NCFS 2015
Accreditation and Certification

Steven Clark, PhD
Occupational Research and Assessment

Medicolegal Death Investigation
All occupational accreditation and certification programs have a set of measurable 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?
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 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 Developing A Curriculum
• 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.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Academy of Forensic Sciences</td>
<td>Joseph H. Davis, MD</td>
</tr>
<tr>
<td>American Association of District Attorneys</td>
<td>Daniel Craig, Esq</td>
</tr>
<tr>
<td>American Bar Association</td>
<td>Bruce H. Hanley, Esq.</td>
</tr>
<tr>
<td>American Medical Association</td>
<td>Mary E. S. Case, MD</td>
</tr>
<tr>
<td>College of American Pathologists</td>
<td>Jeffrey M. Jentzen, MD, PhD</td>
</tr>
<tr>
<td>Intl Assn. of Chiefs of Police</td>
<td>Chief Thomas J. O’Loughlin</td>
</tr>
<tr>
<td>Intl Assn. of Coroners and Medical Examiners</td>
<td>Halbert E. Fillinger, Jr., MD</td>
</tr>
<tr>
<td>National Association of Counties</td>
<td>Douglas A. Mack, MD, MPHC</td>
</tr>
<tr>
<td>National Association of Medical Examiners</td>
<td>Richard C. Harruff, MD, PhD</td>
</tr>
<tr>
<td>National Governors’ Association</td>
<td>Richard T. Callery, MD, FCAP</td>
</tr>
<tr>
<td>National Sheriff's Association</td>
<td>Capt. Donald L. Mauro</td>
</tr>
<tr>
<td>United States Conference of Mayors</td>
<td>Hon Scott L. King, Mayor</td>
</tr>
</tbody>
</table>
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

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.

<table>
<thead>
<tr>
<th>C. Documenting and Evaluating the Scene</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Photograph scene (before anything is moved or removed)*</td>
<td>○</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>a. Remove all non-essential personnel (for objective assessment)</td>
<td>5</td>
<td>○</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>b. Photograph overview of scene</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>○</td>
<td>2</td>
</tr>
<tr>
<td>c. Photograph specific sections of scene</td>
<td>○</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>d. Photograph from differing angles</td>
<td>○</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>e. Photograph from differing areas</td>
<td>5</td>
<td>○</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>f. Photograph decedent &quot;close-up&quot; (i.e., ID photo, if possible)</td>
<td>5</td>
<td>4</td>
<td>○</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**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/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).
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
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*. 
In 2004 the ABMDI certification program was accredited by the Forensic Specialties Accreditation Board (FSAB).
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.
• 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.
Both NAME and IACME had existing office accreditation programs at the time they decided to update and revise their standards.
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.
Three round Delphi conducted between June and August 2012.

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Deficiency Level</th>
<th>As Is</th>
<th>Modify</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Does the office have sufficient space, equipment, and facilities to support the jurisdiction's volume of medicolegal death investigations?</td>
<td>2</td>
<td>As is</td>
<td>Modify</td>
</tr>
<tr>
<td>1.2</td>
<td>Are private and secure lockers, changing areas, and shower facilities available for male and female employees?</td>
<td>1</td>
<td>As is</td>
<td>Modify</td>
</tr>
</tbody>
</table>

## 1A. BODY HANDLING AREAS

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Deficiency Level</th>
<th>As Is</th>
<th>Modify</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A.1</td>
<td>Is the body receiving area adequate in size and designed to accommodate the usual volume of incoming and outgoing bodies with safety and security?</td>
<td>2</td>
<td>As is</td>
<td>Modify</td>
</tr>
<tr>
<td>1A.2</td>
<td>Are body receiving and handling areas sequestered from public view?</td>
<td>2</td>
<td>As is</td>
<td>Modify</td>
</tr>
<tr>
<td>1A.3</td>
<td>Is there a method by which family or friends can make positive identification of decedents, e.g. viewing room, instant photography, closed circuit television, digital photography, etc.?</td>
<td>2</td>
<td>As is</td>
<td>Modify</td>
</tr>
<tr>
<td>1A.4</td>
<td>Is the refrigerated storage space sufficient to accommodate the number of bodies and their handling during usual and peak loads.</td>
<td>2</td>
<td>As is</td>
<td>Modify</td>
</tr>
<tr>
<td>1A.5</td>
<td>Is the refrigerated storage space easily accessible to the autopsy room and to the body release area?</td>
<td>1</td>
<td>As is</td>
<td>Modify</td>
</tr>
<tr>
<td>1A.6</td>
<td>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?</td>
<td>1</td>
<td>As is</td>
<td>Modify</td>
</tr>
</tbody>
</table>

## 1B. AUTOPSY SUITES

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Deficiency Level</th>
<th>As Is</th>
<th>Modify</th>
</tr>
</thead>
<tbody>
<tr>
<td>1B.1</td>
<td>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?</td>
<td>2</td>
<td>As is</td>
<td>Modify</td>
</tr>
<tr>
<td>1B.2</td>
<td>Does the ventilation system control odor and fumes and prevent them from entering and leaving the autopsy and body storage areas?</td>
<td>1</td>
<td>As is</td>
<td>Modify</td>
</tr>
<tr>
<td>1B.3</td>
<td>Do the heating and cooling systems maintain a working environment conducive to effective work performance?</td>
<td>2</td>
<td>As is</td>
<td>Modify</td>
</tr>
<tr>
<td>1B.4</td>
<td>Is the lighting adequate?</td>
<td>2</td>
<td>As is</td>
<td>Modify</td>
</tr>
<tr>
<td>1B.5</td>
<td>Is a body scale located in or near the autopsy room, the body reception, or pre-autopsy preparation area?</td>
<td>1</td>
<td>As is</td>
<td>Modify</td>
</tr>
<tr>
<td>1B.6</td>
<td>Is suction available at the autopsy stations?</td>
<td>1</td>
<td>As is</td>
<td>Modify</td>
</tr>
</tbody>
</table>
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
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.
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
Medicolegal System Accreditations

• 23 Full Accreditations
• 1 In-process
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

<table>
<thead>
<tr>
<th>Full Service Facility</th>
<th>Autopsy Service Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. General</td>
<td>A. General</td>
</tr>
<tr>
<td></td>
<td>B. Investigations</td>
</tr>
<tr>
<td></td>
<td>C. Morgue</td>
</tr>
<tr>
<td></td>
<td>D. Histology</td>
</tr>
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<td></td>
<td>E. Toxicology</td>
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<td></td>
<td>F. Reports</td>
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<td></td>
<td>G. Personnel</td>
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<tr>
<td></td>
<td>H. Support</td>
</tr>
<tr>
<td>62</td>
<td>58</td>
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<tr>
<td>36</td>
<td>18</td>
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<td>64</td>
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<td>52</td>
<td>48</td>
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<tr>
<td>17</td>
<td>17</td>
</tr>
</tbody>
</table>

**Total = 350**

**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.”
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
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 changes 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?