NCFS 2015
Accreditation and Certification

Medicolegal Death Investigation

Steven Clark, PhD

Occupational Research and Assessment

Occupational Research/Job and Task Analysis

All occupational accreditation and certification programs have a set of measureable standards (even local programs). Standards range from general (e.g., Adequate space for all administrative employees) to specific (120 square feet of office space for each administrative employee).
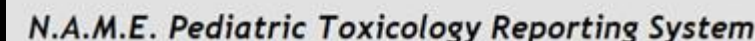
The task analysis uncovers the "details", the occupational analysis is associated with the job title and its place within the "industry."

Job and Task Analysis: Standards and Testing

- Eastern Michigan University
- Michigan State University
- Ferris State University
- Michigan Department of Education
- National Occupational Competency Assessment Institute
- Steelcase
- Sony (US and Canada)
- General Mills

- Ford Motor Company
- American Axle
- Saint Joseph Mercy Hospital System
- Vocational-Technical Education Consortium of States
- Kentucky Community College System
- Acer Computer Corporation
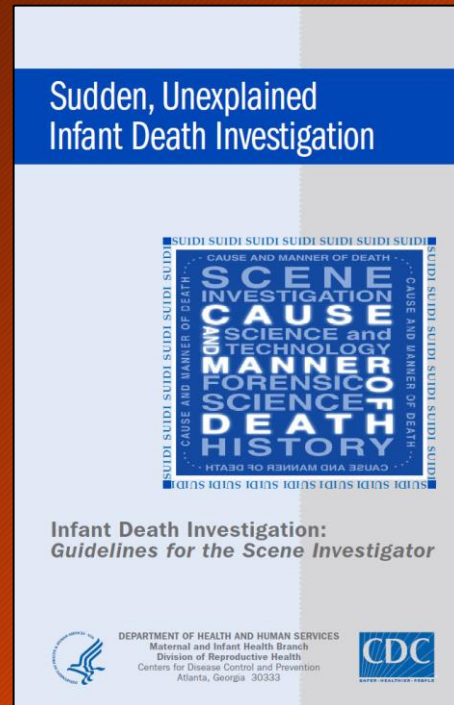
Literature Review

- **Is this a unique "job title"?**
- **Is there an existing Certificate or Degree program?**
- **Is there a nationally recognized training program?**
- **Is there a state level recognized training program?**
- **How often is performance required?**

HEALTH SYSTEM
UNIVERSITY OF MICHIGAN

ABMDI
American Board of
Medicolegal Death Investigators

WESTERN MICHIGAN UNIVERSITY
Homer Stryker M.D.
SCHOOL OF MEDICINE

NaMUs
NATIONAL MISSING AND UNIDENTIFIED PERSONS SYSTEM

AIT Laboratories
A HIGHER STANDARD OF SERVICE®

Kentucky Community and Technical College System
· Higher Education Begins Here ·
KCTCS

N.A.M.E. Death Registry
Science
This Registry includes basic demographic and case type information for selected types of death that are investigated by medical examiners and coroners. Direct access to the system for

VDRS Network
Violent Death Reporting System

Indiana State Coroners Training Board
Every Scene.
Every Time.

International Association of
Coroners & Medical Examiners
Committed to advancing the accurate determination of the cause and the manner of death through the utilization of science, medicine and the law

MDCH   EDRS
Electronic Death Registration System

National Violent Death Reporting System
NVDRS   National Violent
Death Reporting
System (NVDRS)

LOPA
The Louisiana Organ Procurement Agency

Michigan Center for
Career & Technical Education

MTS
MID-AMERICA TRANSPLANT SERVICES

N.A.M.E. Pediatric Toxicology Reporting System

National Association of Medical Examiners
Inspection & Accreditation

Sudden Unexplained Infant Death Investigation
SUIDI
National Academies

GIFT of LIFE
MICHIGAN
ORGAN AND TISSUE DONATION
The power to heal lives.

SOMDI   Society of Medicolegal
Death Investigators

KENTUCKY
Mortality Data Management

AMERICAN BOARD OF FORENSIC ODONTOLOGY
1976

BFDE
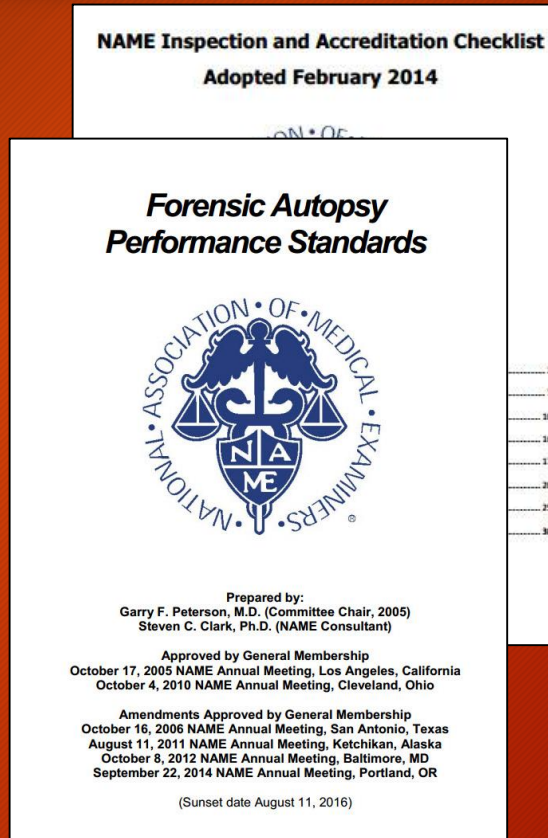Board of Forensic Document Examiners

NMS
LABS
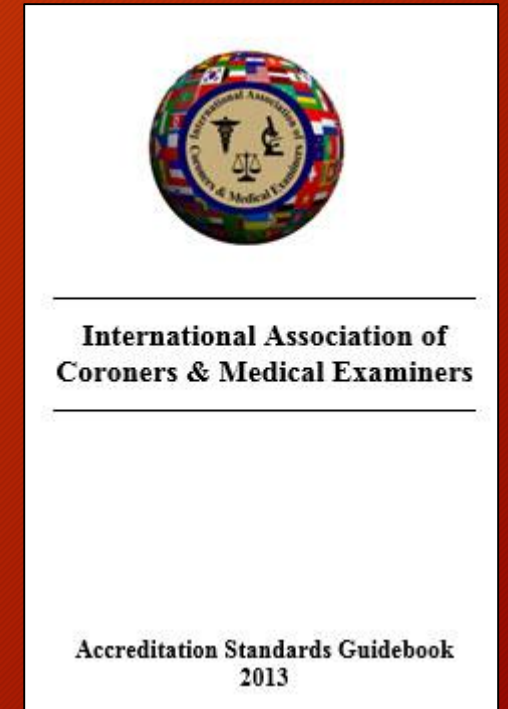
Guidelines and Standards Projects

Death Investigation Guidelines 1997 and 2011

SUID Investigation Guidelines 2008

NAME Office and Autopsy Standards 2005 and 2014

IAC&ME Office Accreditation Standards 2013

Accreditation and Certification

Accreditation is the recognition that an agency maintains standards requisite for professional practice. The goal of accreditation is to ensure that products and services provided by the agency meet acceptable levels of quality as determined by the accrediting agency.

Accrediting agencies are organizations (or bodies) that establish operating standards for professional institutions and programs, determine the extent to which the standards are met, and publicly announce their findings.

Certification refers to the confirmation of certain characteristics of a person (cognitive knowledge, psychomotor skills, affective behavior). This confirmation is often provided by some form of external review, education, or assessment.

ABMDI, IAC&ME and NAME

Each group used systematic development methods to create and validate standards.

ABMDI: 1996-1998   (DACUM and Delphi Methods)

IACME: 2012-2013   (Delphi Method)

NAME: 2008-2009   (Delphi for I&A)

NAME: 2003-2005   (DACUM and Delphi for autopsy standards)

DACUM Methodology

DACUM (day-kum)

- An abbreviation for **D**eveloping **A** **C**urricul**um**

- A occupational analysis method involving expert workers and facilitator(s).

- Results in an occupational skill profile which can be used for instructional program planning, curriculum development, training materials development, organizational restructuring, training needs assessment, meeting ISO 9000 standards, career counseling, job descriptions, competency test development, and other purposes.

Delphi Survey Technique

- The Delphi method solicits the opinions of experts through a series of carefully designed questionnaires interspersed with information and opinion feedback. Multi-round surveying.

- A convergence of opinion and consensus is observed in the majority of cases where the Delphi approach is used.
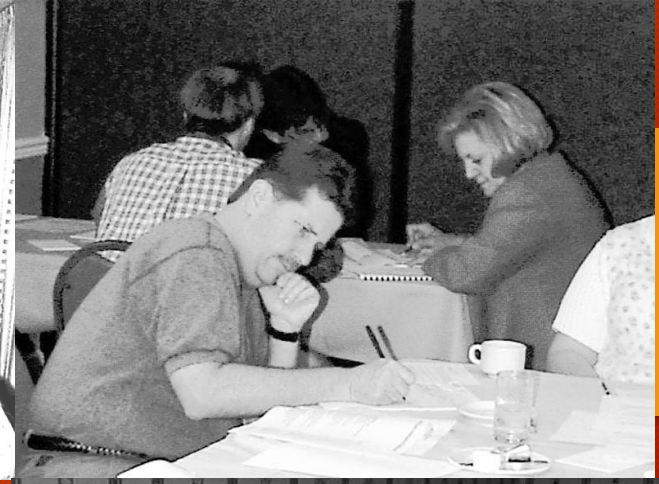
National Institute of Justice
U.S. Department of Justice
OFFICE OF JUSTICE PROGRAMS
Grant #96-MU-CS-0005
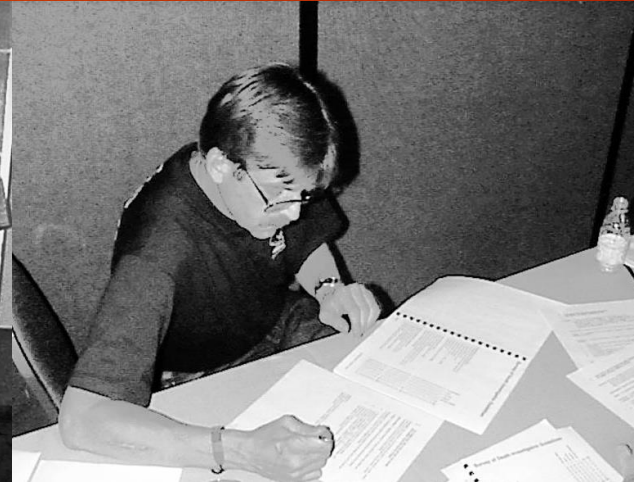
National Medicolegal Review Panel

American Academy of Forensic Sciences	Joseph H. Davis, MD
American Association of District Attorneys	Daniel Craig, Esq
American Bar Association	Bruce H. Hanley, Esq.
American Medical Association	Mary E. S. Case, MD
College of American Pathologists	Jeffrey M. Jentzen, MD, PhD
Intl Assn. of Chiefs of Police	Chief Thomas J. O'Loughlin
Intl Assn. of Coroners and Medical Examiners	Halbert E. Fillinger, Jr., MD
National Association of Counties	Douglas A. Mack, MD, MPHC
National Association of Medical Examiners	Richard C. Harruff, MD, PhD
National Conference of State Legislature	Rep. Jeanne M. Adkins
National Governors' Association	Richard T. Callery, MD, FCAP
National Sheriff's Association	Capt. Donald L. Mauro
United States Conference of Mayors	Hon Scott L. King, Mayor

DACUM Panel (expert workers)

- **Randy Moshos New York, NY**
- **Libby Kinnision, Richmond, VA**
- **Bill Donovan, Metairie, LA**
- **Joseph Morgan, Atlanta, GA**
- **Mary Fran Ernst, St. Louis, MO**
- **Paul Davison, Grand Rapids, MI**
- **Roberta Geiselhart, Minneapolis, MN**
- **Steve Nunez, Albuquerque, NM**
- **Michael Stewart, Denver, CO**
- **Vernon McCarty, Reno, NV**
- **Cullen Ellingburgh, Santa Ana, CA**

DACUM Skillset Standards for MDI

A: Investigative Tools and Equipment

B: Arriving at the Scene

C: Documenting and Evaluating the Scene

D: Documenting and Evaluating the Body

E: Establishing and Recording Decedent Profile Information

F: Completing the Scene Investigation

6 Sections – 32 Standards – 196 Performance Steps

Delphi

SECTION: B | **DUTY NO. 1** | **TASK NO. 1.1**

SECTION: B — Arriving at the Scene

DUTY: 1 — Introduce and Identify Self and Role

TASK: 1.1 — Document pre-scene activities

STEPS/ELEMENTS:

1.1.1 document date of call
1.1.2 document time of call
1.1.3 document contact person (and title) and agency (include phone number)
1.1.4 document time of arrival at scene
1.1.5 document date of arrival at scene

INTERIM PERFORMANCE OBJECTIVE:

Given a death scene call, the investigator will document the date and time of notification (person/title/agency) and scene arrival, and person(s)/title/agency present at the scene in the case file. All data entered will be complete, accurate and verifiable using outside agency records (e.g., law enforcement/fire/EMS records).

Survey of Death Investigative Guidelines

Starting in round two each survey contained the respondent's round one responses, as well as the national feedback, for review and consideration before responding.

| C. Documenting and Evaluating the Scene	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree	Avg	Med
1 Photograph scene (before anything is moved or removed)	○	4	3	2	1	4.9	5
a remove all non-essential personnel (for objective assessment)	5	○	3	2	1	4.8	5
b photograph overview of scene	5	4	3	○	1	4.8	5
c photograph specific sections of scene	○	4	3	2	1	4.9	5
d photograph from differing angles	○	4	3	2	1	4.9	5
e photograph from differing areas	5	○	3	2	1	4.7	5
f photograph decedent "close-up" (i.e., ID photo, if possible)	5	4	○	2	1	4.7	5

Delphi Validation Survey

- **CDC ME/C data base (3025).**
- **50% bias sample was drawn at random (1512).**
- **263 nominations were received (17.3%).**
- **46 states were represented.**

National Reviewer Network

- 80.9% male - 19.1% female
- Average Age = 47.6 years with 10.5 years experience
- 2072 cases investigated average
- 61.6% from mixed ME/C system states
- 22.1% from coroner system states
- 16.6% from medical examiner states
- 59.8% indicated medical training
- 31.2% indicated law enforcement training
- 9% general studies
- 85.4% favor guidelines, 7.5% opposed, 6% not sure

National Guidelines for Death Investigation

- **Press Release:** February 12, 1998

- **Immediate Impact:** 1506 requests in the first 72 hours after release.

- **NIJ Research Report:** Most Requested to date
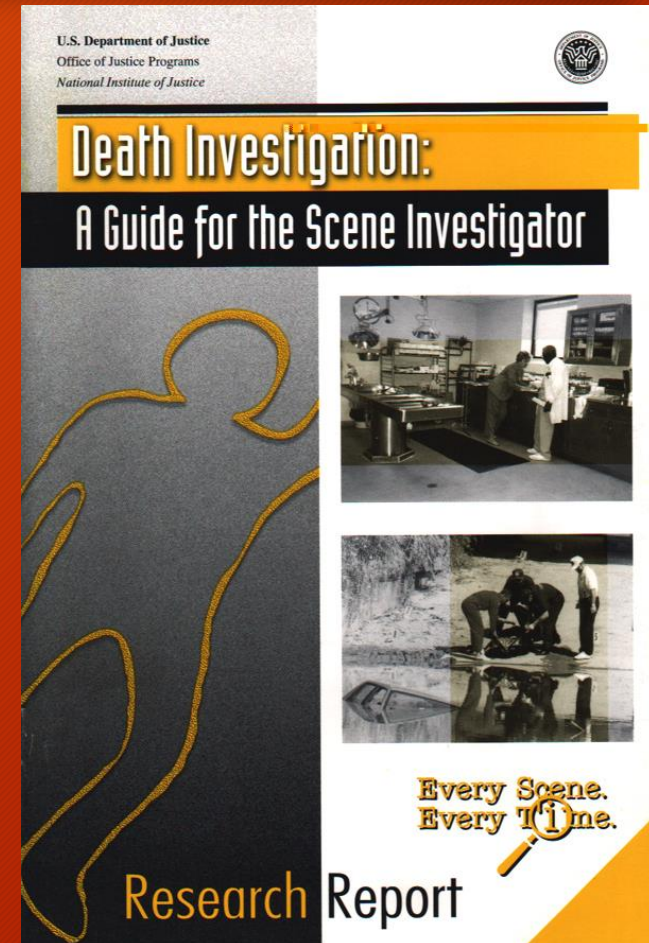
ABMDI

American Board of Medicolegal Death Investigators ®

The American Board of Medicolegal Death Investigators (ABMDI) was established in 1998 as a voluntary national, not-for-profit, independent professional certification board. The ABMDI certifies individuals who have the proven knowledge and skills necessary to perform medicolegal death investigations as set forth in the National Institutes of Justice 1999 publication *Death Investigation: A Guide for the Scene Investigator*.

ABMDI

American Board of Medicolegal Death Investigators ®

In 2004 the ABMDI certification program was accredited by the Forensic Specialties Accreditation Board (FSAB).

FORENSIC SPECIALTIES ACCREDITATION BOARD, Inc.
410 North 21st Street, Colorado Springs, CO 80904

Program Goal
The goal of this program is to establish a mechanism whereby the forensic community can assess, recognize and monitor organizations or professional boards that certify individual forensic scientists or other forensic specialists. This program has been established with the support and grant assistance of the American Academy of Forensic Sciences (AAFS), the National Forensic Science Technology Center (NFSTC) and the National Institute of Justice (NIJ).

ABMDI Certification Levels

- **Registry** (basic)

  For individuals who wish to demonstrate they have acquired the basic knowledge to conduct thorough, scientific medicolegal death investigations.

- **Board Certified** (advanced)

  For individuals who wish to demonstrate their mastery of all aspects of medicolegal death investigation.

ABMDI Registry Prerequisite Requirements

- Currently working for a medical examiner/coroner jurisdiction (full or part-time) with the responsibility of investigating death
- 640 hours of experience (prior to testing)

ABMDI Registry Level Testing Categories

A. Interacting with Federal, State, and Local Agencies

B. Communication

C. Interacting with Families

D. Investigating Deaths

E. Identifying and Preserving Evidence

F. Maintaining Ethical and Legal Responsibilities

G. Demonstrating Scientific Knowledge

H. Coping with Job-Related Stress

Eight Categories, 52 topics, 240 objective test items. Each category has specific cutting score which is reviewed and revised (as necessary) annually by the ABMDI Advisory Panel and approved by the BOD.

ABMDI Board Prerequisite Requirements

- Registered in good standing with the ABMDI
- Currently employed by medical examiner/coroner jurisdiction with responsibility of investigating death.
- 4,000 hours of MDI experience
- Minimum of Associate Degree in related field
- Diplomat status for minimum of 6 months
- Adhere to ABMDI Code of Ethics

ABMDI Board Level Testing Categories

A. Investigating Specific Death Scenes (by case type)
B. Investigating Multiple-Fatalities
C. Interacting Atypical Death Scenes
D. Investigating Institutional Deaths
E. Demonstrating Leadership Skills
F. Demonstrating Legal Knowledge
G. Communicating Skills
H. Demonstrating Advanced Forensic Science Knowledge

Eight Categories, 48 topics, 240 objective test items and a written section which includes three cases for analysis and report writing. Each category has specific cutting score which is reviewed and revised (as necessary) annually by the ABMDI Advisory Panel and approved by the BOD.

ABMDI
2015

Total US = 1327
Outside US = 21
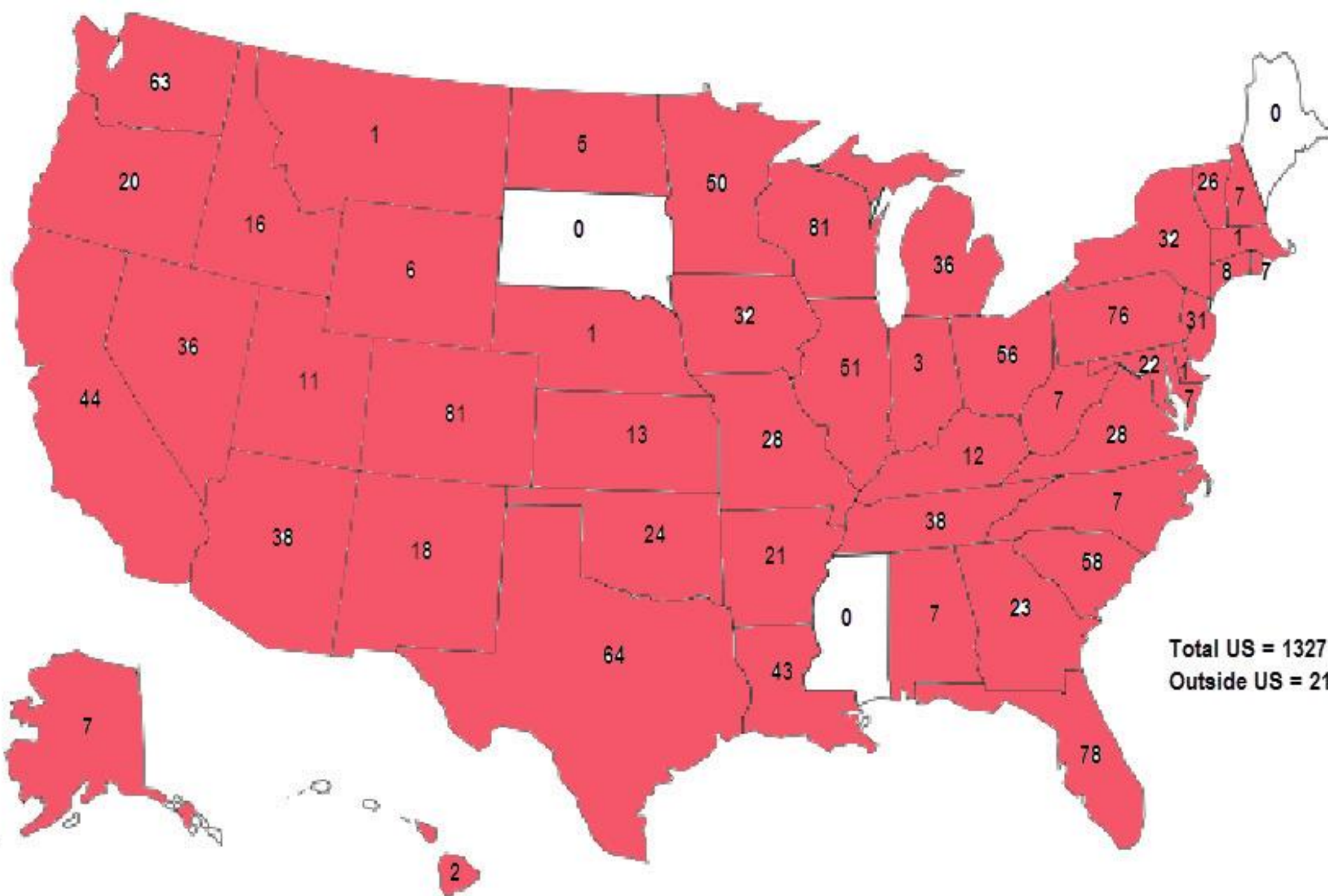
MDI Office Accreditation Programs

Both NAME and IACME had existing office accreditation programs at the time they decided to update and revise their standards.

MDI Office Accreditation Programs

Checklist Round 1

Status: 412 boxes left unanswered.

A. GENERAL

1.   Is the coroner/medical examiner a member in good standing with IAC&ME?

Importance   ○ 0   ○ 1   ○ 2   ○ 3   ○ 4

Mandatory?   ○ Yes   ○ No

1. Read the checklist item.
2. Rate the "Importance" of this items as an indicator of a "Quality ME/C Office."
3. Indicate if you feel this item should be REQUIRED for IAC&ME accreditation.
4. Make comments or edits to item.
5. Describe HOW the inspector should "Verify" if an office is complying with this item.

Comments

Verify by [?]

Save

Three round Delphi conducted between June and August 2012

New in R1	Are all investigaors required to have a cell phone and car?	R1	R1 AVG	R1 MED	R2
	Importance	4	4.0	4	○ 0 ○ 1 ○ 2 ○ 3 ◉ 4
	Mandatory	Yes	1 Yes, 0 No		◉ Yes ○ No
	Comments	All investigators should be required to have a cell phone and access to personal transportation.			I agree with this.
	Verify by ?	Ask to see phone and valid driver's permit and vehicle.			Good.

Round 1 Data presented for consideration before entering Round 2 data.

Save

Add New Standard to EMPLOYEE SAFETY & TRAINING Section

Add another?

Change Program: Inspection & Accreditation Checklist ▾

Inspection & Accreditation Checklist

Directions: Read each CHECKLIST item and indicate if you feel it should remain "As Is" or if you'd like to "Modify" it. If you select "Modify," a text box will appear for you to type your suggested modification (item and Phase Deficiency level).

1	FACILITIES	Deficiency Level		
1.1	Does the office have sufficient space, equipment, and facilities to support the jurisdiction's volume of medicolegal death investigations?	2	As is	Modify
1.2	Are private and secure lockers, changing areas, and shower facilities available for male and female employees?	1	As is ○ Modify ●	remove word "lockers"

1A	BODY HANDLING AREAS	Deficiency Level		
1A.1	Is the body receiving area adequate in size and designed to accommodate the usual volume of incoming and outgoing bodies with safety and security?	2	As is	Modify
1A.2	Are body receiving and handling areas sequestered from public view?	2	As is ●	Modify ○
1A.3	Is there a method by which family or friends can make positive identification of decedents, (e.g. a viewing room, instant photography, closed circuit television, digital photography, etc.)?	2	As is	Modify
1A.4	Is the refrigerated storage space sufficient to accommodate the number of bodies and their handling during usual and peak loads.	2	As is ●	Modify ○
1A.5	Is the refrigerated storage space easily accessible to the autopsy room and to the body release area?	1	As is	Modify
1A.6	Are temperature monitoring devices present on each refrigerator and freezer space, and is there an alarm system to warn of deviations from the acceptable range, and are monitoring records kept?	1	As is ●	Modify ○

1B	AUTOPSY SUITES	Deficiency Level		
1B.1	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, and are monitoring records kept?	2	As is	Modify
1B.2	Does the ventilation system control odor and fumes and prevent them from entering and leaving the autopsy and body storage areas?	1	As is ●	Modify ○
1B.3	Do the heating and cooling systems maintain a working environment conductive to effective work performance?	2	As is	Modify
1B.4	Is the lighting adequate?	2	As is ●	Modify ○
1B.5	Is a body scale located in or near the autopsy room, the body reception, or pre-autopsy preparation area?	1	As is	Modify
1B.6	Is suction availlable at the autopsy stations?	1	As is ○ Modify ●	delete question – suction not

NAME – Accreditation Eligibility

A. Medical Examiner Offices
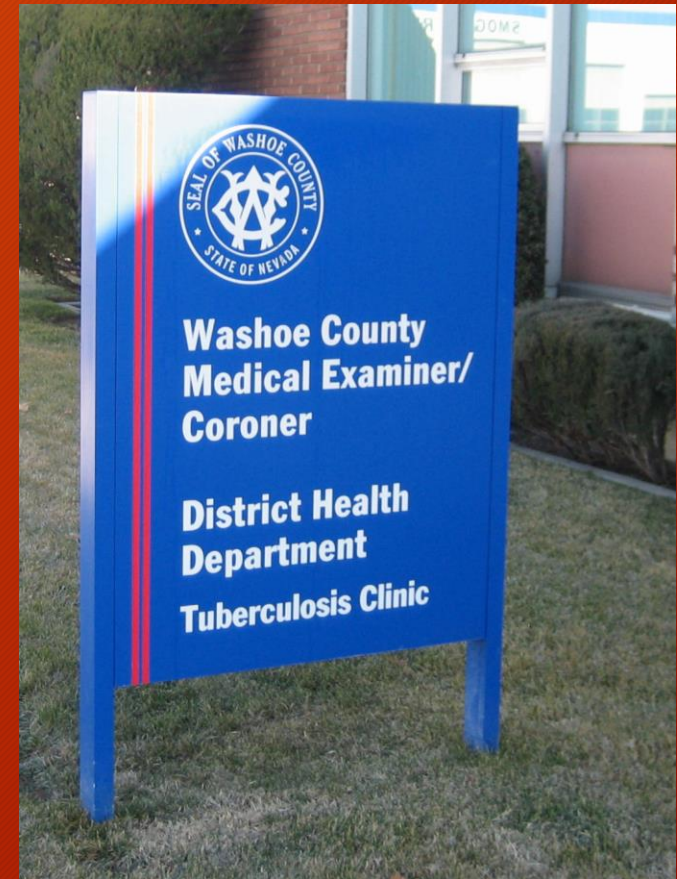 A. Large
  B. Small

B. Coroner Offices
  A. Large
  B. Small

C. Medical Examiner "Systems"
  A. State
  B. Regional
  C. Multiple "jurisdiction"

D. Autopsy Facilities
  A. Public and Private

IAC&ME – Accreditation Eligibility

A. Medical Examiner Offices
  A. Large
  B. Small

B. Coroner Offices
  A. Large
  B. Small

C. Medical Examiner "Systems"
  A. State
  B. Regional
  C. Multiple "jurisdiction"

D. Autopsy Facilities
  A. Public and Private

NAME Inspection and Accreditation

In death investigation systems, accreditation is the formal declaration that an acceptable operational framework is in place and being used for the specific purpose of medicolegal death investigation. Accreditation is conferred by the organization best positioned to make the judgment that the system and those who participate in the system are acceptable. That system may be an operational user, the program office, or a contractor, depending upon the application of each standard being applied.

NAME Accreditation Program Mission

To promote quality death investigation within a work environment by providing an independent program of quality improvement driven by national consensus in the field of death investigation.

NAME – Types of Accreditation

A. Full Accreditation

- Conferred for five (5) years (non-renewable)
- Requires Annual Accreditation Verification (AAV)
- 15 Phase I deficiencies - 0 Phase II deficiencies

B. Provisional Accreditation

- Conferred for 1 year - renewable four (4) times
- Requires "extension" request followed by review.
- 25 Phase I deficiencies - 5 Phase II deficiencies

C. Non-Accreditation

- Exceeds allowable deficiencies
- Six-month wait period for reapplication

IAC&ME – Accreditation

A. Full Accreditation

- All Required standards marked Yes
- 90% of all other standards marked Yes

NOTE: 166 items (58%) of checklist items are required
                122 items (42%) of checklist need 109 (90%)

NAME - 2015 Accreditation Status

Medicolegal System Accreditations
- 71 Full Accreditations
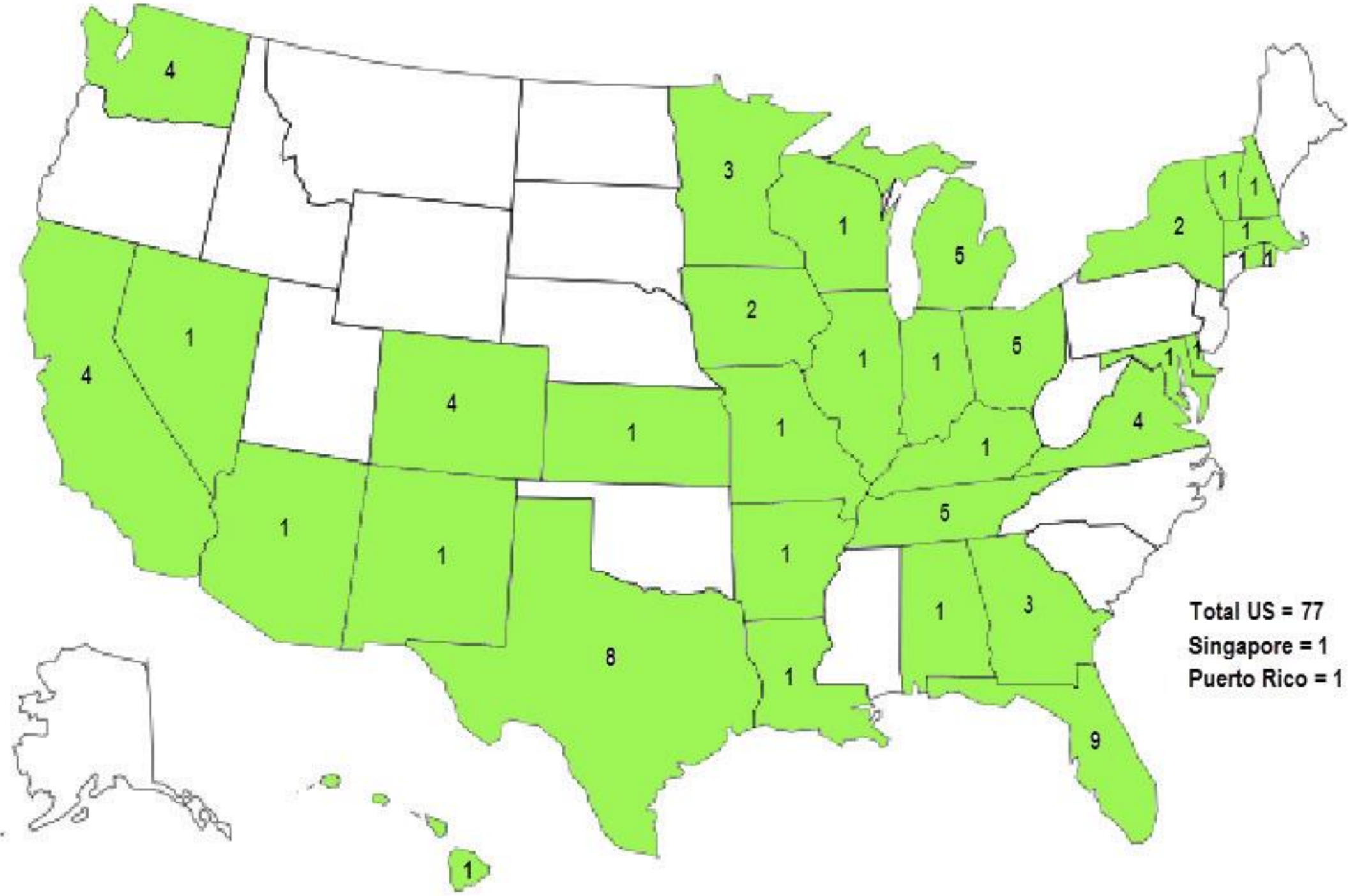- 8 Provisional Accreditations

Autopsy Facility Accreditations
- 1 Full Accreditation
- 0 Provisional Accreditations

Lapsed Accreditations
- 29 Full Accreditations
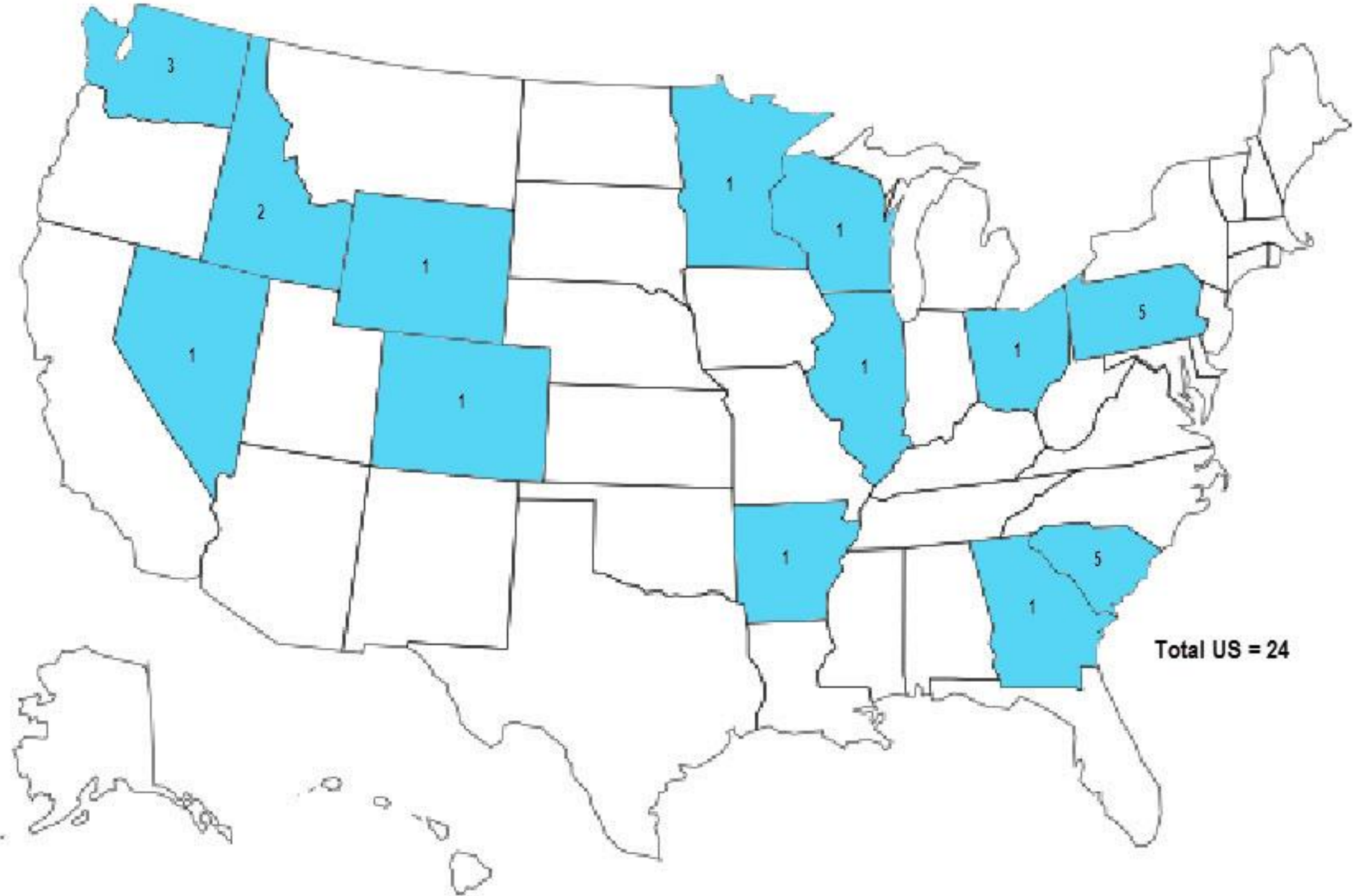- 2 Provisional

NAME
2015

Total US = 77
Singapore = 1
Puerto Rico = 1

IAC&ME - 2015 Accreditation Status

Medicolegal System Accreditations
- 23 Full Accreditations
- 1 In-process

IAC&ME
2015

Total US = 24

IAC&ME - Accreditation Standards

A. Medicolegal Office Practices   124

B. Investigative Practices   59

C. Morgue Facilities   71

D. Laboratory Services   18

E. Forensic Specialists   16

Total: 288

NAME Accreditation Standards

Full Service Facility

A. General 62
B. Investigations 36
C. Morgue 83
D. Histology 10
E. Toxicology 26
F. Reports 64
G. Personnel 52
H. Support 17

Total = 350

Autopsy Service Facility

A. General 58
B. Investigations 18
C. Morgue 83
D. Histology 10
E. Toxicology 26
F. Reports 63
G. Personnel 48
H. Support 17

Total = 323

Accreditation Process – Applying Office

- Requests information for NAME or IACME Office
- Registers with I&A Online System
- Completes registration materials and pays fee
- Completes "self-inspection"
- Submits self-inspection and uploads required materials
- Arranges on-site inspection date with inspector
- Hosts inspection
- Completes post-inspection questionnaire

Accreditation Process - Inspector

- Communicates with applying office
- Reviews submitted material
- Communicates questions to applying office
- Makes travel arrangements
- Inspects office
- Conducts onsite "Summation Conference"
- Writes Final Report

Accreditation Inspection

- Inspection dates are approved by NAME/IACME office
- Most on-site inspections take one or two days
- Most inspectors use "clipboard" copy, while others use wireless electronic devices (e.g., iPad)
- Each inspection starts with a staff meeting (introductions)
- Facility "walk-through" is generally a good start (inside/out)
- Conduct inspection following "typical" workflow (follow the body)
- Case Reviews (2 each MOD, 10 total)
- Conduct post-inspection "Summation Conference"
- Write "Final Report."

NAME - Secondary Review

Before accreditation is conferred:

- "Final Reports" and recommendations for accreditation are reviewed by another NAME inspector.

- Agreements are in writing.

- Disagreements are clarified and settled.

- Final disagreements are taken to the I&A Committee

NAME - Maintenance of Accreditation

Beginning in 2010, all NAME accredited offices were required to conduct annual reviews of their operation(s) to maintain accreditation. This *"Annual Accreditation Verification" (AAV)* identifies <u>changes</u> that occur annually, between inspections. The AAV is reviewed by the individual who inspected the office (if possible).

NOTE: This review is based on the I&A "Checklist" and "Office Profile" data. New deficiencies may be identified that change office accreditation status.

NAME and/or IAC&ME 2015

NAME and/or IACME

Yes = 38
No = 13
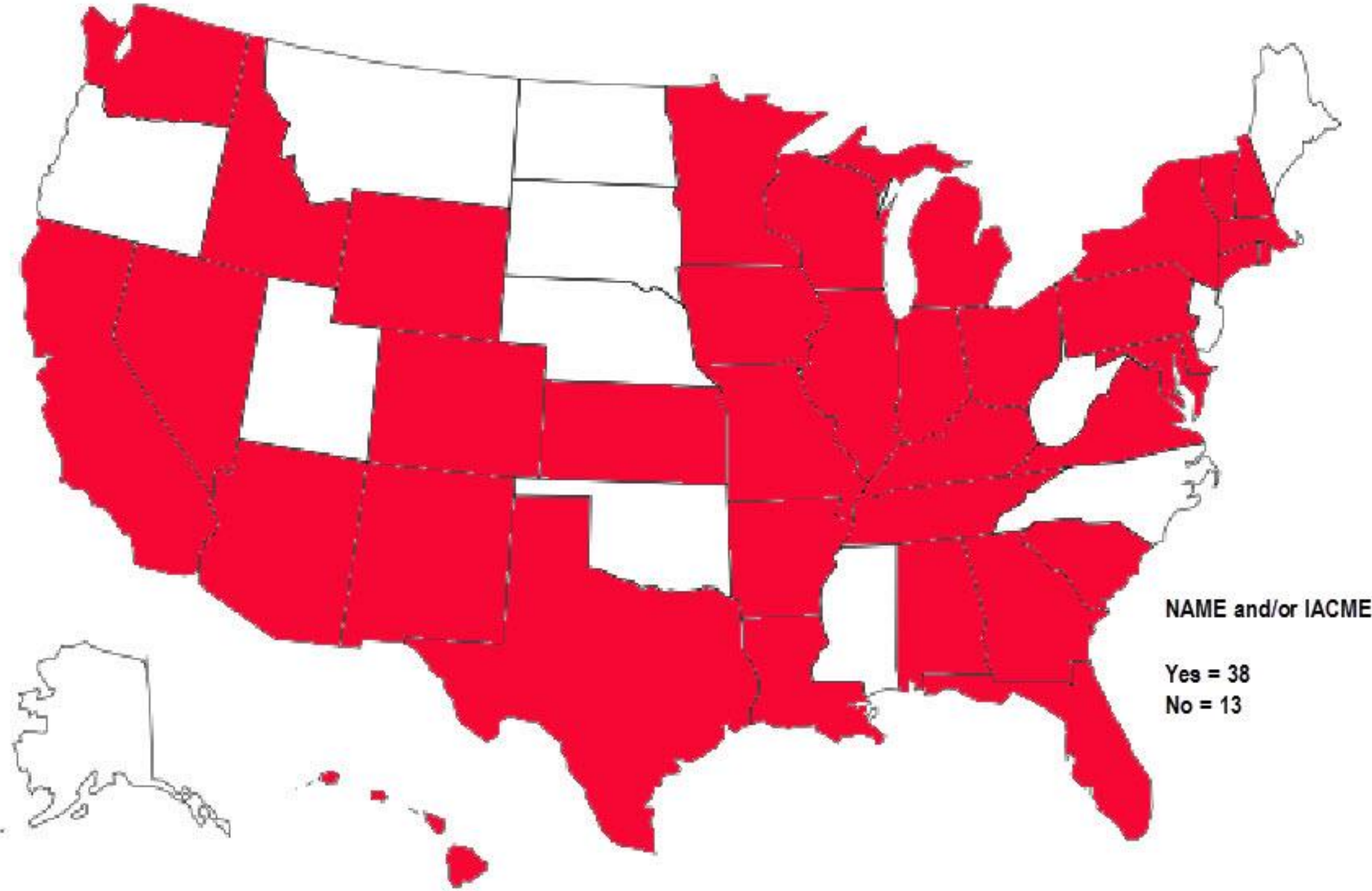
Accreditation and Certification Guarantee?

THANKS!

Questions?