



Office of the Chief Medical Examiner (OCME) FY2016 Performance Accountability Report (PAR)

Introduction

The Performance Accountability Report (PAR) measures each agency's performance for the fiscal year against the agency's performance plan and includes major accomplishments, updates on initiatives' progress and key performance indicators (KPIs).

Mission

The mission of the Office of Chief Medical Examiner (OCME) is to ensure that justice is served and that the health and safety of the public is improved by conducting quality death investigations and certification, and providing forensic services for government agencies, health care entities and grieving families.

Summary of Services

OCME provides forensic services to local and federal government agencies, health care providers, institutions of higher learning and citizens in the District and metropolitan area. Forensic services include: forensic investigation and certification of certain deaths (i.e., deaths occurring as a result of violence (injury) as well as those that occur unexpectedly, without medical attention, in custody, or pose a threat to public health); review of deaths of specific populations; grief counseling; performance of a full range of toxicological examinations; cremation approvals; and public dispositions of unclaimed remains.

Overview – Agency Performance

The following section provides a summary of OCME performance in FY 2016 by listing OCME’s top accomplishments, and a summary of its progress achieving its initiatives and progress on key performance indicators.

Top Agency Accomplishments

| Accomplishment | Impact on Agency | Impact on Residents |
|--|--|--|
| The DC Office of the Chief Medical Examiner achieved FULL ACCREDITATION by the National Association of Medical Examiners for the first time in its history! The inspection, which is a rigorous process involving the physical facility and review of office practices and policies and procedures, only revealed Six (6) Phase I and Zero (0) Phase II deficiencies out of 351 accreditation checklist items. The accreditation is effective February 16, 2016 through February 16, 2021. | This accomplishment brings national recognition and status to an already well-run agency and operation. The accreditation established the agency as a national model with standard operating procedures, a physical facility, and well-trained personnel that are in compliance and operating within industry standards. | As stated within the official certification letter by the Name Inspection and Accreditation Co-Chairman, 'NAME accredited offices represent the highest quality of death investigation systems. The accreditation is an endorsement to the residents that the DC Medical Examiner’s Office provides an adequate environment in which a medical examiner may practice the profession and provides reasonable assurance that the office well serves the jurisdiction with a high caliber of medicolegal death investigation. |

The agency supported two major Mayoral Initiatives: a) the Synthetic Drug Surveillance Initiative; and b) the Safer Stronger Initiative. a) In partnership with the Department of Health (DOH) the OCME supported the Synthetic Drug Surveillance Initiative which involved taking samples from patients in area hospitals who had potentially overdosed on synthetic marijuana, The agency's forensic toxicology laboratory facilitated the testing of the specimens and reported testing results to DOH. Over the course of this initiative over 450 synthetic drug specimens were processed. b) The agency co-chaired the Safer Stronger DC Advisory Initiative with DOH. This Initiative was established to provide recommendations to the Administration regarding violence prevention focused on investments, infrastructure and intervention. The agency believes that the ability to provide metrics and recommendations to serve residents via preventive measures and programs is an accomplishment

The agency required resources which were provided to the agency in the form of staffing and monies for testing on the drug surveillance project. The agency was able to expand its role in public safety by enabling other entities to recognize its testing capabilities, the value in the use of trends in mortality data toward prevention, and the agency role not only in safety but in public health surveillance.

The Synthetic Drug Surveillance Initiative impacts residents in that it informs the Administration on the breadth of this type of drug usage in order to inform programming and preventive measures. The Safer Stronger initiative can be recognized in the practical implementation of many of the recommendations such as development of community partnerships, identification of job opportunities, and real-time interaction of social service agencies following incident of violence involving District residents.

The OCME sponsored a Fatality Management Symposium and Full-Scale Exercise from September 26-30, 2016. The symposium focused on timely and accurate victim identification and reunification; collaborative incident management, planning and exercising; identification of emergency planning gaps and weaknesses; roles and responsibilities of the Consequence Management Team; and included a table-top exercise. The Full-Scale Exercise included set-up of a full disaster morgue operation and mobile command center and executive fatality management operations center, as well as extensive IT interoperability. The exercise included all District public safety agencies and stakeholders, as well as national, regional and international (Paris and San Bernardino medical examiner offices) representatives. The event has been a significant training opportunity for stakeholders and will inform District-wide mass fatality plans and emergency response plans.

: The OCME launched an effort during FY 2016 to ensure that District agencies were equipped and prepared for emergent situations – a city-wide Fatality Management Symposium and Exercise. This event involved public safety cluster agencies (HSEMA, MPD, FEMS, OUC, DFS, OVS etc.), as well other stakeholders such as DOH, OCTO and other regional agencies that would have a role in a mass fatality incident. The symposium portion included a national and international knowledge exchange with the San Bernardino and Paris Chief Medical Examiner offices which both recently experienced fatality incidents, as well as specialized sessions to assess District gaps in emergency management in regards to personnel, resources and training. The symposium also provided enhanced training to Consequence Incident Team during the symposium, as well as all personnel of the various agencies through the city-wide exercise. Lastly, the OCME will utilize the information gained from the event to update and enhance its mass fatality plan. While the initiative can be considered completed for FY16, this should and will continue as part of OCME’s fatality management function. As a priority of the agency and District and given that ‘readiness’ efforts must be consistently maintained and there is no metric that states that the District is 100% prepared, this measure will be continued via the specific activity described herein, as well as others.

Fatality and Incident planning is critical in order to ensure the safety of the residents of DC and the surrounding areas. It is important not only that gaps in emergency response and planning be recognized and filled, but that continuous exercising of plans be conducted to ensure that emergency responders are well-trained. In this current climate of natural and man-made threats, incident planning is a priority.

In FY 2016, OCME had 10 Key Performance Indicators. Of those, 0 were neutral. Of the remaining measures, 30% (3 KPIs) were met, 20% (2 KPIs) were nearly met, and 50% (5 KPIs) were unmet. In FY 2016, OCME had 16 Initiatives. Of those, 94% (15) were completed and 0% (0) were nearly completed, and 6% (1) were not completed. The next sections provide greater detail on the specific metrics and initiatives for OCME in FY 2016.

FY16 Objectives

| Division | Objective |
|---------------------------------------|--|
| Fatality Review | Improvement in delivery service and outcomes for those populations served by the Fatality Review Division |
| Forensic Toxicology | Drug Testing |
| Forensic Toxicology | Testing & Reporting Enhancements |
| Forensic Toxicology | Professional Papers and Presentations |
| Medicolegal Death Investigation | Provide efficient, timely and accurate death investigation and certification of cases within the jurisdiction of the agency as statutorily mandated. |
| Office of the Chief & Administration | Obtain agency accreditation status with the National Association of Medical Examiners (NAME). |
| Office of the Chief & Administration | Implementation of Mass Fatality Management Preparedness Strategies |
| Office of the Chief & Administration | Data Analysis Fusion Center Quarterly Reporting |
| Offices of the Chief & Administration | Provide forensic services in the areas of medicolegal death investigation, forensic pathology and toxicology through academic engagements with community stakeholders to include law enforcement; medical and health care providers; Residents and students; and other government officials. Fulfill mission of providing forensic services. |

FY16 KPIs

Objective: Improvement in delivery service and outcomes for those populations served by the Fatality Review Division

| Measure | Target | Freq | Q1 | Q2 | Q3 | Q4 | Total | KPI Status | KPI Barriers |
|---|--------|------|-------|-----|-----|-----|-------|------------|--------------|
| Percent of CFRC fatality reviews held within six months of notification of the death | 70 | Q | 91.67 | 100 | 100 | 100 | 97.1 | Met | |
| Percent of DDS fatality reviews held within three months of receipt of the investigative report from DHS/DDS and determination of the cause and manner of death | 80 | Q | 100 | 100 | 100 | 100 | 100 | Met | |

Objective: Provide efficient, timely and accurate death investigation and certification of cases within the jurisdiction of the agency as statutorily mandated.

| Measure | Target | Freq | Q1 | Q2 | Q3 | Q4 | Total | KPI Status | KPI Barriers |
|---|--------|------|-------|-------|-------|-------|-------|------------|---|
| Percent of preliminary investigative reports complete for utilization in the daily case review morning meetings | 95 | Q | 90.6 | 92.55 | 97.61 | 98.88 | 95.2 | Met | |
| Percent of mortuary/transport service scene response within one hour of transport notification by an investigator or medical examiner of an accepted case | 95 | Q | 89.84 | 91.72 | 90.36 | 84.29 | 89.9 | Nearly Met | This KPI was not met due to lack of accountability of the vendor that transported 60-70% of cases during the 4th quarter. The agency has reported challenges that it has had with the vendor's ability to meet this KPI. The agency has more success with its METT (or own personnel) transporting cases. As such, it has requested additional staff in order to fully bring this service in-house as opposed to utilizing a vendor service to this extent. |

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|---|----|---|-------|-------|-------|-------|------|------------|---|
| Percent of all reports of postmortem examinations completed within 90 calendar days from the time of autopsy in all cases | 90 | Q | 86.78 | 93.13 | 85.32 | 90.03 | 89.1 | Nearly Met | <p>This KPI was just below the target. The agency believes this was a success given that for the majority of the fiscal year, there were only 2 full-time and one part-time doctor. The Chief Medical Examiner also participated in the forensic pathology post-mortem examination schedule, as did the Deputy Chief Medical Examiner who resigned at the mid-point of the fiscal year. As such, understaffing was a barrier.</p> |
| Percent of public dispositions ready for release within 45 days | 90 | Q | 25 | 26.09 | 20 | 50 | 24.1 | Unmet | <p>Barriers include attempts by the agency to obtain information from next of kin to complete forms; obtaining information from hospitals to complete death certificates; and the compassion of awaiting next of kin who have been identified who have barriers to making final disposition themselves. Additionally, budgetary decisions were made to delay public disposition.</p> |

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|--|----|---|-------|-------|-------|-------|------|-------|---|
| Percent of all reports or postmortem examinations completed within 60 calendar days from the time of autopsy in all cases | 90 | Q | 47.62 | 43.12 | 52.38 | 52.23 | 48.9 | Unmet | The agency Forensic Pathology Unit consisted of only 2 full-time and one part-time doctor. The Chief Medical Examiner also participated in the forensic pathology post-mortem examination schedule, as did the Deputy Chief Medical Examiner who resigned at the mid-point of the fiscal year. As such, understaffing was a barrier. |
| Percent of specimens transported to reference laboratory within 1 day after notification by a medical examiner (excluding weekends and holidays) | 95 | Q | | 50 | 71.43 | 84 | 66.1 | Unmet | There is no Q1 data as the KPI measurement began in Q2. Barriers in meeting this KPI include understaffing which precludes the ability to assign personnel specifically to this task. Moreover, the mortuary unit must develop a more consistent and efficient procedure to ensure more timely forwarding of the specimens. Improvements were made throughout the year and the KPI did improve. |

Objective: Testing and Reporting Enhancements

| Measure | Target | Freq | Q1 | Q2 | Q3 | Q4 | Total | KPI Status | KPI Barriers |
|---------|--------|------|----|----|----|----|-------|------------|--------------|
|---------|--------|------|----|----|----|----|-------|------------|--------------|

| | | | | | | | | | |
|---|----|---|------|-------|-------|-------|------|-------|--|
| Percent of toxicology examinations completed within 30 calendar days of case submission | 75 | Q | 6.14 | 13.62 | 28.77 | 45.45 | 24.7 | Unmet | <p>This target is not a standard industry measure but one well beyond industry guidelines. The National Association of Medical Examiners accreditation guidelines provide for 90% of toxicology examinations to be completed within 90 or 60 calendar days of case submission. This target for FY16 was selected as a goal beyond this standard as a way to maintain a level of excellence for the laboratory. The understaffing of the laboratory contributed to the inability to reach the goal. Further, the laboratory staffing model has been reevaluated and a successive staffing model and training implemented which required resources and time but will result in consistency and improved turnaround times for the future.</p> |
|---|----|---|------|-------|-------|-------|------|-------|--|

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|---|----|---|-------|-------|-------|-------|----|-------|---|
| Percent of toxicology examinations completed within 45 calendar days of case submission | 50 | Q | 22.15 | 20.57 | 49.51 | 68.09 | 42 | Unmet | <p>Note that the agency set KPIs that are indeed stricter than industry standard. The National Association of Medical Examiners' standard provides a guideline of completing 90% of toxicology examinations within 90 calendar days of case submission and/or within 60 calendar days of case submission. As such, the delineation of negative and positive cases is not a industry standard requirement but one that the agency has set. The agency has in fact met the industry standard. Barriers to meeting the agency standard may be in fact be staffing.</p> |
|---|----|---|-------|-------|-------|-------|----|-------|---|

FY16 Workload Measures

| Measure | Freq | Q1 | Q2 | Q3 | Q4 | Total |
|---|------|-----|-----|-----|-----|-------|
| Number of youth (ages 10-19) homicides where gun violence is a factor | Q | 2 | 2 | 0 | 6 | 10 |
| Number of Postmortem Examinations performed: Full/Partial (Not External Exams) | Q | 293 | 255 | 287 | 350 | 1,185 |
| Number of Public Dispositions | Q | 29 | 48 | 32 | 2 | 111 |
| Number of drug deaths (illicit/rxn) diagnosed | Q | 52 | 53 | 29 | 36 | 170 |
| Number of deaths due to hypertensive cardiovascular disease/obesity | Q | 72 | 76 | 67 | 75 | 290 |
| Number of infant deaths (1 year and under) (Note: This number includes pending cases) | Q | 9 | 8 | 4 | 10 | 31 |
| Number of child deaths due to inappropriate bedding/SUID (with or without crib in the dwelling) | Q | 5 | 1 | 0 | 1 | 7 |
| Number of elder deaths due to falls (age 65 and over) | Q | 88 | 79 | 76 | 104 | 347 |
| Number of DUI cases performed | Q | 122 | 124 | 129 | 119 | 494 |
| Number of Synthetic Drug Samples Tested | Q | 43 | 27 | 11 | 178 | 259 |
| Number of Anthropologic Analyses Performed | Q | 36 | 19 | 19 | 33 | 107 |

FY16 Initiatives

Title: Implement the Fatality Review Web Portal

Description: The agency will implement utilization of a secure WebPortal for sharing of documents with the Fatality Review Committee members via the build-out of a Sharepoint type model. This will allow sharing of documents by the agency and committee members via a computerized system while maintaining the confidentiality and security of documents as statutorily mandated and required. The system is developed by the Office of the Chief Technology Officer and the IT Unit of the agency via a Memorandum of Understanding.

Complete to Date: Complete

Status Update: The WebPortal has been completed and is in use via a Sharepoint model. The Fatality Review Committee members (Child Fatality) utilizes the WebPortal routinely for sharing documents with members in advance of meetings

Title: Mandated Annual Reports

Description: The fatality review annual reports will be published in a timely manner (i.e. child, disabled and domestic violence).

Complete to Date: Complete

Status Update: The CFRC Annual Report was completed by September 30th, thus in compliance with initiative requirements

Title: Review Fatality Programmatic Recommendations

Description: The overall process for all fatality review programmatic recommendations will be reviewed toward improvement in critical services within specific fatality populations (i.e. child, disabled and domestic violence).

Complete to Date: Complete

Status Update: The Committee has determined that it will formulate a list of findings from cases and then come together to focus only on the findings in a manner such that the recommendations will not be "case" specific but "systems" specific. This new recommendation process will be implemented moving forward. This new process will be memorialized through new protocols via update to the Committee rules and procedures. This new process was derived through the presentation from the National Child Death Review provided via grant funding from OVS

Title: Enhance DUI Testing

Description: The Forensic Toxicology Laboratory will work to develop a new rapid drug testing methodology that will increase the scope and performance of DUI testing. More specifically, the new methodology will decrease turnaround time for DUI casework and test for an increased number of impairing drugs in addition to alcohol.

Complete to Date: Complete

Status Update: This initiative is complete. The new rapid drug testing methodology is online and the laboratory is looking to make improvements on that method going forward

Title: Report DUI and Traffic Fatality Statistical Data.

Description: The Forensic Toxicology Laboratory will collect, compile, and report available DUI and traffic fatality data. This data will be made available to specific stakeholders in order to assist with increasing traffic safety measures within the District of Columbia.

Complete to Date: Complete

Status Update: This initiative will be ongoing as it is an ongoing grant. However, the work for the FY16 year is complete. The laboratory continues to verify records with DOH's Bureau of Vital Records and identify stakeholder needs and requirements to determine the scope of data collection. Once a protocol is established this will be utilized going forward. See previous quarter

Title: Continue the Drug Surveillance Project

Description: The District has experienced a surge in the use and sale of synthetic drugs. The Administration has worked with the agency and the Department of Health (DOH) to implement a project for improved surveillance of synthetic drug use within the District, specifically the level and prevalent locations of such use. The data will inform DOH on how to best educate the community on the inherent dangers of synthetic drug usage and implement appropriate measures for those who have become habitual users. Since its inception, the Office of the Chief Medical Examiner (OCME) has had jurisdiction over the testing aspect of the surveillance program. FY16, the agency will continue to administer the testing portion of the project.

Complete to Date: Complete

Status Update: This Mayoral Initiative was scheduled to end in August 2016. The agency's Forensic Toxicology Laboratory provided assistance to the Synthetic Drug Surveillance Project project via sending data to DOH on a routine basis. The laboratory participated by sending samples collected from District hospitals to be tested for synthetic drugs and then providing the data to DOH. The agency tested approximately over 450 samples and hired two personnel for such testing

Title: Contribute to the scientific community through academic research, publications and presentations of toxicological findings.

Description: As part of its function to contribute to the scientific community specifically, the forensic toxicology laboratory will assess toxicological findings, conduct trend analyses and present research papers, publications and presentations to key stakeholders (i.e., scientific community, health care entities, law enforcement and academic community). The goals are to: 1) highlight data findings and trends relevant to stakeholders 2) provide training for staff in analyzing findings and trends and presenting such information in an academic setting; and 3) provide visibility to the District's forensic toxicology laboratory.

Complete to Date: Complete

Status Update: The laboratory has created an in-house training program focused on analytical forensic toxicology for the entire Division. The laboratory has published articles in the Journal of Analytical Toxicology which focused on synthetic cannabinoid prevalence in the District. The laboratory will continue its focus on this initiative

Title: Meet National Association of Medical Examiners (NAME) industry standards for postmortem examination reporting 90% of reports post-mortem examinations completed within 90 days from the time of autopsy in all cases.

Description: The OCME's Medicolegal Death Investigation Division will focus efforts on meeting NAME standards for postmortem examinations 90% of reports of postmortem examinations completed within 90 days from the time of autopsy in all cases. and nbsp;The agency has implemented a myriad of initiatives to enhance the reporting autopsy reporting time periods to include: improved management modules and work processes, dictation services, staffing models and scheduling.

Complete to Date: Complete

Status Update: The forensic pathology unit is consistently meeting this initiative with 90% of reports of postmortem examinations completed within 90 days from the time of autopsy in all cases. Note that this KPI data fluctuates. While the KPI was this quarter, the agency must consistently continue to work to maintain the goal. Currently, the agency is working to fill two vacant medical examiner positions in order to ensure that this KPI target is met in the next fiscal year of which the KPI is continued

Title: Public Disposition

Description: The Anthropology and Identification Unit will work to enhance the agency's public disposition process or the burial of unclaimed decedents. The agency's function is to provide disposition of those decedents that are not claimed by next of kin or other persons whether identified or unidentified. The Unit will work with the Office of Contracting and Procurement to determine whether the burial site for these decedents can be moved within five miles of the District's border. Currently, there are two sites that range from about twenty to forty miles. This will assist those next of kin or others that may ultimately want to visit the sites once they discover the death of a loved one. Moreover, the Unit will work to ensure that all gravesites are clearly marked and well maintained.

Complete to Date: Complete

Status Update: A new Burial site within five miles of the District's Border - Bethel Cemetery - was identified by the vendor and has been in use by the vendor since the beginning of 2016

Title: Identification of Unidentified Decedents

Description: The Anthropology and Identification Unit and Laboratory will expand its initiative to research and process of unidentified remains. This includes the local dissemination of Unidentified Decedent Fliers with certain demographic information and photographs to media outlets and working federal, regional and local organizations, and national dissemination a federally supported website. Further, this Unit is working with the IT Unit on the implementation of technology for electronic fingerprint submission or digital scans of fingerprints. This initiative not only focuses on providing a positive identification for a decedent for case completion on identification, but more significantly on bringing closure to next of kin.

Complete to Date: Complete

Status Update: The agency is in the pilot phase of two platforms: 1) electronic fingerprint for immediate identification via submission to MPD's AFIS; and 2) finalizing a10-print (all fingers) digital enrollment on all decedents for records archiving and transmission to FBI's AFIS. The Units have completed the standardization process and documented the process for the development of training and SOPs. The process has been completed with the assistance of the IT Unit.

If Incomplete, Explanation: This initiative not only focuses on providing a positive identification for a decedent for case completion on identification, but more significantly on bringing closure to next of kin, as a result of positive identification.

Title: Establishment of a Medical Examiner Transport Team (METT)

Description: The agency will establish a Mortuary Examiner Transport Team consisting of Forensic Mortuary Technicians. The formation of the METT fulfills the standards established by National Association of Medical Examiner (NAME) Accreditation Guidelines. These guidelines require proper body handling during Mass Fatality as well as during day to day case response. The body transport function is currently performed by a vendor. Alternatively, the METT will perform this service and fill gaps identified in: fleet maintenance decedent intake and release mass fatality response logistics postmortem radiology and identification supply inventory and tracking and mortuary quality assurance and control processes. In order to satisfy its emergency preparedness and response function, the agency requires self sufficiency as related to decedent transport services. The METT will provide such self sufficiency and perform a myriad of duties, thereby, reducing costs and increasing efficiency. This initiative will be implemented via a phased approach with the initial establishment of the team during FY2016 with two to three existing staff members and two new FTEs. The remainder of the team three additional FTEs will be brought on staff in future fiscal years.

Complete to Date: Complete

Status Update: The agency established the METT pilot program consisting of four Forensic Mortuary Technicians. The team began reporting to scenes along with the agency's livery service. Not only will in-house services allow for more efficient utilization of funds given the ability of staff to perform functions beyond livery, but the FY16 METT Pilot demonstrated that response times to and assistance at death scenes increase with the use of our own staff. The agency's KPI is to respond to death scenes within one hour. The vendor does not meet the KPI

Title: Standard Operating Procedures(SOPs) Revision and Staff Training

Description: The agency will continue preparation for inspection and accreditation by the National Association of Medical Examiners (NAME) to include revising Standard Operating Procedures (SOPs) to ensure compliance with federal and District laws, Mayoral orders, industry protocols and agency practices and conducting staff trainings on revised SOPs. The agency will also review an evaluation report of the agency per NAME accreditation standards conducted by the Office of the Attorney General (OAG). The agency will address all deficiencies noted within the report. Next steps include application for accreditation and completing an initial inspection by NAME. Accreditation is an endorsement that the agency well serves its jurisdiction and assists in the development and maintenance of a high caliber of forensic/medicolegal death investigation for the jurisdiction.

Complete to Date: Complete

Status Update: The agency was inspected on February 16-17th, 2016. Of the 351 NAME checklist items, only six Phase I deficiencies were noted in the final inspection report. As such, for the first time in the history of the agency, the OCME achieved full accreditation by NAME. Note that the agency is also currently updating SOPs and writing additional SOPs for the annual upcoming February 2017 accreditation review

Title: DisasterPlan Evaluation and Training/Exercises

Description: The OCME will continue its evaluation of mass fatality and continuity of operations planning emergency response standard operating procedures local and regional planning and cooperation and training and exercising. This will involve coordination with regional entities, such as other local Medical Examiners, District agency stakeholders, funeral homes, universities and hospital, federal partners and other community stakeholders. The agency will host an internal mass fatality exercise. This initiative focuses on agency preparation and collaborative partnerships with stakeholders to ensure the safety and security of the District during natural disasters, public health emergencies and terrorist and criminal threats.

Complete to Date: Complete

Status Update: The agency received funding in the form of federal sub-grants and bought Mobile Body Storage Units, a Mobile Command Center, a Portable X-ray System, as well as support for District Wide Mass Fatality Planning, funding for a Disaster Morgue, improved response vehicles and personal protective equipment (PPE). This initiative is ongoing. The agency held a Fatality Management Symposium/Full-Scale Exercise September 26 - 30, 2016 which involved all staff and District and international stakeholders (Paris and San Bernardino Medical Examiners).

Title: Build-Out of Agency Fatality Management Operations Center (FMOC)

Description: The agency must have a centralized location for disaster operations and coordination. As such, the agency plans to construct a fatality management operations center to include emergency communications and office infrastructure. The Fatality Management Operations Center (FMOC) would provide the agency with initial and ongoing situational awareness for preplanned or emergency incidents the ability to centralize operations, assess the situation and provide rapid response provide appropriate staff preparedness on an ongoing basis allow communication with other stakeholders (i.e., jurisdictional law enforcement, fire and rescue, emergency agencies and hospitals) and provide a training center for staff and stakeholder partners for emergency preparedness. The center will also be utilized on a day-to-day basis for operational assessment meetings of medical examiner caseload. Build out of an FMOC also supports the agency's accreditation efforts as related to accreditation standards requiring a sound mass disaster plan and resources. This initiative ensures that the agency has the appropriate resources and infrastructure to fulfill its role in emergency preparedness situations.

Complete to Date: 50-74%

Status Update: The Executive Room of the FMOC was complete during Q2 which is a requirement of maintain NAME accreditation status and is critical for interoperability during a fatality incident.. It is a build-out that provides visibility, communications and interoperability similar to that of the HSEMA EOC. The agency plans to build out the entire FMOC within the agency's Death Investigations Unit, as well as interactivity within an additional conference room and individual offices in order to ensure full situational awareness

If Incomplete, Explanation: The Initiative was not funded.

Title: DataAnalysis FusionCenter Quarterly Reporting

Description: As part of its mandate as a public health surveillance, the agency will utilize its Data Analysis Fusion Center to produce quarterly reports. The Data Analysis Fusion Center concept is a collaborative effort between agencies to provide and/or share data with the goal of prevention, detection, law enforcement or other types of evaluation or analysis, particularly in the areas of public safety or health. For example, the agency's mortality data is critical data that can be formatted in a manner that can provide key information to the Department of Health on various issues that can be formulated for various prevention messages. Further, the agency IT staff has been trained in GIS mapping wherein mortality data can be utilized by public safety cluster partners. Such data analysis used in a collaborative effort within a fusion center can play a vital role within the District in providing enhanced support services to District residents and visitors. During FY2016, the following quarterly reports will be produced: elder falls youth homicides, suicides and trends in drug overdoses.

Complete to Date: Complete

Status Update: During FY2016, the following quarterly reports were produced: elder falls youth homicides, suicides and trends in drug overdoses. These reports are available on the agency's website. Further, the Data Fusion Center's Epidemiologist completed a draft of the agency's 2015 Annual Report which is mandated to be published by the end of the 2016 calendar year. This report includes mortality data for on a myriad of issues. Significantly, the agency participated and provided key data for two Capstats during the FY16: Opioids and Sexual Assaults

Title: Community Education

Description: The agency will participate in various engagements with community groups (i.e., ANCs) in targeted Wards, including 7 and 8, throughout the fiscal year to consist of lectures regarding the professions of medicolegal death investigator, forensic pathologist and toxicology and the operations of the agency. The agency will continue to maintain and enhance its partnerships with UDCs Mortuary Science School, as well as George Washington, Howard University and Georgetown in the area of forensics. The purpose is to encourage an interest in the fields of forensic science, investigation and pathology and the credentials and education required to successfully obtain employment in these areas.

Complete to Date: Complete

Status Update: The agency met with UDC Mortuary Sciences, Howard and George Washington to build partnerships with collegiate level students, but agency representatives have partnered with schools, including elementary schools. The Chief of Staff participated in a STEM project with elementary students ; the agency donated bookbags to an elementary school and interacted focusing on exposure to the agency; investigators spoke to students regarding their roles; and the Chief Medical Examiner worked with groups regarding his role as a medical examiner