the appropriations committee. I am James Gill, Chief Medical Examiner. Once again, thank you for your continued support of our office and for giving me the opportunity to describe our updated financial situation. We now have a projected FY16 deficiency of approximately \$456,000 which is slightly more than when I testified before the Committee on November 12th, 2015.

In the past two years, our autopsy numbers have increased 58%. This work increase is in large part due to the increase in our investigations of substance abuse deaths. Please imagine the impact of a 58% increase of mandated work on any other state agency without corresponding staffing and funding increases. Due to our legal mandate, we cannot outsource autopsies or decrease the number of homicides, accidents, or suicides that occur each year in Connecticut. We have no control of when or how many deaths require an investigation each year. Although my testimony here today concerns the 2016 deficiency, I would be remiss in my duties if I did not inform the committee that given this upward but leveling trend of deaths, the current deficit will recur next year and every year until our base is reset.

In the fall of 2015, we proposed reorganizational and hiring plans that would have saved the office money, but these could only be partially implemented due to the hiring freeze. With hiring part-time mortuary technicians in February, we have very recently started to see a savings benefit. Without a fully implemented hiring plan, we cannot reduce overtime without crippling our investigations.

The FY16 deficiency is a result of responding to this dramatic increased workload by the utilization of primarily premium overtime to cover shifts (as a result of long term vacancies and the hiring freeze); and increased operating expenses including increased contracted body transports, increased laboratory tests, and increased lab supplies. Overtime and a dedicated, hard-working staff have allowed us to continue functioning as a 24/7/365 agency and be sensitive to the families we serve. Without overtime we would not be able to keep up with removing bodies from homes or scenes, perform autopsies on a daily basis, and families subsequently would have to delay their funeral arrangements. Without overtime we would not be able to have investigators available around the clock to respond to death scenes to begin the death investigation and determine if the OCME needs to take jurisdiction for an autopsy. As I have previously described, slowing or removing any of the cogs that keep our investigations moving efficiently ultimately affects families. Delays in death certificates prevent families from collecting life insurance benefits which hampers the family's ability to pay for funeral arrangements. Delays in investigations and the determination of the cause and manner of death also may impede police investigations.

Please note that the OCME continues to generate more and more revenue for the General Fund through our cremation investigations. In FY 16 we project over \$2,400,000 dollars will be generated from these investigations.

If our budget and staffing issues are not fully addressed, we will lose our NAME accreditation (our on-site inspection will be this summer 2016). Currently we hold Full Accreditation from the National Association of Medical Examiners (NAME) – which means they affirmed that our office performs sound and timely death investigations. This instills confidence in the police departments, attorneys, and the families we serve. Loss of accreditation means that an office cannot meet the minimal standards of practice for death investigation. Mistakes by a medical examiner put people's lives at risk, can result in the innocent imprisoned, and cost millions of dollars in civil claims. We have started to see a delay in autopsies and issuing the final death certificate and reports due to the Medical Examiners performing more than the recommended number of autopsies.

Medical Examiners in Los Angeles, Massachusetts, San Francisco, Maine, and West Virginia have seen the effects of backlogs and insufficient support – where grieving families are now angry, where incorrect bodies are released due to staffing shortages, where attorneys poke holes in the ME's work because of the conditions, and where the police and the public lose faith in this vital death investigation system (see attached news stories). Connecticut had its own troubles in 2012 which will return without action. We ask for your assistance to avoid this for our State's citizens at their time of greatest need.

Correcting the 2016 deficiency is the first step in the process of recalibrating the OCME's budget and staffing to allow the OCME to continue to function and provide high quality death investigation for the citizens of Connecticut. The 2016 deficiency will re-occur next year on top of the proposed 5.75% budget cut which would result in an effective cut of 10.52% for FY 17. The OCME still has many challenges ahead.

Thank you for the opportunity to address the Committee. My administrative staff and I are happy to answer your questions.

Office of the Chief Medical Examiner

Statistical Information

FY14-16

	FY12	FY13	FY14	FY15	FY16 (est)	2yr change
OCME Accessions	18,133	18,844	19,336	20,283	20,847	7.81%
change		3.92%	2.61%	4.90%	2.78%	7.81%
Cremations**	13,941	14,562	15,389	16,316	16,745	8.81%
change		4.45%	5.68%	6.02%	2.63%	8.81%
Autopsies*	1,333	1,420	1,488	1,993	2,357	58.40%
change		6.53%	4.79%	33.94%	18.26%	58.40%
	CY12	CY13	CY14	CY15		
Deaths, statewide (CDC)	29,316	29,632	29,896	***		
change		1.08%	0.89%			
Accidental intoxication deaths (OCME)	357	495	568	723		
change		38.66%	14.75%	27.29%		

*Additional 400-500 cases per year undergo limited autopsy/external exam at OCME

**OCME deposits \$150 per cremation into General Fund

***Overall Connecticut deaths stable from year to year



DISTRICT 5 MEDICAL EXAMINER
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October 3, 2015

Standards, Inspection and Accreditation Committee

National Association of Medical Examiners
31479 Arrow Lane
Marceline, MO 64658

RE: **Office of the Chief Medical Examiner for the State of Connecticut**

Dear Committee:

I originally performed the National Association of Medical Examiners' accreditation inspection of the Office of the Chief Medical Examiner for the State of Connecticut in May, 2011, and I have since performed their annual reviews. It is clear that the Office has continued to strive for excellence under the direction of the current Chief Medical Examiner, James Gill, M.D., providing the citizens of Connecticut a modern and professional medicolegal death investigation system.

In my review of the changes to the office profile and inspection checklist reported by the Office of the Chief Medical Examiner as part of the Office's 2015 Annual Accreditation Verification, I identified only two (2) Phase I deficiencies and no Phase II deficiencies, and I therefore recommend continued Full Accreditation

The Phase I deficiencies found are as follows:

G.2.j. Is the medical staff of sufficient size that no autopsy physician is required to perform more than 250 autopsies/year?

Based on the 2014 data provided, each medical examiner performed an average equivalent of 306 autopsies (based on equating four external examinations to one autopsy)

G.3.d. Are a majority of the medical investigators who have worked in the office for over 5 years Registered Diplomates or Board Certified Fellows of the American Board of Medical Death Investigators?

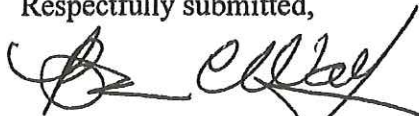
Currently only one investigator is a Registered Diplomate of the ABMDI. It is to be commended, however, that the OCME has made significant strides in ameliorating deficiencies identified during its previous accreditation inspection and annual accreditation verifications by the National Association of Medical Examiners. At the time of the 2014 annual review there were no Registered Diplomates. The Office is working with other state agencies to identify funding for this crucial education and certification of its medicolegal death investigators.

A review of the Office's annual reports over recent years shows a consistent increase in the workload for the autopsy staff. In 2010, each pathologist performed on average the equivalent of 276 autopsies, with the Chief Medical Examiner taking only a 50 % autopsy case load because of the necessity of performing his administrative duties. The current autopsy numbers necessitate that Chief performs a full case load to avoid a Phase II deficiency and loss of the Office's Full Accreditation, which requires that each pathologist performs on an average no more than 325 autopsies per year. Dr. Gill provided to me the 2015 data to date. Projecting this data to the end of the year, my analysis indicates that each medical examiner will perform on average the equivalent of 381 autopsies, resulting in a Phase II deficiency. I was informed that a seventh medical examiner is joining the Office this month. A total of 7 autopsy pathologists would bring the projected annual work load down to an average equivalent approximately 325 autopsies per pathologist if the Chief Medical Examiner continues to take a full autopsy case load. Any additional increase would result in the OCME losing its Full Accreditation.

It is clear that the continued performance of the high quality work of the Office of the Chief Medical Examiner for the State of Connecticut and the maintenance of its accreditation status will necessitate additional staffing due to the steady increase in case load. It is also important that the Chief Medical Examiner be able to lessen his case load to be able to devote more time to administrative duties. The Office's long term goal is to reach the level of 250 autopsies per medical examiner, the optimum case load put forth by N.A.M.E.. Based on the 2015 projected data, this would require the equivalent of nine autopsy pathologists.

The creation of an additional position for an eighth medical examiner would at least avoid the likely Phase II deficiency currently anticipated as the OCME's case load continues to increase. The increase in work load will also necessitate the creation of positions for additional autopsy technicians. It is recommended the funds be provided for these positions, in addition to funds that will allow the Office's medicolegal death investigators to become certified. It is likely that the accreditation of medical examiner offices and the certification of its personnel may be mandated in the foreseeable future by legislative changes on the Federal level.

Respectfully submitted,



Barbara C Wolf, M.D.
Co-Chair, Standards, Inspection and Accreditation Committee
National Association of Medical Examiners

Office of the Chief Medical Examiner

Funding Options with Fringe

	D No Change to Recommended	C Fully annualized FY 16 Deficiency	B Standstill	A Fully Stabilized
Amount of Change	\$0	\$479,271	\$802,053	\$1,136,570
Staffing (FT/PT)	?/?	?/?	43/12	49/16
Maintain Accreditation	NO	NO	NO	YES
Layoffs	substantial	few	none	none
Premium Overtime	increases	increases	slight reduction	significant reduction
Staff stabilized	NO	NO	partially	fully
Death Investigation System Status	ineffective/broken	compromised	limping	operational

Appropriations Committee
Deficiency Hearing
November 12, 2015

Testimony of Dr. James Gill, Chief Medical Examiner,

Good morning Senator Bye, Representative Walker, Senator Kane, Representative Ziobron and distinguished members of the appropriations committee. I am James Gill, Chief Medical Examiner. Thank you for your support of our office and for giving me the opportunity to describe our current financial situation. We have a projected deficiency of \$400,000 (agency budget \$6,210,356, 6% deficit) and I want to briefly explain the main cause of this shortfall and then answer any questions.

Over the course of 2014 and 2015, the number of autopsy investigations that we have performed have increased substantially (over 50% in two years, 1,438 to 2,209). This is partly due to an increase in drug intoxication deaths (increased 91% over 3 years; 355 to projected 679 in 2015). Scene attendance by our investigators also has improved (now routinely over 90% compared to 60% in 2013). With this has come greater scrutiny of the circumstances of death and therefore the identification of more deaths that require further investigation. We firmly believe in the value of scene investigation and will continue to fully investigate these deaths. We believe that this approach is making important impacts on public health and safety including identifying a case of meningitis in a college student; tracking changes in accidental drug deaths; and diagnosing unexpected homicides, accidents, and suicides.

We have witnessed how a profound increase in the number of autopsies can strain an office – more autopsies result in more body transports, laboratory testing, report transcriptions, filing, mailings, data storage, phone calls, gloves, scalpels, etc. And of course all of this affects costs. To keep our office in balance we have been developing a strategic hiring and management plan with our in house management team and State Government Liaisons. We are a 24/7/365 day agency and have needed to use premium overtime until our administrative plans are approved and the staff is hired and trained. Implementing the plan will reduce overtime costs later this fiscal year and dramatically reduce the overtime costs in FY17. I also should note that we recently separated administratively from UCHC, transferring back to a small in-house administrative management staff and now fully operational in CORE-CT. Unfortunately hospital-based accounting is very different than GAAP (generally accepted accounting principles) compliant CORE which has made it challenging to project budgeting and reconcile various accounts on a historical basis.

Our work in some manner touches on over 19,000 of the ~28,000 deaths that occur in CT each year. Each affected family is the most important recipient of our work. Slowing or removing any of the cogs that keep our investigations moving efficiently ultimately affects these families. If we cut our transport services, families will have to wait longer with the body in their home. If we cut our technical services, families (and funeral directors) will have to wait days for their loved one to be released for funeral arrangements. Delays in reports and death certificates prevent families from collecting life insurance benefits that hampers the family's ability to pay for funeral arrangements and it also may impede police investigations. Our goal is that if the decedent is brought to our office by 8 AM, the autopsy is done that same day. OCME never wants to add to the burden and stress that a family is already experiencing. You need only to look to our neighbors to the north to see what happens to families when the medical examiner's office is understaffed and backlogged (excerpt below). We also saw it in CT 2 years ago with our toxicology delays (excerpt below).

We want to maintain our office's national accreditation and continue to provide each family and other interested parties with timely answers to their questions regarding a death. Our office recently received our annual re-accreditation but with it came a warning about staffing levels given our increasing autopsy numbers. Accreditation by NAME is a significant achievement for an office and indicates that the office has the physical facility and technical expertise to fulfill its critical mission to the public. Recognizing the fiscal realities, we are doing our best to achieve saving while addressing staffing levels that will meet the dramatic increase in autopsies and examinations. I should note that from our cremation investigations, our office deposits over \$2,000,000 each year to the State's general fund (FY16 est: \$2,460,000).

Thank you for the opportunity to address the Committee on our projected deficiency. My administrative staff and I are happy to answer any questions that you may have.

Excerpt from Fox News Boston September 19, 2014

"Backlog at Massachusetts Medical Examiner's Office Causing Heartache for Families"

National standards call for 90 percent of all autopsy reports to be finished within 90 days of the initial exam, but Massachusetts is failing miserably. According to state data, only 45 percent of reports are completed in that time frame [Connecticut currently has 95% of reports done within 90 days].

They [Massachusetts] are doing fewer full autopsies and opting instead for less thorough external examines, like in the case of a car crash victim. But in a mandated accountability report to the legislature earlier this year, Chief Medical Examiner Henry Nields said the new way poses risks, does not meet national standards, and might cause examiners to miss actual causes of death, including in homicide cases.

Excerpt from Eyewitness News 3 November 11, 2013

Medical examiner backlog causing heartache

By Eric Parker

FARMINGTON, CT (WFSB) -

Posted: Nov 11, 2013 2:14 PM EST

A backlog at the medical examiner's office in Farmington is causing heartache for families all over the state.

To be blunt there's just not a good situation where someone is awaiting autopsy results, but the families the I-Team talked to all agree it's even worse when the results are delayed.

And the problem has been growing.

Quick-Stats	2013	2014	2015*	2 year change
Accessions	19,093	19,626	20,764	+8%
Cremations	14,798	15,464	16,380	+10%
Autopsies	1,438	1,702	2,209	+53%

- *10 months actual, 2 months estimated;
- Limited Autopsy/Externals average an additional 475 cases

MEDICAL EXAMINERS AND LOSS OF ACCREDITATION

L.A. County coroner's office workloads could threaten accreditation, sources say

The embattled Los Angeles County Department of Medical Examiner-Coroner met all accreditation standards at the time of its last annual review in August, but showed some signs of potential problems because of a staffing shortage, according to the president of the National Assn. of Medical Examiners.

The department was short two medical examiners at the time of its last review, said David Fowler, president of the association, in an interview Saturday. If the department lost more staff or caseloads increased substantially, he said, workloads could threaten its accreditation.

The Medical Examiner's office, which handles more than 8,500 cases a year, has been under scrutiny for substantial backlogs in processing cases. Currently, there are about 180 bodies in the county morgue waiting for processing, and toxicology tests can take more than six months to complete.

On Thursday, the county's top medical examiner, Mark Fajardo, abruptly announced his plans to resign, saying that his office had not been given the resources it needed to do the job. County sources speaking on condition of anonymity have said there were concerns that the office could be in danger of losing its accreditation.

The National Assn. of Medical Examiners looks at a variety of factors, including safety issues, the sufficiency of equipment and facilities, workload and staffing levels in assessing a department's accreditation.

Accreditation is not legally required for a coroner's office to operate, but loss of accreditation can have ramifications for victims' families and law enforcement investigators, Fowler said.

"It means the job's not being done properly," he said.

That can have serious ramifications for members of the public, he said, as it affects the credibility of autopsy reports and other work done by the coroner's office in civil and criminal cases, as well as for purposes of insurance claims and closure for loved ones, he said.

San Francisco medical examiner tackles backlog, giving families closure

By Emily Green (San Francisco Chronicle) December 6, 2015 Updated: December 6, 2015 7:28pm

Clearing a backlog of autopsies isn't exactly the most glamorous job, but when Dr. Michael Hunter became San Francisco's chief medical examiner in March, that was the main goal.

Since then, Hunter has succeeded in tackling a buildup of cases so large that the National Association of Medical Examiners had downgraded the office's accreditation from full to provisional. In eight months, he has reduced by more than half the number of open cases, and the office will have a chance to upgrade its accreditation next year.

A Chronicle investigation in fall 2013 found that about 600 cases, more than three-quarters of all pending cases, had languished for three months, with almost 400 of them languishing for more than six months. That violated national industry standards, which call for medical examiners to close 90 percent of cases within 90 days. A closed case means all reports are finalized, such as the autopsy report, investigative narrative and toxicology report.

Families suffer as medical examiners struggle with backlogs

BY [DENISE LAVOIE](#) Dec. 7, 2015 10:02 AM EST (AP)

BOSTON (AP) — A severe shortage of medical examiners nationwide means families must sometimes wait months for death certificates and autopsy reports, compounding their grief and at times creating financial hardships by holding up life insurance payouts and other benefits.

In Massachusetts, it took more than a year for the state's troubled chief medical examiner's office to determine that a man named Neil Carruthers died at age 34 of complications from an undetected congenital heart condition. While his family waited, his life insurance provider refused to turn over a \$45,000 payout from the estate of his wife, who had lost her battle with brain cancer two days after he died.

"It needs to change," said his mother, Rosanne Carruthers. "Families should not have to wait like we had to wait to find out things that could affect other family members."

The National Commission on Forensic Science estimates there are about 500 board-certified pathologists in the country, fewer than half of the 1,100 to 1,200 or more needed to keep up with autopsies. The cause is largely driven by underfunding and relatively low pay when compared with other medical specialties.

In [Rhode Island](#), the chief medical examiner resigned in August after the state's national accreditation was downgraded. An inspection found not enough staffers to handle death investigations — just five people to handle more than 1,200 cases in 2014.

In [Montana](#), state officials had to send bodies elsewhere for autopsies last summer after the state's only two forensic medical examiners qualified to assist county coroners quit. A review found "serious deficiencies" with a half-dozen child autopsies done by a former associate medical examiner, including missed, ignored or discounted brain injuries that should have prompted further investigation.

In [North Carolina](#), after an elderly couple died in a hotel room in 2013, it took the office six weeks to determine the cause was carbon monoxide poisoning. No one warned the public before an 11-year-old boy asphyxiated in the same room two months later. Police said blood tests on the couple were initially inconclusive and did not explain the delay.

In Massachusetts, the chronically understaffed, mismanaged chief medical examiner's office has been beset by scandals that reached a crisis point in 2007, when the office misplaced the body of a man who was later found buried in a grave meant for another man.

The state's chief medical examiner was fired after a report found that the office had been so mismanaged it was "on the verge of collapse."

Lack of pathologists backlogs West Virginia Medical Examiner's Office

By David Gutman, Staff Writer Sunday, July 13, 2014

At 1:06 p.m. on March 27, Jeffery Alan Hall, 39, was booked into the South Central Regional Jail on charges of domestic violence and failure to pay child support. A little more than 16 hours later, he was dead. He was found alone in his cell, lying face down on his right cheek, with orange jail-issued trousers on and a wool blanket wrapped around his waist, according to statements by jail officers obtained through a Freedom of Information Act request. "He had spit coming out of the side of his mouth, drool, and he appeared blue in color and he was unresponsive," one officer wrote. Three and a half months after Hall died, it's still unclear how he died. The West Virginia Medical Examiner's Office has not filed a report on his autopsy. Three of the state's six medical examiner positions are unfilled, resulting in a backlog and delays in processing and completing autopsies. "A lot of times, there's only so much that we can do until we have the records from the Medical Examiner's Office," said Joe DeLong, director of the state's regional jails. "It does create problems."

Post-mortem answers slow to surface in Maine's system

High staff turnover, limited financial resources and a growing caseload create a backlog of cases at the state medical examiner's office.

Posted June 1, 2014

AUGUSTA — On the last day of his life, a Friday in February, Ben LaMontagne was an apparently healthy high school senior recovering from the removal of his wisdom teeth. Hours later, after waking in the early morning hours, he died in his mother's arms. The cause of LaMontagne's death is still unknown. In such cases, that determination falls to the Office of Chief Medical Examiner.

But now, three months after an autopsy was done and tissue samples were collected, the results of the investigation are still pending, caused by a backlog of cases at the medical examiner's office, where high

staff turnover, limited financial resources and a growing caseload have slowed the release of results in even relatively simple deaths. The announcement Friday that the chief medical examiner had retired also highlighted the difficulty the office has in finding qualified medical staff to handle the workload.

“I would be curious, from a medical standpoint, did he have an underlying condition that nobody caught?” said Julia Frothingham, LaMontagne’s music teacher, who is also a nurse. “People get wisdom teeth out all the time and never have this kind of complication.”

While national standards by the National Association of Medical Examiners recommend a maximum of 60 days to determine the cause of death in uncomplicated cases and 90 days for homicides, Maine’s medical examiner’s office falls far short, regularly estimating a six-month average for results, up from an average three-month wait in 2011.

Maine is not alone in failing to meet the standard. Currently, only 79 medical examiner offices, out of roughly 2,300 jurisdictions in the nation, are accredited by the National Association of Medical Examiners. Part of the reason so few are accredited is the time it takes cash-strapped investigative offices to determine the cause of death.