



# NATIONAL COMMISSION ON FORENSIC SCIENCE



## Accreditation of Medicolegal Death Investigation Offices

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### **Commission Action:**

On January 30, 2015, the Commission voted unanimously to adopt this recommendation.

### **Type of Work Product**

Policy Recommendation issued by the Subcommittee on Medicolegal Death Investigation.

### **Recommendation**

The National Commission on Forensic Science requests that the Attorney General of the United States approve a policy that recommends that all offices, facilities, or institutions performing government-funded official medicolegal death investigation activities, for medical examiner/coroner system, be accredited by the end of the year 2020.

### **Statement of Issue**

Accreditation demonstrates compliance with industry and professional standards and performance criteria and provides an independent measure of assurance to the tax-paying citizens of the community served. Unfortunately, many government bodies which fund forensic science or health and human services programs do not give priority to death investigation systems, making it difficult for such systems to achieve accreditation.

Unlike traditional publicly-funded crime laboratories, most medicolegal death investigation offices, medical examiner and coroner offices are not accredited. Of the estimated 2,479 medicolegal death investigation offices in the United States, less than 100 are accredited by either the National Association of Medical Examiners (NAME) or the International Association of Coroners and Medical Examiners (IAC&ME), the only two accrediting bodies in the United States for medicolegal death investigation institutions. (See Appendix A, Table 1).

However, neither the NAME nor the IAC&ME are formally recognized by an external standards organization to be in compliance with international standards such as ISO/IEC 17011, "Conformity Assessment – General Requirements for Accreditation Bodies Accrediting Conformity Assessment Bodies." Both accreditation processes have standards that have been developed using rigorous processes and are accepted as National standards by the interested medicolegal professional associations. Formal recognition of NAME or IAC&ME by an

existing external organization appears to require more resources than either entity can currently bear.<sup>1</sup>

## **Background**

The National Research Council's (NRC) report on strengthening the forensic sciences recommends that all medicolegal death investigation offices be accredited (1). In general, accreditation applies to institutions, facilities, and offices performing the specific task to be accredited. This document discusses the need for mandatory (universal) accreditation, as well as identifies potential funding to accredit all U.S. medicolegal death investigations offices and facilities.

## **Recommended Implementation Strategy**

The Attorney General should direct the Office of Justice Programs to use funds within an existing grant program or create a new grant program to defray the costs associated with accreditation of medicolegal death investigation offices nationally (See Appendix A, Table 2, 3). The Office of Justice Programs should also provide technical assistance and funding to enable NAME and IAC&ME to become formally recognized as conformant to ISO/IEC 17011. Whether reimbursement, by itself, is an effective incentive to medicolegal offices to become accredited is unclear. The Subcommittee believes that it may be, especially for small jurisdictions with small budgets.

An alternative might be to use federal funds to pay for accreditation inspection fees at the time an office applies to NAME or IAC&ME for inspection (rather than after accreditation is achieved). This approach would at least result in inspection (or review of the accreditation application that does not require on-site inspection), and if an office is denied accreditation, would provide the office with information to correct deficiencies and continue the process of working to achieve accreditation.

The Subcommittee also recognizes that preparation for accreditation requires that specific criteria be met in terms of physical space, facilities, equipment, staffing, and other factors. These "indirect costs" can be substantial, and funding opportunities need to be identified for assisting with such indirect costs. This is a matter for further study and policy development.

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<sup>1</sup> NAME and IACME would likely have difficulty in obtaining recognition as accrediting bodies. They lack adequate staff to meet the requirements as the accreditation processes have to be an entity separate from the organization itself and have their own physical location. It is estimated that such approval would cost \$40,000 to \$60,000 per organization based on experiential information, and the process could take several years. Partnering with existing approved entities may make more sense.

## APPENDIX A

**Table 1. Number of potentially accredited offices by state and type.**

State	State ME Office	Branch State ME Offices	Autonomous County Medical Examiner Offices	Coroner Offices	Total Potential Accreditations
AL		3	1	64	68
AK	1				1
AZ			15		15
AR	1			75	76
CA			4	54	58
CO			1	62	63
CT	1				1
DE	1	1			2
FL			24 (District ME Offices)		24
GA	1	2	5	154	162
HI			1	4	5
ID				44	44
IL			1	101	102
IN				92	92
IA	1		99		100
KS			31 (district coroners)	105	136
KY	1	3		120	124
LA				64	64
ME	1				1
MD	1				1
MA	1				1
MI			83		83
MN			44	43	87
MS	1			82	83
MO			6	109	115

MT	1	1		56	58
NE				93	93
NV			1	16	17
NH	1				1
NJ	1	2	15		18
NM	1				1
NY			24	38	62
NC	1	1			2
ND	1	1		43	45
OH			2	86	88
OK	1	1			2
OR	1	2			3
PA			3	64	67
RI	1				1
SC				46	46
SD				66	66
TN	1	4			5
TX			11	243 (multiple JPs)	254
UT	1				1
VT	1				1
VA	1	3			4
WA			6	33	39
WV	1	1			2
WI			13	59	72
WY				23	23
TOTAL	25	25	390	1939	2479

Estimated Accreditation Costs

Fees charged by NAME and IAC&ME vary between each other and based on population, number of inspectors required, whether the inspection is virtual (paper only) or on site. The costs shown in Table 2 are based on average costs and should give a reasonable estimate of accreditation costs based upon the various types of offices currently in operation.

It is also important to take note that if NAME and IAC&ME were at some point recognized by ILAC or a similar body which recognizes accrediting bodies, the cost of initial accreditation and ongoing accreditation costs would rise significantly above those depicted in Table 2.

**Table 2. Estimated costs for accreditation of each “tier” of office type.**

Office Type	Number	Estimated Cost Per	Initial Cost	Ongoing Yearly Cost at \$1000/per
State ME	25	\$5,000	125,000	25,000
Branch State ME	27	\$5,000	135,000	27,000
County ME or District ME or District Coroner	375	\$5,000	1,875,000	375,000
<b>SUBTOTAL</b>	<b>427</b>	<b>\$5,000</b>	<b>2,135,000</b>	<b>427,000</b>
Coroner Office (if paper only)	1939	\$1,000	1,939,000	1,939,000
Coroner office (if on-site visit)	1939	\$3,500	6,786,500	1,939,000
<b>SUBTOTAL</b>	<b>1939</b>	<b>\$2,250 (average)</b>	<b>1,939,000 to 6,786,500</b>	<b>1,939,000</b>
<b>TOTAL</b>	<b>2366</b>		<b>4,074,000 to 8,921,500</b>	<b>2,366,000</b>

## Funding Strategy

Federal funding to help defray costs associated with accreditation could be dispersed via existing grant programs through the Office of Justice Programs (OJP) National Institute of Justice (NIJ), or other federal entities such as the National Institute of Health (NIH). Agency reimbursement would occur when an entity or person produces proof of accreditation. The estimated costs of such an endeavor should be based on the assumption that a maximum expense approach is taken to ensure accreditation of all eligible entities:

Initial accreditation of all offices	\$8,921,500
Annual maintenance cost for accreditations	\$6,558,000
Recognition of NAME and IAC&ME	\$100,000 (plus staff and facility costs)

Thus, the estimated costs for all initial accreditations is \$8,921,500 and annual maintenance costs per year after that would approximate \$ 6,558,000 (in total).

Table 3 shows an estimated need of federal funding to support reaching a 100% accreditation rate if implementation occurred over the next five years.

**Table 3. Projected annual costs with gradual implementation of accreditation.**

Year	Accreditation Rate	Accreditation Costs
Year 1	20%	Initial \$1,784,300 Maintenance 437,200 Total \$ 2,221,500
Year 2	20%	Initial \$1,784,300 Maintenance 874,400 Total \$ 2,658,700
Year 3	20%	Initial \$1,784,300 Maintenance 1,311,600 Total \$3,095,900
Year 4	20%	Initial \$ 1,784,300 Maintenance 1,748,800 Total \$ 3,533,100
Year 5	20%	Initial \$ 1,784,300 Maintenance 2,186,000 Total \$ 3,970,300
	100% of all eligible offices accredited within 5 years	Total \$15,479,500

As shown, the total cost for accreditation would increase annually from a first year total of \$2,221,500 in year one to a total of \$3,970,300 by year five, with a total cost of \$15,479,500 over the five year period. At the end of the five year program period, states or local jurisdictions would be expected to cover accreditation costs incurred after year 2020.

## APPENDIX B

### Accreditation

The NAME Inspection and Accreditation program covers medical examiner and coroner offices. The process involves a self-inspection and then an external on-site peer review inspection by certified inspectors, who are forensic pathology fellows of NAME trained in the inspection process, using a checklist. Offices are notified in advance of the inspection. The original accreditation program and questions were developed over many months by a NAME committee of peer practitioners and were approved by a vote of the entire NAME membership. The questions are reviewed annually and recommendations of the Inspection and Accreditation Committee are approved by the NAME Board of Directors. The checklist consists of approximately 350 questions divided into the following areas: general (facilities, security, administrative space, safety, maintenance, organ and tissue donations, mass disaster plan, quality assurance, annual statistical report), investigations, morgue operations, histology, toxicology, reports and record keeping, personnel and staffing, support services and consultants. Inspectors will examine the facility and review examples of autopsy reports during their inspection. Each checklist question is designated as Phase I or Phase II and is to be answered “yes”, “no”, or “N/A” (not applicable) with notes written for every noncompliance. Full accreditation requires no Phase II deficiencies and no more than 15 Phase I deficiencies. Provisional accreditation may be conferred for a period of up to 12 months if an office has fewer than 5 Phase II and 25 Phase I deficiencies. Accreditation is granted for five years, but maintenance of accreditation requires an annual renewal with self-inspection and reports of any major change of status. NAME posts a public listing of accredited offices.

The International Association of Coroners and Medical Examiners (IAC&ME) also offers inspection and accreditation for coroner and medical examiner offices. Its checklist was developed via process similar to NAME's and the inspection items are substantially similar to NAME's. A difference between NAME and IAC&ME inspections is that NAME requires on-site inspection while IAC&ME offers accreditation to offices which lack autopsy facilities, using a review of required documentation without on-site inspection, in addition to on-site inspections of full-service facilities having autopsy services. NAME also offers accreditation to autopsy-only facilities and an on-site inspection is required.