The Role of the Medical Examiner's Office

Philadelphia Department of Public Health

Medical Examiner's Office (MEO)

Donald Schwarz, MD, MPH

Health Commissioner

November 25, 2008

Budget Balancing: $2.9 Million Annual Savings

Preserve all core functions/no service impact

- 8 Health Centers
- Lead Abatement
- Animal Control
- HIV/ AIDS Programs

Identify efficiencies through elimination of:

- Non-essential senior and support staff functions
- Non-critical professional service contracts
- Contributions to community events and health fairs
- Outdated quarantine services

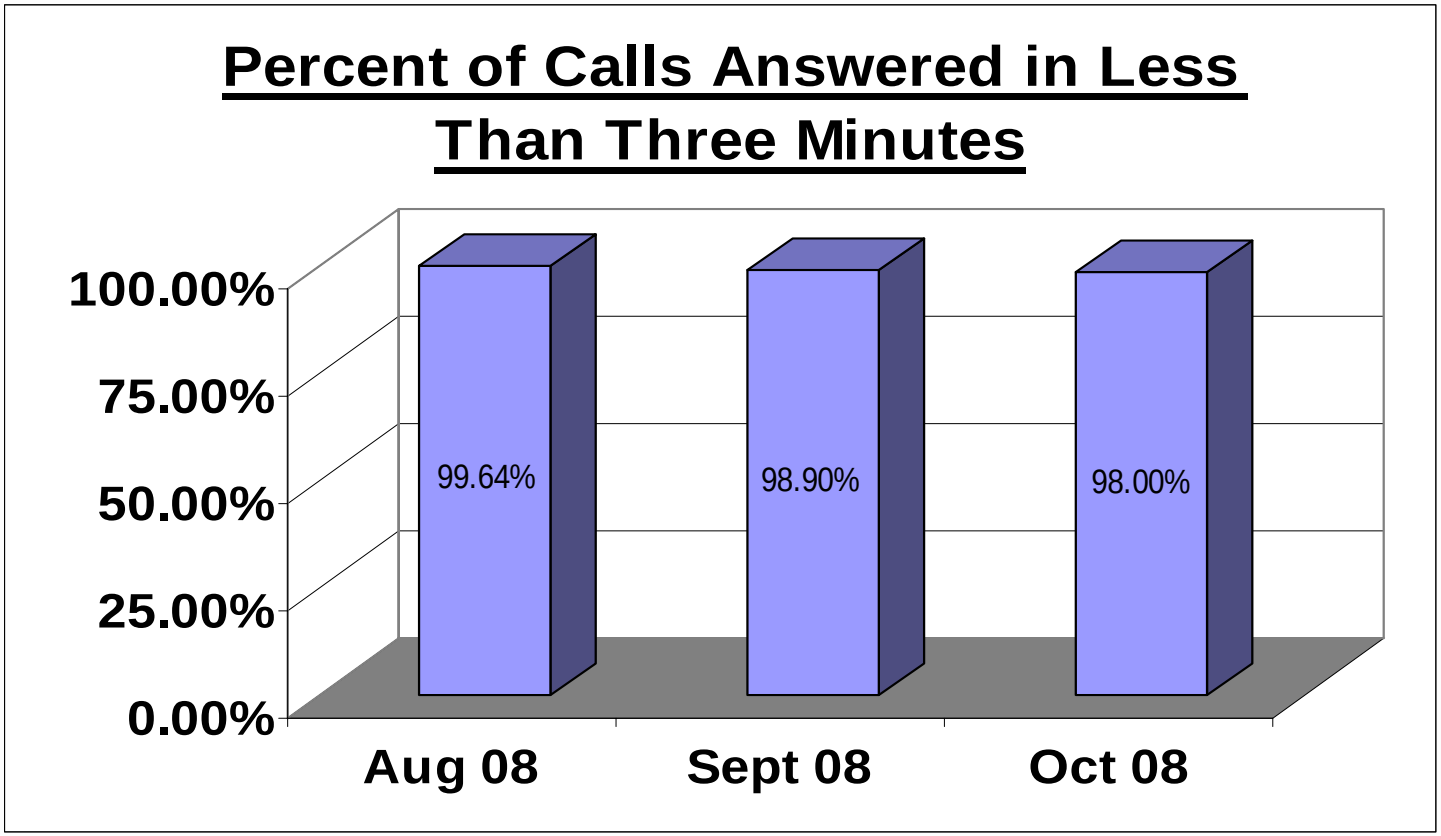
Increase Revenues

- Update Medical Examiner fees for autopsy reports
- Enforce dog licensing ordinance and collect license fee
- Increase permitting air management and food safety fees to cover associated expenses

Customer Service Standards

- All calls to the Call Center will be answered within 3 minutes
  - Status: Implemented system to identify calls on hold more than 3 minutes. Callers receive recorded apology while waiting. Operator apologizes when she answers.
- All (new) prescriptions will be filled by next day
  - Status: Implemented monitoring procedures. Patients receive apology when standard not met.
- All new patient appointments will be made within 30 days
  - Status: Appointment availability regularly monitored. Patients receive an apology and are offered an appointment at another health center within our network of eight health centers.

Call Center Statistics Aug-Oct 2008



AVERAGE PRESCRIPTION AVAILABILITY IN BUSINESS DAYS

TIME PERIOD: Oct 17 - Nov 14, 2008

HC 2	HC 3	HC 4	HC 5	HC 6	HC 9	HC 10	SMHC
2	1	2	1	2	2	2	1

30 Days (New Patient) Appointment Availability

As of 11/5/08, new patient appointment availability (initial visit) within 30 days is at 62%. (All centers were within 60 days except for HC 6 and HC10).

Agenda

- Result Area and Performance Measures/Customer Service Standards

- Topic: The Role of the MEO in Public Health
  - Purpose of MEO
  - Organization/structure
  - Key data
  - Restructuring of Mortality Review Teams

Result Area and Performance Measures

- Result area
  - Healthy and Sustainable Communities
  - Public Safety

- Performance measures
  - Autopsies per pathologist per year
  - Turnaround time for homicide autopsy reports
  - Homicide families served by crisis counseling within 48 hours

Performance Measure- Autopsies/pathologist/year

- National Association of Medical Examiners accreditation standards:
  - Acceptable: < 325 autopsies/pathologist/year
  - Desirable: < 250 autopsies/pathologist/year

- Medical Examiner's Office goal:
  - 250-275 autopsies/pathologist/year

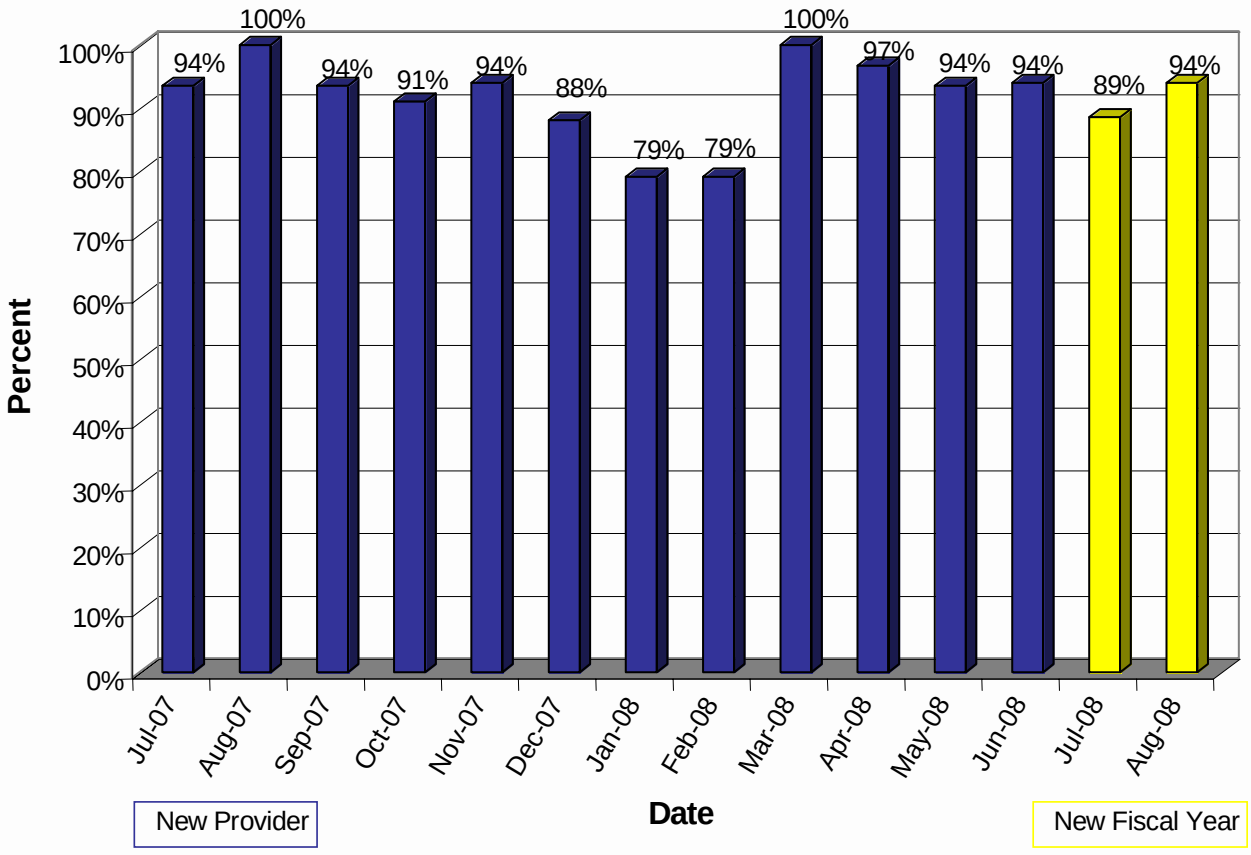
	Autopsies	Pathologists	Autopsies/pathologist/yr
2005	1310	4.5	310
2006	1514	4.5	336
2007	1432	5	286

Performance Measure- Report turnaround time

- Goal: 85% of homicide autopsy reports completed within 8 weeks
- FY 2007 - 57%
- FY 2008 - 75%

Performance Measure- Crisis counseling

Percent of families counseled within 48 hours of first contact



- Goal: 95%
- FY 2008 – 92%

Established purpose of the MEO

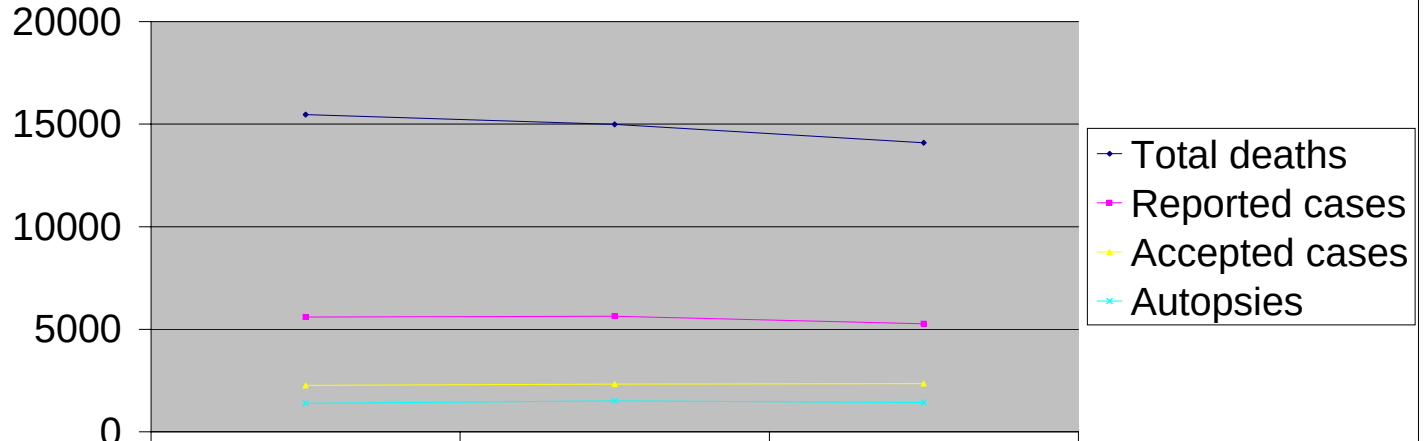
- Title 16, Article 12, Pennsylvania Statutes establishes the office and responsibilities of the coroner (an elected official)

- Article 2, §2-102, Philadelphia City Code, abolishes the office of coroner and transfers those responsibilities to an appointed Medical Examiner

Cases to be examined by the ME

- Sudden and unexpected deaths
- Violent or suspicious deaths
  - Mechanical trauma, drowning, electricity, lightning, cold, heat, fire
  - Alcohol, drugs, toxic substances
- Unidentified or unclaimed bodies
  - Includes decomposed bodies
- Suspicion of disease presenting an imminent public health hazard
- Death in a public institution (jail, prison, state hospital)

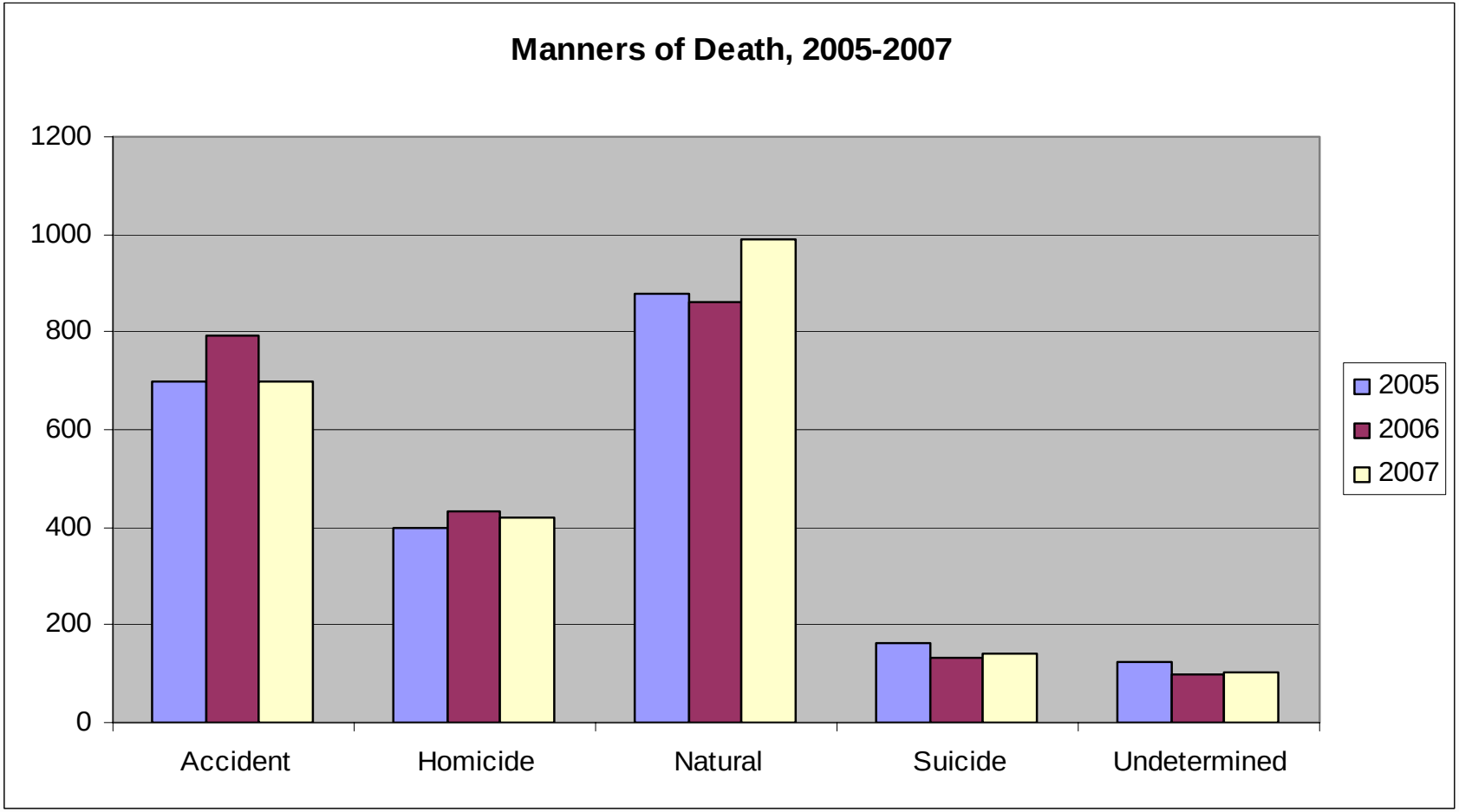
MEO Case Statistics



	2005	2006	2007
Total deaths	15459	14994	14093*
Reported cases	5598	5630	5273
Accepted cases	2266	2325	2355
Autopsies	1396	1514	1432

**Preliminary estimate of total 2007 deaths from State Bureau of Vital Statistics*

Manners of death



MEO Structure

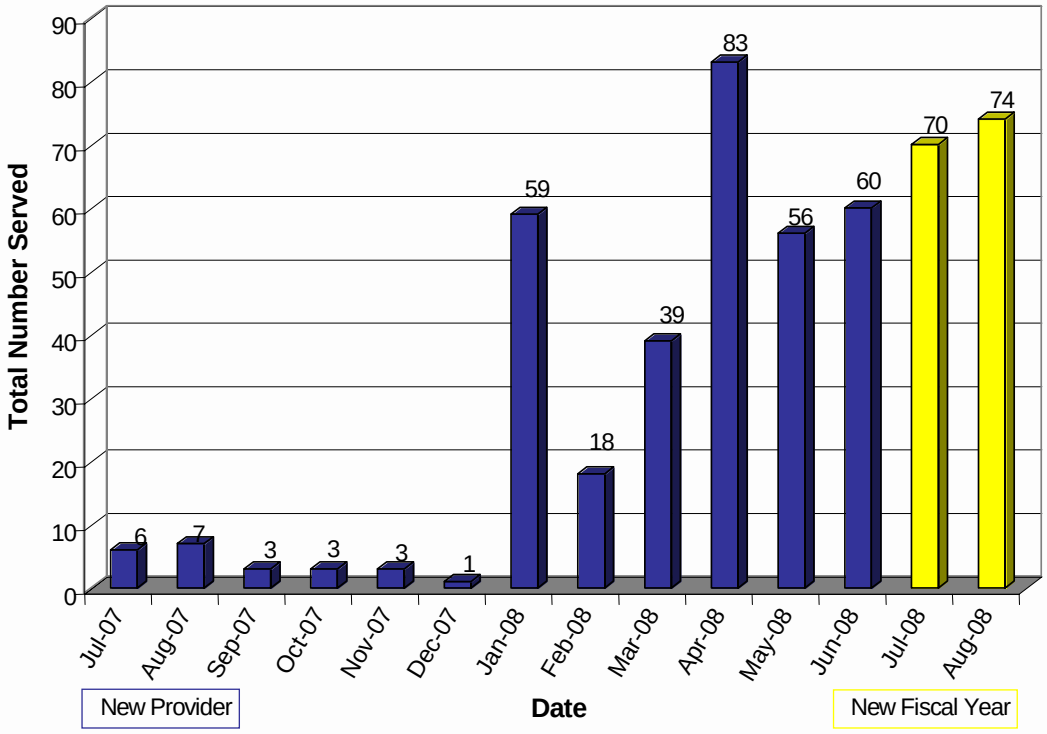
- Pathology
  - Chief ME
  - Deputy Chief ME
  - 5 Assistant MEs
- Technical
  - 10 Forensic technicians
  - Toxicology laboratory
- Investigations
  - 11 Medico legal death investigators
- Office of Crisis Counseling and Bereavement Support
  - 2 Crisis intervention specialists
- Clerical
  - Secretaries, clerks, records technicians

321 University Avenue

321 University Avenue

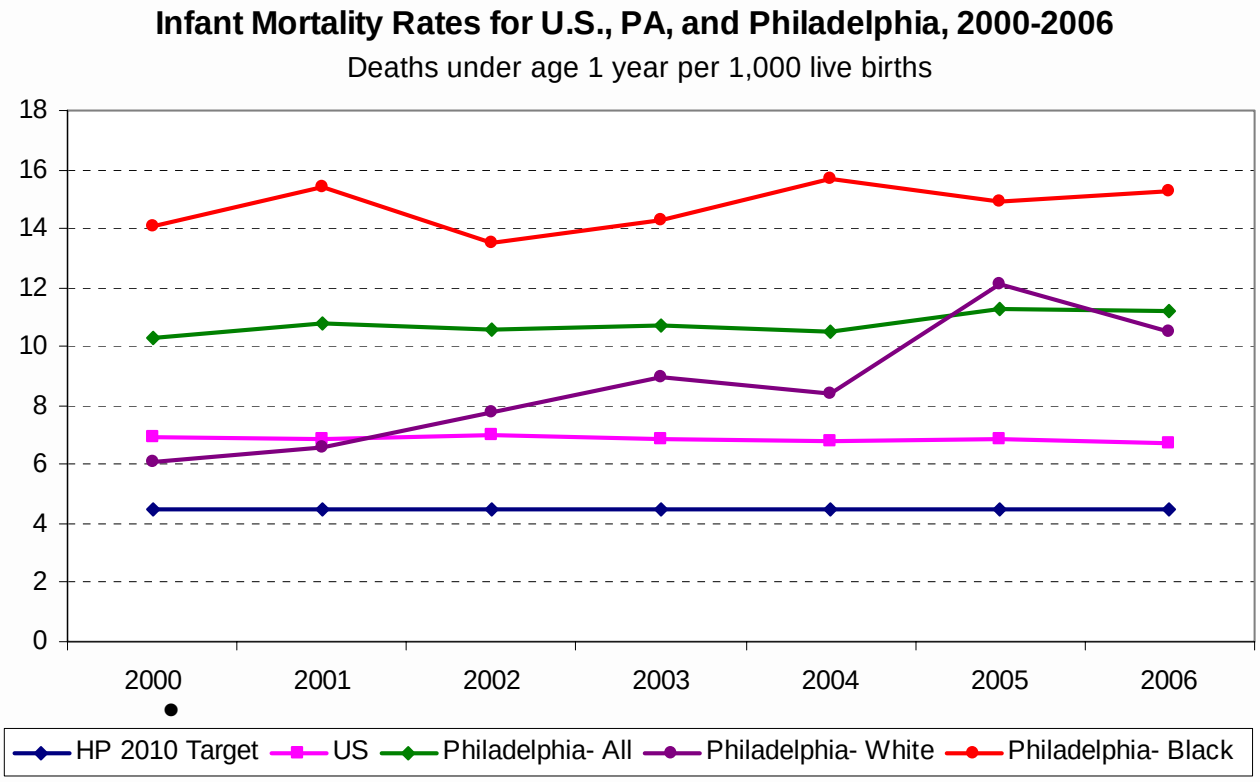
Office of Crisis Counseling and Bereavement Support

Number of people receiving counseling



- Families who have experienced a homicide or fetal, infant, or child death
- Immediate crisis counseling
- Referral to community resources for long-term grief counseling
- In-home visits for families with infant deaths
- Support groups, community education and workshops

Infant mortality in Philadelphia



<u>Leading causes of infant mortality, 2006</u>

1. Disorders related to short gestation and low birth weight (24%)
2. Congenital malformations (12%)
3. Maternal complications of pregnancy (11%)

Mortality Review Teams: Goal

To reduce preventable fatalities through systematic, multidisciplinary,multi-agency, multi-modality review of fatalities in Philadelphia.

Mortality review teams

- Key public health process
  - Look for trends in medical, social, and environmental factors related to deaths
  - Identify preventable factors
  - Find target populations and evidence-based interventions
  - Work with other City agencies, community-based social service and health agencies to implement programs
  - Promote policy change

Mortality review teams

- Teams with specific interest in reducing mortality in a particular population
  - City agencies
  - Community organizations
  - Hospitals
- Meet monthly
- Collect and analyze data from those agencies to whom the deceased person was known

Internal assessment review teams

Department-specific mortality review teams aimed at identifying internal process problems and solutions:

- Department of Human Services
- Department of Behavioral Health and Mental Retardation Services

Review team restructuring

Consolidate review teams within MEO:

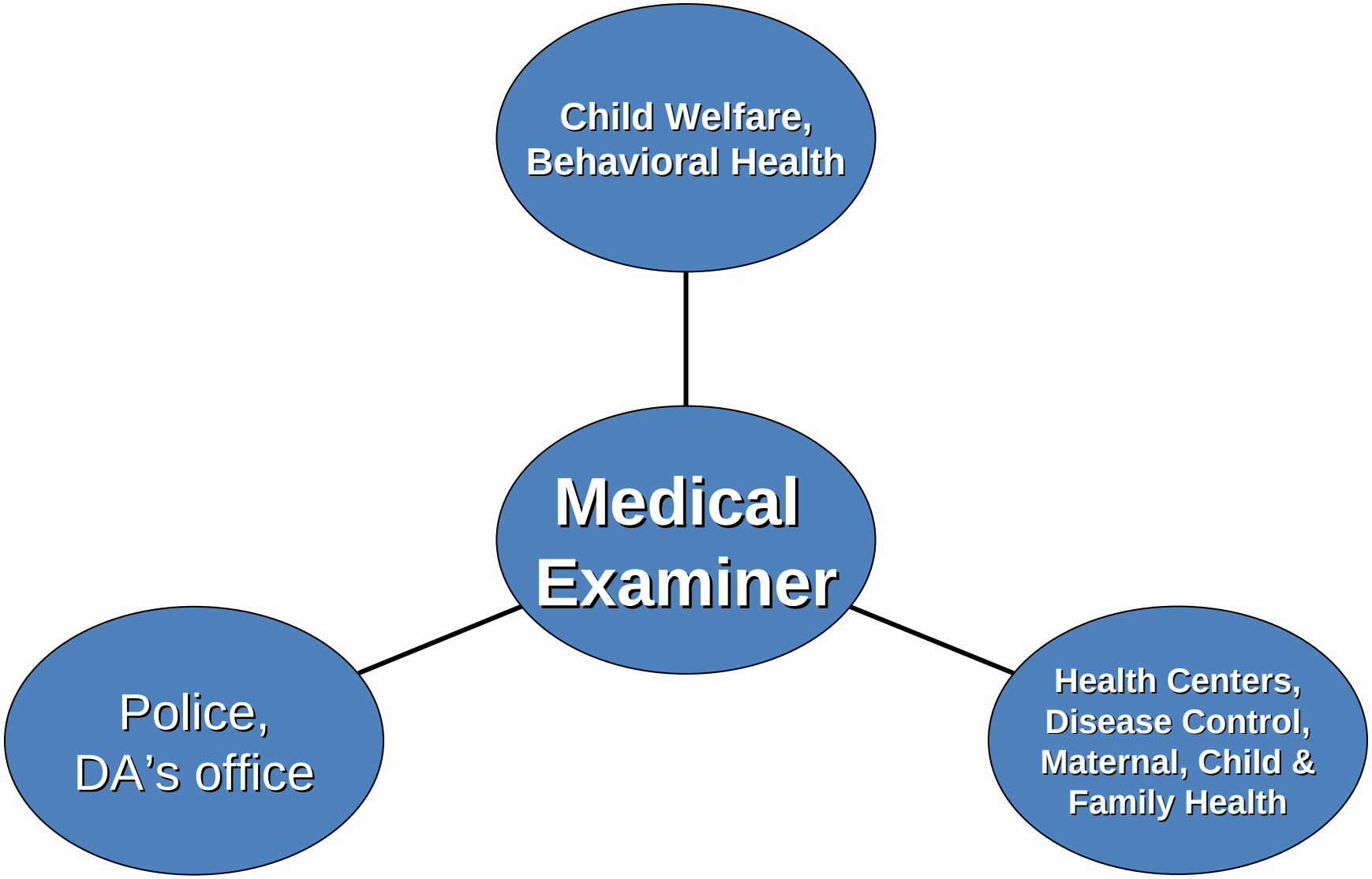
- Child non-homicide
- Fetal and infant mortality
- Women's mortality
- Maternal mortality

Addition of dedicated data analyst and epidemiologist to the program

Review team restructuring

- Advantages
  - Promote communication and data sharing between teams
  - Consolidate data
    - More effective analyses
    - Establishing database linkages
    - Opportunities for research
  - Streamline partnerships for intervention

MEO interactions



Summary and future directions

- Restructuring of review teams will improve health processes and outcomes
- Enhanced quality of review of DHS and BHS review panels will help prevent avoidable deaths
- Improved staffing has improved homicide autopsy turnaround time and autopsy volume per pathologist
- Currently working with the Office of Supportive Housing to develop a Homeless Death Review Team