# The National Association of Medical Examiners®

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*James Gill, M.D.*
*Connecticut Office of the Chief Medical Examiner*
*11 Shuttle Road*
*Farmington, CT 06032*

Dear Dr. Gill:

On behalf of the National Association of Medical Examiners, I am writing to notify you that NAME inspection and accreditation committee is granting *provisional* accreditation to the Connecticut Office of the Chief Medical Examiner.

I would like to be the first to congratulate you on the tremendous strides this office has made.

An inspection finding of no more than fifteen (15) Phase I deficiencies and no (0) Phase II deficiencies is required for full accreditation. Provisional accreditation may be conferred for a twelve (12) month period if the office has no more than twenty-five (25) Phase I deficiencies and no more than five (5) Phase II deficiencies. Your provisional accreditation began *September 27, 2021* and will expire on *September 27, 2023*. At that time, if sufficient progress is being made in correcting your deficiencies, you may be eligible to achieve full accreditation. If deficiencies still exist that preclude full accreditation you can apply for continuation of provisional status if you have shown the inspector and the committee you have made a good faith attempt to correct all deficiencies. The letter of application must include an itemized list of all deficiencies and the corrective actions taken on each over the 12 month period. The primary inspector will review these statements and remove any corrected deficiencies from the list.

The deficiencies identified by the inspector and reviewer are:
**Three (3) Phase II deficiencies:**

A.1.a Does the office have sufficient space, equipment, and facilities to support the jurisdiction's volume of medicolegal death investigations?
A.1.b Is there sufficient general storage space available for the needs of the office?
C.2.d Is refrigerated storage space sufficient to accommodate the number of bodies and their handling during usual and peak loads?

**Seven (7) Phase I deficiencies:**

A.2.e Does the office have security measures in place such that interactions between employees and the public are minimized in and around the facility and employee parking areas?
C.3.b Can the autopsy room accommodate the usual and peak case load including the typical number of autopsies and external examinations, the normal complement of autopsy and laboratory personnel, official participants and observers from cooperating agencies?
C.3.h Are sufficient autopsy stations available for the usual case volume?
F.4.l Are 90% of reports of all postmortem examinations completed within 60 calendar days from the time of autopsy?

G.2.j Is the medical staff of sufficient size that no autopsy physician is required to perform more than 250 autopsies/year? NOTE 1: In considering compliance with items G2i and G2j, it should be recognized that within a working team, duties and activities are often divided in such a way that one or more team members might perform in excess of the permitted number of autopsies. This is not a per se deficiency unless the autopsy load and the size of the pathology workforce would make it inevitable that the limit would be exceeded. NOTE 2: For the purpose of calculating autopsies per pathologist in G2i and G2j, fellows may be counted as one-half a pathologist position, but residents in training should not be included in the fractional denominator. NOTE 3: For the purpose of calculating autopsy load in items G2i and G2j, the workload from external examinations should also be considered. Three to five formal (dictated or written) external examinations (depending on their complexity) should be considered to be equivalent to one complete autopsy. For example, a workload of 200 complete autopsies and 150 external examinations would be equivalent to 250 autopsies. Further consideration should be given to autopsy coverage that entails travel to a separate facility. The inspector should adjust the calculation to reflect the time required. For example, two hours of travel time should be considered equivalent to one autopsy. NOTE 4: For the purpose of calculating the autopsies per pathologist in G2i and G2j, the administrative and leadership duties of the department chief should be considered. In large and complex offices, the chief may spend almost all of his or her time in non-autopsy activities; in such instances, that position should be eliminated from the fractional denominator. By contrast in a small office or in an office organized so that administrative duties are not a substantial burden, it may be appropriate to make only a modest reduction of the fractional denominator. NOTE 5: For the purpose of calculating the autopsies per pathologist in G2i and G2j, other significant responsibilities should be taken into consideration. For example, pathologists with significant collateral responsibilities in academic, surgical pathology, laboratory work, research, consulting, or other assignments should be reflected by an appropriate readjustment of the fractional denominator.
G.5.e Is there sufficient non-technical staff coverage to handle the routine daily caseload for data analysis?
G.8.b Does the medical staff participate in external check samples and/or proficiency Survey

The letters of the inspector are attached for your information and provide additional thoughts that will assist you as you move forward to full accreditation.

I would also urge you to correct as completely and quickly as possible all Phase deficiencies notwithstanding the fact that the Phase II deficiencies are holding your office back from full accreditation. Failure to remedy satisfactorily the current Phase I and Phase II deficiencies within the allotted one year extension may result in loss of accreditation.

Please keep in touch with me as you pursue full accreditation over the next few weeks and months. All of us on the committee are vested in providing support to an office wanting accreditation so if there is any assistance or advice need to determine what would remove these and what would constitute a good faith attempt please do not hesitate to contact me or any member of the committee.

Once again, we send our congratulations on this accomplishment.

Sincerely,

Barbara C. Wolf, M.D.
Chair, NAME Inspection and Accreditation Committee

Brian L. Peterson, M.D.
Co-Chair, NAME Inspection and Accreditation Committee