

# **North Carolina Statewide Medical Examiner System Report on the Use of Medicolegal Death Investigators**

**North Carolina  
Department of Health and Human Services  
Division of Public Health  
Office of the Chief Medical Examiner**

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## Executive Summary

The 2014 North Carolina General Assembly's Joint Legislative Oversight Committee on Health and Human Services' Subcommittee on the Medical Examiner System charged the Department of Health and Human Services (DHHS) to study the use of medicolegal death investigators (MDIs) to conduct death scene investigations in the North Carolina Medical Examiner System. DHHS was further charged to report its findings and recommendations to the committee, including the 1) number of MDI positions to be established, 2) proposed MDI position description and salary, 3) implementation plan, 4) associated costs, including salary, and 5) training requirements.

Section 12E.6.(b) of Session Law 2014-100 required the DHHS Division of Public Health (DPH) to study and report by November 1, 2014 to the Joint Legislative Oversight Committee on Health and Human Services on the adequacy of the current fee paid by the State and counties for medical examiner investigations and for autopsies. The legislation also required DHHS to report on recommendations for fee increases, recommended categories of professionals that the Chief Medical Examiner may appoint as medical examiners, and recommended qualifications of, and training requirements for, medical examiners. The final report submitted by DHHS included a recommendation to evaluate the use of MDIs and to develop a strategy for funding MDIs in North Carolina.

In early 2015, the DHHS Office of the Chief Medical Examiner (OCME) completed a survey of nine states' medical examiner systems' practices around the use of MDIs. This included four states for which previous comparisons had been made for the November 2014 North Carolina Medical Examiner System legislative report (New Mexico, Virginia, Maryland, and West Virginia). The MDI survey also included the medical examiner systems in New Hampshire, Vermont, Rhode Island, Maine, and Connecticut. These states were chosen for benchmarking secondary to the fact that they are either state operated or have state oversight for the ME systems (like North Carolina).

Based upon previous research on the use of MDIs and recent state surveys on investigative practices in ME systems, DHHS makes the following recommendations on the use of Medicolegal Death Investigators (MDIs) in North Carolina's medical examiner system:

- (1) **Create and fund the core role of the Medicolegal Death Investigator (MDI) to support, not replace, the work of local medical examiners and to improve their ability to provide quality medicolegal death investigations.** Consistent with national recommendations of 0.5 Full Time Equivalent (FTE) per 100,000 population, DHHS recommends the state employ 50 MDIs.
- (2) **Create and fund a Medicolegal Death Investigation (MDI) Unit.** This Unit would be composed of a tiered classification scheme with positions phased in over a three-year timeframe, totaling 57 FTEs by Year 3. **By Year 3, this unit would include the entry-level field level MDIs (50), regionally based Medicolegal Death Investigator Managers (6), and one (1) centrally located Medicolegal Death Investigation Unit Director** (a managerial level position to provide for accountability, monitoring and oversight of this statewide function). This model is currently in place in most state systems.

The primary responsibilities for each of these positions are:

- Medicolegal Death Investigator - Responsible for: (1) conducting an investigation, examination and report of sudden, unexpected, unnatural or violent deaths that fall under Medical Examiner jurisdiction; (2) determining the jurisdiction of the OCME over such cases; and (3) completing work related to death investigations as required. Proposed salary: \$51,502.
- Medicolegal Death Investigator Manager – Responsible for the supervision and oversight of regionally located medicolegal death investigator positions in a newly formed state-level unit in the Office of the Chief Medical Examiner. Proposed salary: \$55,922.
- Medicolegal Death Investigation Unit Director - Responsible for the direction, monitoring and evaluation of a newly formed state-level unit in the Office of the Chief Medical Examiner comprised of regional Medicolegal Death Investigator Managers and local Medicolegal Death Investigators. Proposed salary: \$60,963.

Additional details about the duties and responsibilities of each position are outlined in the report appendices.

- (3) **DHHS recommends a three-year implementation timeline for the use of Medicolegal Death Investigators (MDIs) in North Carolina’s ME system, beginning in the region currently covered by the OCME in Raleigh, and spreading to the remaining regions of the state currently covered by the three contracted regional autopsy centers** (East Carolina University, or ECU, Wake Forest University, or WFU, and Mecklenburg County).

Using a staged approach, the OCME in Year 1 would develop policies and procedures around the use of MDIs, develop training materials, and perform continuous quality improvement activities before rolling out the program state-wide. Reasons for such a staged approach are:

- It is unlikely that a ready supply of 50 individuals who could serve an MDI role would be immediately available in our state.
- There is also likely no “one size fits all” approach that will account for regional differences in the ability to recruit qualified individuals to serve as full time MDIs or as regional MDI Managers.
- Initially maintaining the existing county ME system, in addition to the newly created MDI position, would improve round-the-clock death scene investigations. MDIs could initially provide mostly coverage for daytime and weekday deaths, and MEs (who have other primary jobs) could provide mostly after-hour and on-call coverage.
  - In order for this approach to be successful, it is recommended that the current fee for county MEs be increased to cover their time, travel, training, supplies and equipment costs, and to keep MEs engaged in the work of the state’s medical examiner system.
  - The current statutory ME fee of \$100/case is insufficient and has not been increased since 2005. The DHHS November 2014 legislative report recommended an increase of the current medical examiner fee of \$100/case to \$250/case, regardless of the source of this funding.
  - DHHS continues to recommend this ME fee increase. Recommendations in this report for the use of Medicolegal Death Investigators (MDIs) in the state’s medical examiner system assume a medical examiner (ME) fee increase will be enacted to improve the quality of death scene investigations by MEs.
  - The ME training program being enacted (and planned) by the Office of the Chief Medical Examiner should, in the short term, improve the quality of death scene investigations by the state’s existing MEs.
- DHHS recommends that any phasing out of the use of medical examiners (MEs) in the state’s medical examiner system only be considered after full roll out of a proposed three-year implementation timeline for MDIs, and after evaluating the successes and challenges of this implementation, including the impact on numbers and quality of MEs across the state. DHHS’ intent is to evaluate phasing out Medical Examiners after completion of the proposed three-year implementation of MDIs. Ongoing evaluation of the proposed three-year implementation for MDIs will also assess the adequacy of statewide coverage for death investigations using the number of FTE Medicolegal Death Investigation Unit resources presented in this report.
- The total new personnel (by position title and by end of year of proposed implementation) are as follows:

	Year 1 Total	Year 2 Total	Year 3 Total
<i>Position Title</i>			
<b>Medicolegal Death Investigators</b>	<b>3</b>	<b>12</b>	<b>50</b>
<b>Medicolegal Death Investigator Managers</b>	<b>0</b>	<b>1</b>	<b>6</b>
<b>Medicolegal Death Investigation Unit Director</b>	<b>1</b>	<b>1</b>	<b>1</b>

- DHHS recommends these staff be full time state employees, located in Raleigh, and supervised by the OCME. MDIs would be placed locally and tied to one of the four existing regional autopsy centers. This governance structure will provide the best oversight for ensuring the quality of work performance of MDIs.

- (4) **The total estimated annual recurring cost by the completion of the full statewide roll out of the proposed three-year implementation timeframe is approximately \$4,598,852.** Details of the cost elements for each of the three years, as well as implementation details, are included in the body of the full report.
- (5) OCME will require that MDIs be medically-trained staff whose experience would be augmented by minimal additional training specific to medicolegal death investigations in North Carolina. This training would:
- Be consistent with a nationally recognized certification and training agency such as the American Board of Medicolegal Death Investigators (ABMDI), to be selected and approved by the OCME;
  - Include North Carolina medical examiner system statutes, policies, and procedures; and
  - Follow the certification process required by the selected certifying agency, with an expectation that MDIs become certified by the end of their probationary employment period (2 years).

In addition, training for county medical examiners will proceed as per current planning by the OCME (face-to-face orientation for all county medical examiners, regardless of how long they have been appointed, with options for continuing education, including in-state and out-of-state seminars, online courses, and additional one-on-one on the job training sessions).

- (6) **DHHS also recommends modifications to North Carolina General Statutes addressing the state's medical examiner system by adding the role of the MDI in medicolegal death investigations in North Carolina** (General Statute 130A-380. The Chief Medical Examiner's Staff).

# Introduction, History, Key Facts, and Recent DHHS Actions

The 2014 North Carolina General Assembly's Joint Legislative Oversight Committee on Health and Human Services' Subcommittee on the Medical Examiner System charged the Department of Health and Human Services (DHHS) to study the use of medicolegal death investigators (MDIs) to conduct death scene investigations in the North Carolina Medical Examiner System. DHHS was further charged to report its findings and recommendations to the Committee, including the 1) number of MDI positions to be established, 2) proposed MDI position description and salary, 3) implementation plan, 4) associated costs, including salary, and 5) training requirements.

Section 12E.6.(b) of Session Law 2014-100 required the DHHS Division of Public Health (DPH) to study and report by November 1, 2014 to the Joint Legislative Oversight Committee on Health and Human Services on the adequacy of the current fee paid by the State and counties for medical examiner investigations and for autopsies. The legislation also required DHHS to report on recommendations for fee increases, recommended categories of professionals that the Chief Medical Examiner may appoint as medical examiners, and recommended qualifications of, and training requirements for, medical examiners. In its November 2014 report, DHHS made recommendations for improving the state's medical examiner (ME) system. A table summarizing short term and long term recommendations made in the November 2014 report (and associated cost estimates) is included in Appendix 1.

This November 2014 report also included a recommendation to evaluate the use of MDIs and develop a strategy for funding MDIs in North Carolina, as part of broader recommendations for improving death scene investigations in our state. Excerpts from the specific report findings to the quality of death scene investigations in this November 2014 report are:

## **Findings:**

- *The AAFS (American Academy of Forensic Science) recommends 0.5 MDI Full Time Equivalents (FTEs) per 100,000 population. For North Carolina's population of over 9.85 million, approximately 50 MDIs would be needed to meet AAFS' recommended coverage area.*
- *The existing ME system in North Carolina should not be completely dismantled in favor of a Medicolegal Death Investigator only system. If MDIs are to be considered in our state's ME system, it seems prudent to establish the role in the existing regional ME system (a hybrid system) with a phase in period.*

## **Background**

Consideration of the use of MDIs in North Carolina's medical examiner (ME) system should be made in the context of the history of how the state's current ME system developed, as well as in the context of how other states' ME systems are structured. North Carolina's ME system was implemented in 1972 as a change from the previous coroner system. This 1972 change sought to use trained physicians as medical examiners (MEs) and General Statutes also created a system by which appointments of local MEs came under the umbrella of the state's Office of the Chief Medical Examiner (OCME). Existing coroners were grandfathered during the 1972 changes. Currently, eight North Carolina counties still have elected coroners, four who are appointed by the OCME as MEs if they meet criteria for appointment. Counties with elected coroners are Bladen, Brunswick, Caswell, Cleveland, Columbus, Graham, Hoke and Yadkin. Criteria for ME appointments by the OCME were updated in Session Law 2014-100, Section 12E.6.(a) as requested by DHHS.

Regional autopsy centers have developed *de facto* over time in North Carolina since 1972. East Carolina University (ECU), Wake Forest University (WFU), Mecklenburg County, and the OCME currently serve as regional autopsy centers, and their coverage areas are noted in Appendix 2. ECU completes approximately 600 autopsies per year, WFU completes approximately 826 autopsies per year, and Mecklenburg County completes approximately 630 autopsies per year. The OCME (Raleigh) performs approximately 1,200 autopsies per year; this number is expected to increase over time as our state's population continues to increase.

Of the four regional autopsy centers, Mecklenburg and the OCME currently employ investigator personnel. In Mecklenburg, these positions only serve cases in Mecklenburg County, attend some death scenes, take calls, complete and submit reports, and support the forensic pathologists. For the OCME, there is only one position that serves in a quasi-investigator role and only attends death scene investigations when requested by law enforcement. This position takes call, completes case findings, supports the forensic pathologists, requests additional information

about decedents (i.e. medical records) and communicates with medical examiners, law enforcement, families and medical professionals.

Since 1972, changes in our state's demographics have challenged the ME system. North Carolina's population has doubled, and it is now the 10<sup>th</sup> most populous state with 9,861,952 citizens (provisional statistics, North Carolina Office of State Budget and Management website, August 2014). There are also significant disparities in resources available for counties to fund the ME system, as evidenced by the North Carolina Department of Commerce's three tier designations.

Various studies of North Carolina's statewide ME system have been completed. A 2001 Medical Examiner study group made a total of 23 improvement recommendations to the DHHS Secretary and included recommendations related to establishing a medicolegal death investigator (MDI) role with enhanced mandatory training for MDIs. The report's recommendations were not very detailed. This study:

- Recommended MDIs be "medically trained non-physicians working under an appointed medical examiner (ME)" and "serve to cover geographical gaps in coverage where medical examiners are not available or when workload requirements necessitate it". The report, however, did not address governance authority for newly created MDIs or under whom an MDI would work in a geographical area where there are no appointed MEs. The report did imply that MDIs should be affiliated with regional autopsy centers.
- Recommended MEs, not MDIs, should retain authority to sign death certificates and order autopsies. Though it acknowledged that some appointed MEs in North Carolina are not physicians, the report did not distinguish the differences in roles between an MDI and a non-physician ME in these circumstances.
- Did not address how MDIs are paid (salaried or on a per case basis in the same manner as MEs are currently paid in our state).
- Recommended that North Carolina General Statutes be amended to allow full or part-time MDIs to assist MEs in death investigations as needed, with qualifications for MDI appointments to be determined by the Office of the Chief Medical Examiner (OCME).

Similarly, a 2004 review of the ME system was requested by the State Health Director and was completed by the DHHS Office of Policy and Planning. This study offered 15 recommendations and also included recommendations on establishing the MDI position in North Carolina. Its recommendations on MDIs were not specific; the report suggested only that the position be established and that MDIs acquire continuing education credits and maintain national accreditation standards for death investigation.

Neither the 2001 nor 2004 recommendations were implemented.

## **MDI Survey Data and Analysis**

Comparison of North Carolina's overall ME system to that of other states is neither simple nor straightforward, for the following reasons:

- There is no standardized death investigation system in the United States and there is no single standard structure for state medical examiner systems in the United States. Variations among states include centralized models, county coroner systems, mixed county medical examiner and coroner systems, and decentralized systems. Similarly, there is variance among states regarding terminology to describe personnel who have roles and responsibilities in an ME system. Appendix 3 provides definitions of terms for North Carolina's ME system roles. Not all states, however, use these same definitions.
- There is also considerable variety in how states fund various components and functions of their ME systems, such as medicolegal death investigations, autopsies and transportation of bodies.

In its November 2014 report to the General Assembly, DHHS provided a comparison of various components of North Carolina's ME system with four states (Maryland, New Mexico, Virginia, and West Virginia) that have ME systems closest in structure to our state's system and which function under a state agency governance. Differences in other factors (such as population, geography and number of offices) still make comparisons of North Carolina's ME system with other state systems difficult.

In early 2015, the DHHS Office of the Chief Medical Examiner (OCME) completed a survey of nine states' medical examiner systems' practices around the use of medicolegal death investigators (MDIs). This included the four states for which previous comparisons had been made for the November 2014 North Carolina Medical Examiner System



legislative report (New Mexico, Virginia, Maryland, and West Virginia). The MDI survey also included the medical examiner systems in New Hampshire, Vermont, Rhode Island, Maine, and Connecticut. These states were chosen for benchmarking secondary to the fact that they are either state operated or have state oversight for the ME systems (like North Carolina).

Questions used for this 2015 MDI survey are included in Appendix 4. The survey tool was utilized primarily as a format for surveyors. Free responses were encouraged, and most state respondents were open to providing the OCME with job descriptions or position recruitment information, salary information, and other details about how MDIs are used in their jurisdictions. Some jurisdictions provided the report templates used by their MDIs to conduct investigations.

Results of this MDI survey can be broadly summarized as follows:

- The survey of nine other state-based medical examiner systems depicts various models regarding the use of scene investigators or medical examiners. Many systems have created dedicated investigatory positions, but each jurisdiction uses them in various ways. Some states still rely on part-time, on-call appointed medical examiners or medical investigators. Some systems have full time staff that are locally based and will respond to the scene if the Chief Medical Examiner or one of the Forensic Pathologists determines it necessary.
- Like medical examiner systems in our country, there is diversity in the use of MDIs. There is no single documented “best practice” for using MDIs relative to other professionals involved in a jurisdiction’s medical examiner system.
- Salary ranges vary greatly depending upon the classification, education, and experience required in each jurisdiction. Most systems have a variety of levels of positions, including investigators, lead investigators (more senior or experienced) and supervisors for these investigators.
- Job duties that most investigators perform include going to certain (but not all) death scenes, working with law enforcement on the scene, taking photographs of the decedent(s), conducting preliminary/cursory examination of the body, talking with family or witnesses, performing scene reenactments, arranging for transportation, obtaining medical histories, collecting medications at the scene, and completing and submitting investigation reports. In some jurisdictions, investigators are also expected to draw toxicology samples.
- Three states have formal or semi-formal training programs for investigators and medical examiners. The other jurisdictions conduct intensive on-the-job training with extensive oversight by senior investigative staff until the new staffs are ready to conduct independent investigations.

Individual states’ responses to the MDI Survey are included in Appendix 5.

Just as there is variety in structure, organization and funding nationally across states’ ME systems, there is similar variety in the types of employees who serve roles in completing medicolegal death investigations. Most states prefer to use medically trained personnel, or personnel who have investigatory experience, or a combination of such education and experience. In systems where a medical background is not required, law enforcement or military investigator training is preferred. Most systems also implement an on-the-job training program for MDIs, with intensive observation by lead or senior investigators. Some, but not all, jurisdictions expect MDI staff to become certified by the American Board of Medicolegal Death Investigators (ABMDI) after a certain time period. Some states do not require ABMDI certification, but recognize and reward ABMDI-certified staff.

States also vary in the position titles used to describe personnel who complete some aspect of a medicolegal death investigation. Various terms are used to describe these personnel. Some examples are:

- Medicolegal Death Investigators
- Medical Examiner Specialists
- Medical Investigators
- Scene Investigators
- Special Investigator (Medical Examiner)
- Lead Special Investigator (Medical Examiner)
- Supervising Special Investigator
- Forensic Investigators
- County Forensic Investigators (appointed)
- Assistant Deputy Medical Examiners
- Deputy Medical Investigator



- Medical Examiner
- Assistant Medical Examiner (appointed)
- Medicolegal Investigator
- Chief Medicolegal Investigator

Similarly, there is variability in how states' staffs with medicolegal death investigator roles interface with law enforcement personnel. In North Carolina, the current interaction of medical examiners (MEs) with law enforcement can be described as follows:

- When a crime scene is determined, the investigating law enforcement agency is in charge and in control of that crime scene. If the crime scene includes a death, often a suspicious death, the medical examiner must be notified immediately.
- The ME assumes jurisdiction of the death investigation, and the deceased is now under the ME's control.
- If the ME responds to the scene, the ME must work with the law enforcement agency and can obtain information from those investigators. The body at the scene is examined by the ME.
- In North Carolina, law enforcement handles the bulk of the scene investigation, including but not limited to photography, measurements, evidence collection and preservation, witness statements, and transmitting information to the ME.
- After consultation with the law enforcement agency, the ME may move the body, take photographs, and perform a cursory examination. The ME is instructed that the body should be minimally disturbed pending thorough examination by the forensic pathologist.
- The job duties of the ME at a crime scene in North Carolina are currently minimal. Photographs of the body and obvious wounds or pertinent observations are made and also documented in writing. The body receives a cursory examination (see above), and the ME acquires history and death circumstances from law enforcement personnel and witnesses, collects and documents medications which will be submitted to the pathologist, and prepares a scene investigation report. MEs are instructed that toxicology samples should not be obtained at the scene and the body should be disturbed only as absolutely necessary (the clothing should remain in place; wounds should not be cleaned, etc.).

# DHHS Recommendations Regarding the Use of Medicolegal Death Investigators (MDIs) In the North Carolina Medical Examiner System

Based upon previous research on the use of MDIs and recent state surveys on investigative practices in ME systems, DHHS makes the following recommendations on the use of Medicolegal Death Investigators (MDIs) in North Carolina's medical examiner system:

- (1) **The role of the Medicolegal Death Investigator (MDI) should initially be created and funded in North Carolina to support, not replace, the work of local medical examiners and to improve their ability to provide quality medicolegal death investigations.** This would initially create a system consisting of three medicolegal death investigation roles in North Carolina. They are:
  - The board-certified forensic pathologist (with one designated as the Chief Medical Examiner);
  - The appointed local medical examiner; and
  - The Medicolegal Death Investigator (MDI).

**Create and fund a Medicolegal Death Investigation (MDI) Unit.** Given national recommendations regarding ratios of MDI full time equivalents (FTEs) to total population served (and consistent with its November 2014 legislative report), DHHS recommends:

- Our state should use no fewer than 50 statewide MDI positions to meet these national standards.
- Six (6) MDI Manager positions and a single MDI Unit Director are recommended to provide appropriate training, oversight, monitoring and quality assurance for this statewide function.

This Unit would be composed of a tiered classification scheme with positions phased in over a three-year timeframe, totaling 57 FTEs by Year 3. **By Year 3, this unit would include the entry-level field level MDIs (50), regionally based Medicolegal Death Investigator Managers (6), and one (1) centrally located Medicolegal Death Investigation Unit Director** (a managerial level position to provide for accountability, monitoring and oversight of this statewide function). This model is currently in place in most state systems.

- (2) The primary responsibilities for each of these positions are:
  - Medicolegal Death Investigator - Responsible for: (1) conducting an investigation, examination and report of sudden, unexpected, unnatural or violent deaths that fall under Medical Examiner jurisdiction; (2) determining the jurisdiction of the OCME over such cases; and (3) completing work related to death investigations as required.
  - Medicolegal Death Investigator Manager – Responsible for the supervision and oversight of regionally located medicolegal death investigator positions in a newly formed state-level unit in the Office of the Chief Medical Examiner.
  - Medicolegal Death Investigation Unit Director - Responsible for the direction, monitoring and evaluation of a newly formed state-level unit in the Office of the Chief Medical Examiner comprised of regional Medicolegal Death Investigator Managers and local Medicolegal Death Investigators.

Additional details about the duties and responsibilities of each position are outlined in draft position descriptions in Appendix 6.

The recommended salary for each position is mid-range salary for each salary grade represented:

- Medicolegal Death Investigator (salary grade 70) - \$51,502
- Medicolegal Death Investigator Manager (salary grade 72) - \$55,922
- Medicolegal Death Investigation Unit Director (salary grade 74) - \$60,963

(As of the date of this report, the proposed position descriptions presented in Appendix 6 are draft only and have not been classified by the DHHS Division of Human Resources or the North Carolina Office of State Human Resources).

- (3) **DHHS recommends a three-year implementation timeline for the use of Medicolegal Death Investigators (MDIs) in North Carolina’s ME system, beginning in the region currently covered by the OCME in Raleigh, and spreading to the remaining regions of the state currently covered by the three contracted regional autopsy centers (East Carolina University, or ECU, Wake Forest University, or WFU, and Mecklenburg County).**

Using a staged approach, the OCME in Year 1 would develop policies and procedures around the use of MDIs, develop training materials, and perform continuous quality improvement activities before rolling out the program state-wide. Reasons for such a staged approach are:

- It is unlikely that a ready supply of 50 individuals who could serve an MDI role would be immediately available in our state.
- There is also likely no “one size fits all” approach that will account for differences across the state. Some maintenance of a county-based ME system (short-term or long-term) may be necessary to account for regional differences in the ability to recruit qualified individuals to serve as full time MDIs or as regional MDI Managers.
- Initially maintaining the existing county ME system, in addition to the newly created MDI position, would improve for round-the-clock death scene investigations. MDIs could initially provide mostly coverage for daytime and weekday deaths, and MEs (who have other primary jobs) could provide mostly after-hour and on-call coverage.
  - In order for this approach to be successful, it is recommended that the current fee for county MEs be increased to cover their time, travel, training, supplies and equipment costs, and to keep MEs engaged in the work of the state’s medical examiner system.
  - The current statutory ME fee of \$100/case is insufficient and has not been increased since 2005. The DHHS November 2014 legislative report recommended an increase of the current medical examiner fee of \$100/case to \$250/case, regardless of the source of this funding.
  - DHHS continues to recommend this ME fee increase. Recommendations in this report for the use of Medicolegal Death Investigators (MDIs) in the state’s medical examiner system assume a medical examiner (ME) fee increase will be enacted to improve the quality of death scene investigations by MEs. Even with an ME fee increase, there is no guarantee the approach to using MDIs recommended in this report will place the system in a position to maintain an existing cadre of qualified MEs in the state, particularly in regions where MDI recruitment may be difficult. Some MEs may simply not want to provide services in an after-hours or on-call basis as needed.
  - The ME training program being enacted (and planned) by the Office of the Chief Medical Examiner should, in the short term, improve the quality of death scene investigations by the state’s existing MEs.
- DHHS recommends that any phasing out of the use of medical examiners (MEs) in the state’s medical examiner system only be considered after full roll out of a proposed three-year implementation timeline for MDIs, and after evaluating the successes and challenges of this implementation, including the impact on numbers and quality of MEs across the state. DHHS’ intent is to evaluate phasing out Medical Examiners after completion of the proposed three-year implementation of MDIs. Ongoing evaluation of the proposed three-year implementation for MDIs will also assess the adequacy of statewide coverage for death investigations using the number of FTE Medicolegal Death Examiner Investigation Unit resources presented in this report.

#### **Proposed Implementation Year 1 and Year 2**

For the region currently served by the OCME (see map in Appendix 2), implement as follows:

- Establish three (3) full time equivalent (FTE) Medicolegal Death Investigator (MDI) positions in Year 1; add nine (9) FTE MDI positions in Year 2.
- Establish one (1) additional FTE position in Year 1 to function as a Director of a Medicolegal Death Investigation Unit, and to also serve as a supervisor for the Medicolegal Death Investigators.
- Add one (1) additional FTE to serve as a Medicolegal Death Investigator Manager in Year 2, to supervise the additional nine (9) MDI FTEs.
- DHHS recommends these staff be full time state employees, located in Raleigh, and supervised by the OCME.

- MDIs would be placed locally in the counties currently covered by the OCME. DHHS believes this governance structure (state positions) will provide the best oversight for ensuring the quality of work performance of MDIs.
- In Year 1, the OCME will publish revised guidelines for medicolegal death investigations, including death scene investigations, as well as guidelines on the interaction between MDIs and existing local medical examiners (MEs). Guidelines will be regularly reviewed as part of the OCME's ongoing continuous quality improvement efforts.
- Beginning in Year 1, MDIs would be used to augment death scene investigations in support of the OCME and local medical examiners, to improve customer service to all users, and to augment death scene investigations in areas where workloads and turnaround time would be improved using these staff. MDIs would also be available, as directed by the OCME, to respond to mass casualty events in the state as needed.

### **Proposed Implementation Year 3**

Beginning in Year 3, DHHS recommends adding eight (8) additional MDIs to the OCME Raleigh-based staff, thirty (30) additional local home-based MDIs, and five (5) additional regional MDI Managers, two (2) who would work with the new MDI staff assigned to OCME and three (3) who would work in collaboration with the three existing regional autopsy centers to complete the implementation of MDIs statewide. Distribution of additional Year 3 staff is as follows:

- Eight (8) MDIs and two (2) MDI Managers to complete the man-power support needed for the region covered by the OCME;
- Nine (9) MDIs and one (1) MDI Manager would be located in eastern North Carolina and would work with the autopsy center at East Carolina;
- Nine (9) MDIs and one (1) MDI Manager would be located in southwestern North Carolina and would work with the Mecklenburg Medical Examiner Office; and
- Twelve (12) MDIs and one (1) MDI Manager would be located in western North Carolina and would work with the autopsy center at Wake Forest University.

These recommendations for Year 3 would be contingent upon reviews of results and lessons learned in Years 1 and 2 of the implementation of MDIs, and adjusted accordingly.

- (4) The total estimated annual recurring cost for this initial phase of implementation in Year 1 is \$331,248. This consists of costs associated with the Medicolegal Death Investigation (MDI) Unit as follows:**
- \$154,506 in salaries for 3 MDI positions at mid-range salary of \$51,502 each;
  - \$60,963 in salary for 1 MDI Unit Director position at mid-range salary;
  - \$70,767 in fringe benefit costs; and
  - \$45,012 in annual operating costs, which includes travel, equipment (computers, cell phones, printers, cameras), data support, supplies, personal protective equipment and supplies, certification and training for staff.

**The total estimated annual recurring cost of implementation associated with the Medicolegal Death Investigation [MDI] Unit in Year 1 and Year 2 is \$1,135,739. This consists of:**

- \$618,024 in salaries for 12 MDI positions at mid-range salary of \$51,502 each;
- \$55,922 in salaries for 1 MDI Manager position at mid-range salary of \$55,922 each;
- \$60,963 in salary for 1 Medicolegal Death Investigation Unit Director position at mid-range salary;
- \$243,288 in fringe benefits costs; and
- \$157,542 in annual operating costs, which includes travel, equipment (computers, cell phones, printers, cameras), data support, supplies, personal protective equipment and supplies, certification and training.

**The total estimated additional annual recurring cost for only the Year 3 phase of implementation is \$3,463,113. This cost consists of:**

- \$1,957,076 in salaries for an additional 38 MDI positions at \$51,502 each;
- \$279,610 in salaries for an additional 5 MDI Manager positions at \$55,922 each;
- \$742,548 in additional fringe benefits costs; and
- \$483,879 in additional operating costs, which includes travel, equipment (computers, cell phones, printers, cameras), data support, supplies, personal protective equipment and supplies, certification and training.

The total estimated annual recurring cost by the completion of the full roll out of the proposed three-year implementation timeframe based on the above estimates, is approximately \$4,598,852. The total new personnel (by position title and by end of year of proposed implementation) are as follows:

<i>Position Title</i>	<b>Year 1 Total</b>	<b>Year 2 Total</b>	<b>Year 3 Total</b>
<b>Medicolegal Death Investigators</b>	<b>3</b>	<b>12</b>	<b>50</b>
<b>Medicolegal Death Investigator Managers</b>	<b>0</b>	<b>1</b>	<b>6</b>
<b>Medicolegal Death Investigation Unit Director</b>	<b>1</b>	<b>1</b>	<b>1</b>

- (5) OCME will require that MDIs be medically-trained staff whose experience would be augmented by minimal additional training specific to medicolegal death investigations in North Carolina. This training would be consistent with a nationally recognized certification and training agency such as the American Board of Medicolegal Death Investigators (ABMDI), to be selected and approved by the OCME. This training will focus on North Carolina statutes, policies, and procedures. In order to supervise the training of MDIs, OCME will follow the certification process required by the selected certifying agency. MDIs would be expected to become certified by the end of their probationary employment period (2 years).
- In addition, training for county medical examiners will proceed as per current planning by the OCME. This ME training will consist of face-to-face orientation for all county medical examiners, regardless of how long they have been appointed, with options for continuing education, including seminars offered by North Carolina and other states, online courses, and additional one-on-one on the job training sessions. This training will also include a focus on North Carolina statutes, policies, and procedures.
- (6) **DHHS also recommends modifications to North Carolina General Statutes addressing the state’s medical examiner system by adding the role of the MDI in medicolegal death investigations in North Carolina** (General Statute 130A-380. The Chief Medical Examiner’s Staff).

## Resources

National Academies Press. Medicolegal Death Investigation System: Workshop Summary. 2003.

National Association of Medical Examiners. State ME Salary Survey. 2001. NAME. Marceline, MO.

Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2013. U.S. Census Bureau, Population Division.

Scientific Working Group for Medicolegal Death Investigation. Regional Medicolegal Autopsy and Death Investigation Centers — Construction, Staffing, and Costs. 2013. SWGMADI.

National Association of Medical Examiners. Standards for Inspection and Accreditation of a Modern Medicolegal Investigative System. NAME. Marceline, MO. 1988.

Scientific Working Group on Medicolegal Death Investigation. State Medical Examiner Survey. January 2012.

North Carolina Medical Examiner Study Group Report. 2001.

North Carolina Department of Health and Human Services’ Office of Policy and Planning Medical Examiner Report. 2004.

U.S. Department of Justice, Office of Justice Programs, National Institute for Justice Death Investigations: A Guide for the Scene Investigators, Technical Update, June 2011.

## **Appendices**

## **Appendix 1**

### **Summary of OCME Improvements and DHHS Recommendations (From November 2014 Legislative Report on the North Carolina Medical Examiner System)**



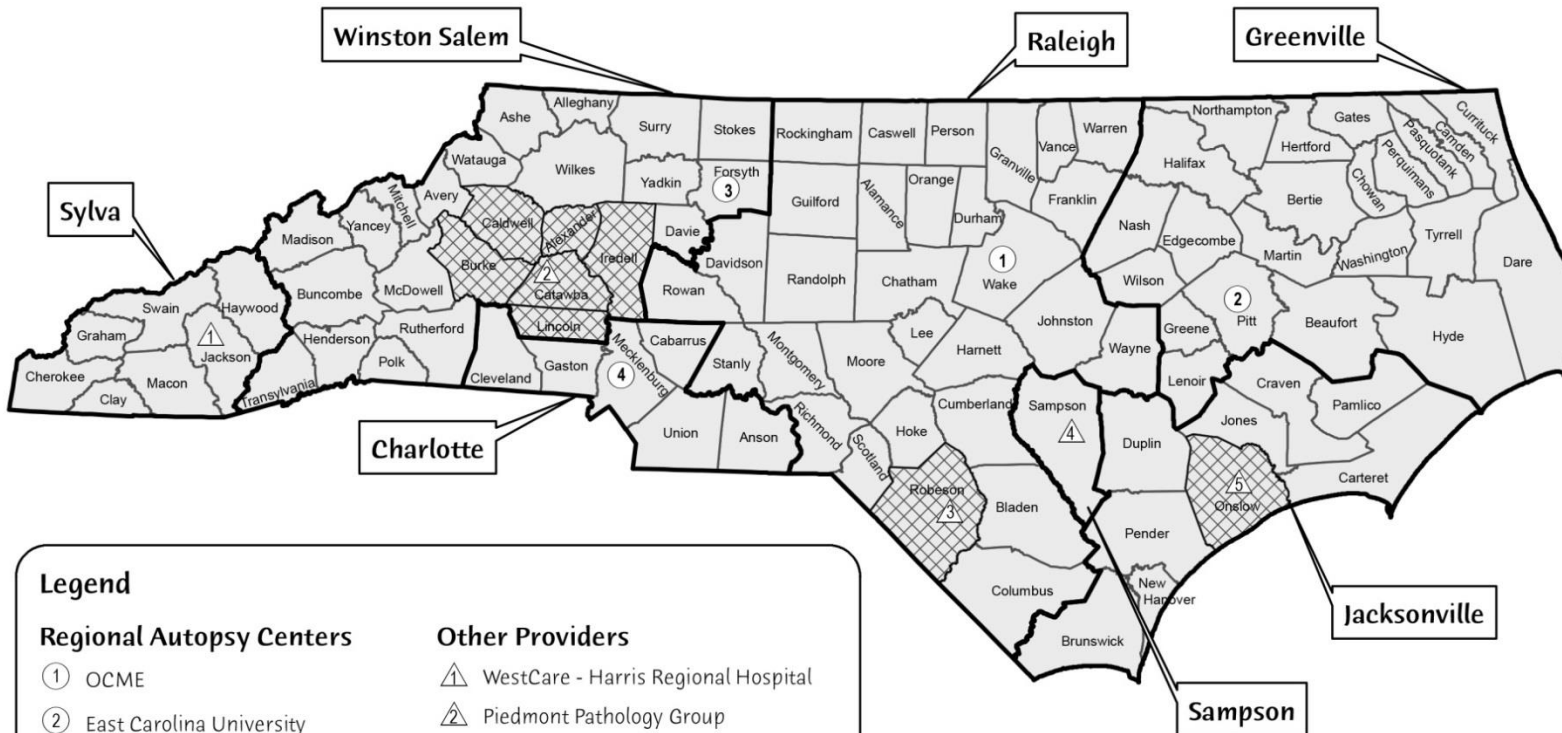
**Summary of OCME Improvements and DHHS Recommendations (with preliminary cost estimates where applicable)**  
**September 27, 2014**

	Recent	Amount	NR
	R		
1 2014-15 Budget: Provided funding to address operational issues in the statewide medical examiner system. The expansion increased the FY 2014-15 budget by 23% from \$4.4 million to \$5.4 million.		1,000,000	-
2 2013-14 Budget: Increased autopsy fee from \$1,000 to \$1,250.		-	-
3 2012-13 Budget: Provided funds for new positions and operating costs for the new Chief Medical Examiner's Office.		334,806	-
	<b>Recent Subtotal</b>	<b>1,334,806</b>	<b>-</b>
<b>Planned</b>			
4 2014-15 Fiscal Year: Will use existing vacancies within DHHS to place 10 positions within OCME (and 1 additional position in SFY 15-16).		1,050,000	
	<b>Planned Subtotal</b>	<b>1,050,000</b>	<b>-</b>

Short-Term			DHHS Recommendations	
5	Upgrade the Medical Examiner Information System (MEIS) to meet national accreditation standards, to better support real-time field ME investigations and reporting, to improve data analysis for trends in cause of death, and for overall reporting and billing functions. Estimate is \$1,655,000 (NR) for upgrade with optional \$540,000 (NR) for mobile devices for appointed medical examiners.	20,000		2,195,000
6	Mandate and fund medical examiner orientation and training.	100,000		-
7	Increase the statutory medical examiner fee from \$100/case to \$250/case. Represents the annual increased cost to the OCME for payment of ME fees for "out of county" deaths. Preliminary estimate is based on 6-year (calendar year) annual average cost of ME cases, as extracted from the MEIS; assumes no change in statutory requirements for payment responsibility for ME fees.	255,502		-
8	Support additional forensic pathology fellowship positions at WFU and ECU.	250,000		-
9	Make inflationary adjustments to account for new transportation rates expected with Request for Proposals for new transportation agreements. Cost is undetermined (SFY 2014-15 expansion included transportation funding).	TBD		-
10	Reimburse 3 existing regional autopsy centers closer to their costs to perform autopsies, regardless of source of funding to support. State appropriation need is unquantified at this point. As an example, if the General Assembly chooses to increase the fee to \$2,800/autopsy, preliminary estimate is an increased annual cost of \$5,899,248 in total combined system autopsy costs (includes estimated \$563,965 increase in OCME costs to pay for "out of county" deaths; based on 6-year average of calendar year autopsy costs across the state, as extracted from the existing MEIS; assumes no statutory change in autopsy payment responsibility).	TBD		-
Short-Term Subtotal		625,502		2,195,000
Mid-Term				
11	Build two new regional autopsy centers (eastern NC and western NC). Estimate = \$12,383,000/facility x 2 = Total of \$24,766,000 (NR). One-time cost of equipment for single free-standing state owned facility \$650,000 x 2 facilities = \$1,300,000 (NR). Build state-owned construction to replace ECU and WFU facilities. Estimate = \$12,383,000 (WFU) + \$11,526,000 (ECU) = Total of \$23,909,000 (NR). One-time cost of Mecklenburg ME Office upgrade of \$750,000 (NR). Recurring annual operational costs for 2 new facilities - estimate \$705,000 Personnel (salary & fringes, 8 FTEs) and \$474,955 Operations & Maintenance. Total of \$1,179,955/facility x 2 facilities = \$2,359,910 (R).	2,359,910	50,725,000	
12	Develop a strategy of state-local funding to provide 0.5 Medicolegal Death Investigators (MDIs) per 100,000 population in the state. If the General Assembly chooses to consider establishing the role of MDI in a statewide fashion, using a cost of \$57,000 (salary and fringes) per MDI, approximately \$2,850,000 would be required to fund the personnel costs only for full statewide coverage of MDI services at the nationally recommended guidelines. This would not include operational support such as supplies and transportation for these MDIs.	2,850,000	-	
Mid-Term Subtotal		5,209,910	50,725,000	
Total of DHHS Recommendations		5,835,412	52,920,000	

**Appendix 2**  
**North Carolina Office of the Chief Medical Examiner Regional Coverage Map**

## North Carolina Office of the Chief Medical Examiner Regional Autopsy Center Catchment Areas



## **Appendix 3**

### **Definition of Terms Used in Describing The North Carolina Medical Examiner System**

There is no standardized death investigation system in the United States. Therefore, different jurisdictions may use the same terms to refer to different positions. When attempting to compare systems, the first step must be to define the positions about which one is concerned. The following definitions are those that are used in North Carolina.

#### **Medical Examiner**

The medical examiner is a county-level position. This is the official who, when contacted about a death, makes the decision as to whether the case falls under medical examiner jurisdiction. If it does, the medical examiner takes charge of the body, makes inquiries regarding the cause and manner of death, reduces the findings to writing, files this report with the Office of the Chief Medical Examiner and completes a death certificate. This is a three-year appointment made by the Chief Medical Examiner. The Chief Medical Examiner shall give preference to physicians licensed to practice medicine. These physicians are not usually specialists in pathology or forensic pathology. All forensic pathologists are also medical examiners in North Carolina. The Chief Medical Examiner may also appoint licensed physician assistants, nurse practitioners, nurses, coroners or emergency medical technician-paramedics. The medical examiner usually is not required to be a specialist in death investigation or pathology.

#### **Coroner**

The coroner is a county-level elected official whose duty is to make inquiry into deaths in certain categories. Because North Carolina has a state-wide medical examiner system, only a medical examiner and not a coroner (unless that coroner is also an appointed medical examiner) can legally certify a death.

#### **Death Investigator**

The role of the medicolegal death investigator is to investigate any death that falls under the jurisdiction of the medical examiner, including all suspicious, violent, unexplained and unexpected deaths. The medicolegal death investigator is responsible for the dead person, whereas the local law enforcement jurisdiction is responsible for the scene. The medicolegal death investigator performs scene investigations emphasizing information developed from the decedent and determines the extent to which further investigation is necessary. There are no formal requirements to become a medicolegal death investigator. A medicolegal death investigator must be the most medically knowledgeable person at the scene of the crime to determine if further investigation is necessary. There are no formal educational requirements specifically for medicolegal death investigation. Any degree program dealing with Forensic Science, Natural science, Anthropology, Nursing, or any other medically related field would be useful. There are several established training courses available throughout the country that teach the basic information needed in order to perform a thorough, competent medicolegal death investigation.

#### **Pathologist**

A pathologist is a physician trained in the medical specialty of pathology. Pathology is the branch of medicine that deals with the diagnosis of disease and causes of death by means of laboratory examination of body fluids (clinical pathology) cell samples, (cytology) and tissues (anatomic pathology). The autopsy is the procedure utilized to study the dead. It is primarily a systematic external and internal examination for the purposes of diagnosing disease and determining the presence or absence of injury. In North Carolina, there are some hospital-based pathologists who perform medicolegal autopsies with an agreement with the Office of the Chief Medical Examiner (OCME).

#### **Forensic Pathologist**

The forensic pathologist is a subspecialist in pathology whose area of special competence is the examination of persons who die suddenly, unexpectedly or violently. The forensic pathologist is an expert in determining cause and manner of death. The forensic pathologist is specially trained to: perform autopsies to determine the presence or absence of disease, injury or poisoning; evaluate historical and law-enforcement investigative information

relating to manner of death; collect medical evidence, such as trace evidence and secretions; document sexual assault; and reconstruct how a person received injuries. Forensic pathologists are trained in multiple forensic sciences as well as traditional medicine. Other areas of science of which the forensic pathologist must have a working knowledge include toxicology, firearms examination (wound ballistics), trace evidence, forensic serology and DNA technology. The forensic pathologist acts as the case coordinator for the medical and forensic scientific assessment of a given death, making sure that the appropriate procedures and evidence collection techniques are applied to the body. When forensic pathologists are employed as death investigators they bring their expertise to bear upon the interpretation of the scene of death, in the assessment of the time of death, of the consistency of witnesses' statements with injuries, and the interpretation of injury patterns or patterned injuries. In jurisdictions where there are medical examiner systems, forensic pathologists are usually employed to perform autopsies to determine cause and manner of death. In North Carolina, board-certified forensic pathologists are employed in one of four regional centers to perform medicolegal autopsies for the many counties in their respective regions. They may be called **Regional Pathologists**.

### **Regional Center**

This is the physical location where medicolegal autopsies are performed by board-certified forensic pathologists. Currently, in North Carolina there are four Regional Centers: OCME in Raleigh, Mecklenburg County ME Office in Charlotte, Wake Forest University (WFU) Baptist Hospital in Winston-Salem and East Carolina University (ECU) Brody School of Medical in Greenville.

## Appendix 4

### Medicolegal Death Investigator (MDI) Survey Tool For States' Death Investigation Systems (January-March 2015)

States surveyed – New Mexico, Virginia, Maryland, West Virginia, New Hampshire, Vermont, Rhode Island, Maine, Connecticut

DATE OF SURVEY: \_\_\_\_\_

STATE: \_\_\_\_\_

CONTACT NAME & TITLE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

(1) Please list the different types of personnel you use in your death investigation system.

**For EACH personnel type:**

(2) How many total FTEs of this personnel type do you use in your system?

(3) Can you provide a written position description? (Provide responder with an email address)

(4) What are the roles of the position? Does the position:

(4a) Take death calls?

Y or N

(4b) Go to the death scene?

Y or N

If Yes:

What activities does the position complete at the Death scene?

- Arrange body transportation?

Y or N

- Take photos?

Y or N

- Complete an examination of the body (related to the death scene)?

Y or N

- Other death scene activities completed? (solicit free responses of any death scene activities not captured by questions)

Does the position go to all death scenes?

Y or N

If No:

Do you have an algorithm or published protocol/guidelines for determining which scenes should be visited?

Y or N

If Yes:

Can you send the published protocol/guidelines? (Provide responder with an email address)

(4c) Sign death certificates?

Y or N

(4d) Complete autopsies?

Y or N



- (4e) Follow up on any questions asked by forensic pathologists or law enforcement?  
Y or N
- (4f) Write and submit reports?  
Y or N
- If Yes:  
What type of report and to whom is it submitted?  
Submitted within how many days following the death?  
Can you send a template of the death scene report used? (Provide responder with an email address)
- (4g) Complete any other activities not solicited thus far? If yes, please list
- (5) What are the education, training or certification requirements for the position? (no need to answer if sending position description and information is included in this)
- (5a) If you have medicolegal death investigators (or some other name), do you require certification by the American Board of Medicolegal Death Investigators (ABMDI), International Association of Coroners and Medical Examiners (IACME), or some other certifying body?
- (6) Does your organization provide specific system-wide training for death investigators?  
Y or N
- If Yes:  
Is the training mandatory and compliance tracked?  
Y or N  
How often is the training provided?  
How is the training funded?  
What is the content of the training?
- (7) Is the position an employee of your system, or a contractor?  
If an employee:  
Is the position employed by the state, county, or some other jurisdiction?  
To whom (another position type) does the position report?
- Medical Examiner?  
Y or N
  - Law Enforcement?  
Y or N
  - Other?
- (8) What is the salary only range for the position?  
Is this the only compensation for this position, or are there any other payments (on call pay? other pay?)



**Appendix 5**  
**State Responses to Survey on Medicolegal Death Investigators (MDIs)**

**March 2015 - BENCHMARKING TEN STATES' MEDICAL EXAMINER SYSTEMS (MEDICOLEGAL DEATH INVESTIGATIONS)**

	NC (North Carolina)	MD (Maryland)	VA (Virginia)	WV (West Virginia)	ME (Maine)	NH (New Hampshire)	NM (New Mexico)	RI (Rhode Island)	VT (Vermont)	CT (Connecticut)
<b>Population &amp; Square Miles (sm)</b>	9.8M 48,617 sm	5.9M 9,707 sm	8.3M 39,490 sm	1.85M 24,035 sm	1.33M 30,842 sm	1.33M 8,952 sm	2.1M 121,298 sm	1.1M 1,033 sm	627K 9,216 sm	3.6M 4,842 sm
<b>NAME Accredited Office or System?</b>	No; 1 state operated office & 3 contracted offices	Yes; only 1 office	Yes (4 District offices; all state operated)	No; only 1 office	Yes; only 1 office	Yes; only 1 office	Yes; only 1 office	Yes; only 1 office	Yes; only 1 office	Yes; only 1 office
<b>Types &amp; Number of Staff in Medical Examiner (ME) System</b>  <i>(see abbreviations below)</i>	Chief ME (CME), Deputy CME, Assoc. CME (5), FP Fellows, ME Specialist (2), 454 Medical Examiners; Regional Autopsy Center staff [FP and MDI (Mecklenburg only)]	23/24 counties have per diem (on call) investigators for 110 total; Main office has 2 PT and 12 FT Investigators	CME (1), Asst. Chiefs (13), District Admins (4), Morgue Supervisors (4), Sr. Techs (4), 3-4 Autopsy Techs @ each office; 24 FT MLDI, 8 PT MLDI	100 local MEs (EMT-P, RN, PA, MD) and Coroners; FT Investigators (7) & Chief Investigator (1)	Chief; FPs; Part-time FP; Deputy (new position); Field MEs (15-all MD or DO); Death Investigators (2)	Chief/Deputy Chief; FPs (2); Assistant Deputy ME; Contracted PT Investigators (nurses; PAs, paramedics) - total of 19	FT Investigators from Central Office (40); County-based/on-call .25/FTE (paid per body and mileage); approx. 110 total Investigators when all are filled	FPs (4); Morgue Assistants-ME Agents (3); Scene Investigators (6 total; pay a lot of overtime)	FPs (2); Assistant ME Coordinator (1); multiple PT Assistant ME/Death Investigator staff (EMT, NP, PA, nurses, few MDs) - all appointed	Chief, Deputy Chief, Assistant MEs (3-All are FPs); Supervising Medical Investigator Specialist (1); Lead ME Specialist (1); Medicolegal death investigators (13); FT Forensic Techs (5), PT Forensic Techs (4)

	NC	MD	VA	WV	ME	NH	NM	RI	VT	CT
<b>Activities of Investigator Positions</b>										
Take death calls?	Yes	Yes	Yes	Yes	Yes	Yes	Yes for FT; no for PT	Yes	Yes	Yes
Go to death scene?	Not every death scene	Not every death scene	Yes for Central Office; other districts use mix of local MEs or MDLIs	No; phone calls for investigators	Yes	Yes	Yes	Yes	Yes	Yes; upon consultation with the FPs
Take photos at scene?	Yes	Yes	Yes	N/A	Yes	Yes	Yes	Yes	Yes	Yes
Complete examination of body (related to death scene)?	No	Depends upon type of case	Yes	N/A	Yes - prelim exam at scene; once moved, more thorough exam; ME-Chief does the head to toe exams	Yes	Yes	Yes	Yes	Yes (partial)
Arrange body transportation?	Yes	Yes	No; LE does this	N/A	Yes	Yes	Yes	Yes	Yes	No; done by Forensic Techs

	NC	MD	VA	WV	ME	NH	NM	RI	VT	CT
<b>Activities of Investigator Positions</b>										
Other death scene activities?	Assist law enforcement; gather info for FP; look for injuries and report to FP; talk to witnesses or family	Interview family & witnesses; do not rely completely on LE at scenes; gather info for FP	Take body temperature; note rigor and livor; note personal effects, but do not remove	N/A	Report; assist LE; look for injuries and report to FP	Draw toxicology samples; for child fatalities - doll reenactments; talk to family & witnesses; collect medications (related to investigation) and provide to LE	Fingerprint and ID decedent	Collect medications & drugs at scene; collect toxicology samples	Take toxicology samples; scene reenactments; talk with family; review medical records; make decision of disposition (with review by FP or Assist. ME Coordin.)	Talk to LE & family; ID deceased (ID Form signed at scene); review and approve cremations
Does the position go to every death scene?	No	No	No; scene must be close to the office; goes to scene for homicides, suicides, suspicious and infant deaths	No	No	No; goes to all unnatural deaths	No; determined at the time of the call regarding the case	Yes, except if facility death	Not if hospital or facility case	No
Sign death certificates?	No	No	No	No	No	No	No; only MDs sign	No	No; only MDs, however can determine COD or MOD at scene	No; only MD, DO, or FNP

	NC	MD	VA	WV	ME	NH	NM	RI	VT	CT
<b>Activities of Investigator Positions</b>										
Complete autopsies?	Only pathologists	Only pathologists	Only pathologists	Only pathologists	Only pathologists	Only pathologists	Only pathologists	Only pathologists	Only pathologists	Only pathologists
Follow up on questions for pathologists or law enforcement?	Yes	Yes	Yes, but FP may do follow up depending upon the case	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Write and submit reports?	Yes	Yes; submitted electronically to central office; immediately available	Electronic report; immediately available	Electronic report via Verticue system (software database); immediately available	Yes; Report of Examination (at funeral homes); Investigation report/via software - summary document; Scene visit reports; within 24 hrs to 5 days	OCME and prelim investigation reports; if autopsy - give reports to FP prior to autopsy or provide verbal report; others - within 24 hrs to 3 days for externals; for non-ME cases – within 1 week	Yes; submit immediately if autopsy to be performed; submitted within 3 days for all others; electronic system via virtual private network	Yes; enter into database immediately after scene visit; prelim findings for FP	Yes; electronic death registry; look up autopsy or death certificate; report due before autopsy or next day, if no autopsy	Yes; Report of Investigation-scene visit

	NC	MD	VA	WV	ME	NH	NM	RI	VT	CT
<b>Activities of Investigator Positions</b>										
Other activities?	N/A	Investigators are non-physicians	N/A	N/A	Outreach; public talks; field questions & phone calls; interpret autopsy reports	N/A	Field worksheet; draw toxicology samples	N/A	N/A	Cremation orders; other duties assigned by chief - assigned to various Task Forces
<b>Education, Training, Certification Requirements?</b>	Per statute, MEs must be medically trained - MDs, NP, Nurse, PA, EMT-P or coroner	2 years death investigation experience or 5 years trauma care (pre-hospital; military); nursing, medical field, investigative LE; EMS-fire; ABMDI certification or eligible	BA or BS, Masters or combination of education and experience	4 years of investigative experience (can be LE)	State website - High school diploma minimum; most are former LE and some have Masters	PA, Nurse, paramedics; 55-hr class by OCME; observe 20 autopsies and shadow 20 scenes minimum	FT - must have 2 year degree and become ABMDI certified within 1 year	College graduate	Appointed. Job description (from website) - must have extensive experience in medical profession - medicine, nursing, EMT, or other profession deemed by CME	College and 5 years involved experience or comparable education; new chief ME is pushing to move toward certification

	NC	MD	VA	WV	ME	NH	NM	RI	VT	CT
<b>Certification by ABMDI or IACME?</b>	Proposed	Yes - 50% of all investigators must be ABMDI certified for OCME to be NAME accredited	Must be ABMDI certified within two years	Not required, but 3 are certified by ABMDI	Attend ABMDI conference and training in St. Louis; not required yet, but heading in that direction	Not required; some obtain certification on own (using grant money or self-pay)	Yes for the FT - within 1 year of employment; for others, if pass test - get \$10 extra/case	Yes - once hired, but become certified	Not required, but most are ABMDI certified and this is included in re-appointments	Underway
<b>Training</b>										
Does your system provide system-wide training?	Under development	Yes; county-based Field Investigators are required to attend 2 days of orientation as well as on-scene training	Yes-orientation training is conducted in-house at each district office	No	OJT	Yes; 55 hour class by OCME; observe 20 autopsies; 20 scene shadows minimum	Yes	OJT; protocols & guidelines	Yes, 3 day OJT training for clinical aspects (autopsy observation, drawing toxicology samples, several months of shadowing of senior MEs)	OJT only; shadow other investigators; direct observation by supervisor until ready to go on own



	NC	MD	VA	WV	ME	NH	NM	RI	VT	CT
<b>Training</b>										
Training mandatory? Is it tracked?	Statute change under consideration	Yes	Yes	Yes; provided annually	No	Yes	Yes; all FT must take a 3 day seminar and 2 day scene training (minimum of 40 training onsite at central office)	Yes; upon hire - trained and then CE annually; initial training includes shadowing senior investigators	Yes; provide seminars 4-5 times per month; case reviews, refreshers; training program ABMDI approved	N/A
How is training funded?	State	State	State & district budgets	Some state funds, some grant funds	Have a budget to train staff (in Attorney General's office)	In budget; state funds	State budget and registration for training of LE and public	State	State	N/A
Content of training?	TBD	OJT at OCME; CE provided by authorizing the investigator to attend out of state & external source training	Varies at district level; meets standards for ABMDI	Send staff to ABMDI training (St. Louis) or complete online training	OJT	See above	"Soup to nuts training"	OJT	OJT	OJT only

	NC	MD	VA	WV	ME	NH	NM	RI	VT	CT
<b>Employee Status</b>										
Is Position Employee or Contractor?	Both	Some are employees; some are self-employed and paid fees (appointed through law; no contracts)	Employee	Employee	Employee	Part-time Contractor	Both	Employee	Part time contractor, no benefits	Employee; unionized
Employed by county, state, other?	County (Mecklenburg) or state	State	State	State	State (Attorney General's office)	Only FPs are state employees	State	State	N/A	State
To whom does the position report to?	Chief ME	ME office	ME	ME	Chief ME	ME	ME	ME	Chief ME	Medical Examiner Commission appointed by Governor
Salary range?	TBD	Investigators - \$29.8K-\$46.7K; Lead investigators - \$31.7K-\$49.8K	\$43K-60K	\$33K	\$31-41K, eligible for increases	N/A	N/A	\$53,832 - \$60,777	N/A Appointed; paid fees	Investigators start \$60K, max \$75.7K; Lead Investigators \$67k-\$87K; Supervisor - \$70.6K-\$91K

	NC	MD	VA	WV	ME	NH	NM	RI	VT	CT
<b>Other Features</b>	N/A	Not paid for on-call time; Field Investigators paid by calls received: \$10 per case for non-ME case; \$80 per case for accepted ME cases.	Lead investigator may have temp pay added to their base salary; after hours calls are received by MLDI on a particular shift; shifts cover 24/7 so no overtime is required	On-call staff paid only for calls taken; very convoluted fee-payment schedule for MEs	Field MEs receive mileage at \$.44/mile; Examination fee \$85; \$15 more if draw toxicology sample; MDI gets overtime for scene-case work; limited overtime for closing files; overtime eligible for case calls	Contractor gets paid per case; \$140 plus mileage; \$25 for non-ME case write-up; \$50 for cremation permits	For contractors - \$65 for cases; \$86 if results in autopsy; \$103 for field examinations and toxicology samples; mileage @ \$.51/mi; no on-call pay	N/A	N/A	On call pay and shift differential; all have cell phones and assigned vehicles; will be adding in-vehicle laptops in next FY (grant via state)
<b>Key for Abbreviations:</b> <b>ABMDI=American Board of Medicolegal Death Investigators; CE=Continuing Education; DO=Doctor of Osteopathy; EMT-P=Emergency Medical Technician-Paramedic; FP=Forensic Pathologist; IACME=International Association of Coroners &amp; Medical Examiners; LE=Law Enforcement; MD=Medical Doctor; MDI or MDLI=Medicolegal Death Investigator; ME=Medical Examiner; NAME=National Association of Medical Examiners; NP=Nurse Practitioner; OJT=On the Job Training; PA=Physician Assistant; RN=Registered Nurse</b> <b>FT=Full Time; PT=Part Time</b> <b>COD=Cause of Death; MOD=Manner of Death</b>										

**Appendix 6**  
**Draft Job Descriptions for Medicolegal Death Investigator,  
Medicolegal Death Investigator Manager, and Medicolegal Death  
Investigation Unit Director Positions**



Approved Classification		
Effective Date		
Analyst		
FLSA Status		

## OFFICE OF STATE PERSONNEL POSITION DESCRIPTION FORM

**DRAFT; NOT CLASSIFIED YET**

Name of Employee	Present University or Beacon Position Number / Proposed Number
Vacant/New position	
Present Classification Title / Salary Grade or Banded Level	Proposed Classification Title / Salary Grade or Banded Level <b>Medicolegal Death Investigator / Salary Grade 70</b>
Usual Working Title of Position <b>Medicolegal Death Investigator</b>	Department, University, Agency or Commission DHHS
Institution / Division  DPH	Section / Unit Office of the Chief Medical Examiner/Investigation Unit
Street Address, City and County 4312 District Drive, Raleigh, WAKE or TBD	Location of Workplace, Building and Room Number OCME, Room TBD
Name of Immediate Supervisor TBD	Supervisor's Position Title and Number Medicolegal Death Investigator Manager/TBD
Work Schedule (i.e. Monday-Friday, rotating shifts, etc.) <b>TBD</b>	Work Hours (i.e. 8:00 am-5:00 pm, etc.) <b>TBD</b>

### Primary Purpose of the Organizational Unit

Deaths in North Carolina that are sudden and unexpected, unattended, suspicious or the result of violence (homicides, suicides, and accidents) are investigated and certified by the State Medical Examiner System and represent approximately 14% of all North Carolina deaths yearly. The North Carolina Medical Examiner System is a network of approximately 450 medical doctors and other health professionals throughout North Carolina who devote their time, energy and medical expertise to see that deaths are adequately investigated. At the Office of the Chief Medical Examiner (OCME), staff pathologists conduct external examinations for Durham and Wake Counties and perform medico-legal autopsies for 32 counties in central North. Cases are also referred to the OCME when regional pathologists are not available or when additional expertise is required to assess a case. As a result, more than one third of all autopsies in the Medical Examiner System are performed at OCME. The OCME Toxicology Laboratory serves all 100 North Carolina counties by providing forensic analytical testing of specimens and evidence, review of analytical testing and records maintenance for approximately 11,000 medical examiner cases per year. Data collected on each death are recorded in the Medical Examiner Information System (MEIS). These data provide valuable surveillance and research tools to assess existing and potential public health threats and to influence policies that could lead to the prevention of premature death due to injury.

**Investigation Unit:** This is a new unit that will work in close collaboration with the OCME Pathology Unit and forensic pathologists at one of the regional autopsy centers (Mecklenburg; Wake Forest University, or WFU; and East Carolina University, or ECU). This unit will consist of a Unit Director, Medicolegal Death Investigator Managers and Medicolegal

Death investigators. This unit will function as an integral part of the programmatic operations component of OCME and is also responsible for the oversight and management of the medicolegal and forensic scene investigation activities for the entire statewide Medical Examiner System. The Investigation Unit is responsible for a number of activities related to a death investigation, including responding to all death scenes; assuming custody of the body for those cases falling under the Medical Examiner's jurisdiction; initiating investigation reports; coordinating investigations with local medical examiners, the OCME or regional autopsy centers, and law enforcement; and preparing written records which are essential for the OCME's investigation of sudden, unexpected, unnatural or violent deaths.

#### **Primary Purpose of the Position**

The Medicolegal death investigator is responsible for: (1) conducting an investigation, examination and report of sudden, unexpected, unnatural or violent deaths that fall under Medical Examiner jurisdiction; (2) determining the jurisdiction of the OCME over such cases; and (3) completing work related to death investigations as required. Duties include, but are not limited to collecting medical evidence; questioning witnesses as appropriate; collecting information from investigation law enforcement agencies, and health care providers; and reviewing related records. This position will prepare and submit detailed written factual reports and respond to non-routine situations that may occur outside normal business hours. Work is performed under limited direct supervision.

**Since this is a new classification for the OCME staff, the Chief Medical Examiner will be evaluating the duties and responsibilities on a continuous basis for the first two years. Modifications will be made on an as needed basis.**

#### **Changes in Responsibilities and/or Organizational Relationship Since the Position Was Last Classified**

This is a new classification for the State of NC and OCME. These positions will be expected to be locally assigned and mostly home based to permit appropriate coverage for medicolegal death investigations in support of local county medical examiners across the state. Each investigator will be affiliated with a regional autopsy center with which s/he will work to investigate medical examiner cases.

%	Description of Work
50%*	<p><b>Death Scene Investigations</b></p> <ul style="list-style-type: none"> <li>• Travels to death scenes which includes traveling to location of fatal injury and/or death, coordinating and cooperating with other agencies, especially law enforcement (if present), confirming identification of the decedent, performing a cursory external examination, completing appropriate reports and performing relevant interviews for report;</li> <li>• When a crime scene is determined, the investigating law enforcement agency is in charge and in control of that crime scene. If the crime scene includes a death, often a suspicious death, the medicolegal death investigator (MDI) will be notified immediately. Once notified, the MDI is expected to: <ul style="list-style-type: none"> <li>○ Assume jurisdiction of the death investigation;</li> <li>○ After consultation with the law enforcement agency, may move the body, take photographs, and perform a cursory examination while minimally disturbing the body pending thorough examination by the forensic pathologist (the clothing should remain in place; wounds should not be cleaned, etc.);</li> <li>○ Photograph the body and obvious wounds;</li> <li>○ Document in writing any pertinent observations which are made;</li> <li>○ Acquire history and death circumstances from law enforcement personnel and witnesses, collect and document medications which will be submitted to the pathologist, and prepare a scene investigation report;</li> <li>○ Conduct scene reenactments at the appropriate time in infant and child death investigations;</li> <li>○ MDIs are instructed that toxicology samples should not be obtained at the scene and the body should be disturbed only as absolutely necessary.</li> </ul> </li> <li>• Practices safety, environmental, and/or infection control methods in order to prevent injury to self or others;</li> <li>• Arranges for transportation from the scene to the next appropriate location;</li> <li>• Approves or denies organ/tissue for donation or transplant for cases under OCME jurisdiction;</li> </ul>
25%*	<b>Investigation Reporting</b>

25%*	<ul style="list-style-type: none"> <li>• Receives and evaluates initial reports of deaths to OCME or regional autopsy center; obtains medical, law enforcement, occupational or other historical data on cases accepted for jurisdiction;</li> <li>• Collects data and prepares detailed factual written reports on death investigation in order to document evidence and events related to the death scene;</li> <li>• Obtains and records adequate information in order to produce the issuance of a death certificate;</li> <li>• Develops and evaluates information from observations, interviews, and reviews of various records in order to provide written and oral reports;</li> <li>• Compiles official reports of investigation, finding and interpretations.</li> </ul> <p><b>Supporting Forensic Pathologists at Regional Autopsy Centers</b></p> <ul style="list-style-type: none"> <li>• Responds to general inquiries and requests for information within established guidelines in order to follow up on unanswered questions;</li> <li>• Collects data and prepares detailed factual written reports on death investigation in order to document evidence and events related to the death scene;</li> <li>• Report findings to each case's attending forensic pathologist;</li> <li>• Observes autopsy examinations and assist with documentation and evidence collection in order to establish cause and manner of death.</li> </ul>		
<p><b>Competencies, Knowledge, Skills and Abilities Required in this Position</b></p> <ul style="list-style-type: none"> <li>• Knowledge of human anatomy, physiology, medical terminology and post-mortem toxicology;</li> <li>• Knowledge of the principles, practices and techniques required in the performance of medicolegal death investigations;</li> <li>• A working knowledge of statutes, rules, policies and procedures related to medicolegal death investigations in North Carolina;</li> <li>• Ability to obtain and record the information needed for the adequate evaluation of death of medicolegal significance;</li> <li>• Ability to communicate with law enforcement and other investigatory agencies;</li> <li>• Ability to conduct interviews and investigations, analyze facts and data, reach logical conclusions, and make sound recommendations;</li> <li>• Ability to deal tactfully with the public and establish and maintain effective working relationships;</li> <li>• Knowledge of and ability to understand and interpret medical and forensic information and terminology;</li> <li>• Ability to operate photographic equipment, computers and associated software programs, and cell phones;</li> <li>• Working knowledge of the rules regarding evidence and the ability to maintain a legally defensible chain of custody;</li> <li>• Knowledge and awareness of various hazards associated with possible scene investigations, including physical, chemical, biological hazards and exposure;</li> <li>• In addition, physical stamina is required since some scenes may require lifting medium to heavy weights and/or hiking long distances in outdoor settings and rural environments.</li> </ul>			
<p><b>Education and Experience Required</b></p> <p>Must have graduated from an accredited four-year college or university with a degree in a biological or medically-related field (Nursing, Physician's Assistant, Pathology Assistant), forensic science, criminal justice; or a closely related field or equivalent experience with five years of experience in an investigatory (homicide/death scene investigations) or response field (military, law enforcement, Emergency Medical Technician – Paramedic, or EMT-P); or any equivalent combination of education, training and/or related experience preferred.</p>			
<p><b>License or Certification Required by Statute or Regulation:</b> <i>Is a license or certificate required? What kind and type?</i></p> <p>If individual is medically-trained and experienced (nurse; physician's assistant, or PA; EMT-P) must have current license and certification. Must have valid driver's license. American Board of Medicolegal Death Investigators (ABMDI) certification is preferred and candidate must become ABMDI certified before the end of the two-year probationary period.</p>			
Employee's Signature/Title	Date	Supervisor's Signature/Title	Date





Approved Classification		
Effective Date		
Analyst		
FLSA Status		

**OFFICE OF STATE PERSONNEL**  
**POSITION DESCRIPTION FORM**  
**DRAFT; NOT CLASSIFIED YET**

Name of Employee	Present University or Beacon Position Number / Proposed Number
Vacant/new position	
Present Classification Title / Salary Grade or Banded Level	Proposed Classification Title / Salary Grade or Banded Level <b>Medicolegal Death Investigator Manager / Salary Grade 72</b>
Usual Working Title of Position <b>Medicolegal Death Investigator Manager</b>	Department, University, Agency or Commission DHHS
Institution / Division DPH	Section / Unit Office of the Chief Medical Examiner/Investigation Unit
Street Address, City and County 4312 District Drive, Raleigh, WAKE	Location of Workplace, Building and Room Number OCME, Room TBD
Name of Immediate Supervisor TBD	Supervisor's Position Title and Number Medicolegal Death Investigation Unit Director
Work Schedule (i.e. Monday-Friday, rotating shifts, etc.) <b>TBD</b>	Work Hours (i.e. 8:00 am-5:00 pm, etc.) <b>TBD</b>

**Primary Purpose of the Organizational Unit**

Deaths in North Carolina that are sudden and unexpected, unattended, suspicious or the result of violence (homicides, suicides, and accidents) are investigated and certified by the State Medical Examiner System and represent approximately 14% of all North Carolina deaths yearly. The North Carolina Medical Examiner System is a network of approximately 450 medical doctors and other health professionals throughout North Carolina who devote their time, energy and medical expertise to see that deaths are adequately investigated. At the Office of the Chief Medical Examiner (OCME), staff pathologists conduct external examinations for Durham and Wake Counties and perform medicolegal autopsies for 32 counties in central North. Cases are also referred to the OCME when regional pathologists are not available or when additional expertise is required to assess a case. As a result, more than one third of all autopsies in the Medical Examiner System are performed at OCME. The OCME Toxicology Laboratory serves all 100 North Carolina counties by providing forensic analytical testing of specimens and evidence, review of analytical testing and records maintenance for approximately 11,000 medical examiner cases per year. Data collected on each death are recorded in the Medical Examiner Information System (MEIS). These data provide valuable surveillance and research tools to assess existing and potential public health threats and to influence policies that could lead to the prevention of premature death due to injury.

**Investigation Unit:** This is a new unit that will work in close collaboration with the Pathology Unit and forensic pathologists at one of the regional autopsy centers (Mecklenburg; Wake Forest University, or WFU; and East Carolina University, or ECU). This unit will consist of a Unit Director, Medicolegal Death Investigator Managers and Medicolegal Death

Investigators. This unit will function as an integral part of the programmatic operations component of OCME and is also responsible for the oversight and management of the medicolegal investigation activities for the entire statewide Medical Examiner System. The Investigation Unit is responsible for a number of activities related to a death investigation, including responding to death scenes; assuming custody of the body for those cases falling under the Medical Examiner's jurisdiction; initiating investigation reports; coordinating investigations with local medical examiners, the OCME or regional autopsy centers, and law enforcement; and preparing written records which are essential for the OCME's investigation of sudden, unexpected, unnatural or violent deaths.

#### **Primary Purpose of the Position**

This is a manager position with responsibility for the supervision and oversight of regionally located medicolegal death investigator positions in a newly formed state-level unit in the Office of the Chief Medical Examiner. These regional managers are responsible for supervising the work of Medicolegal death investigator positions whose responsibilities are: (1) conducting an investigation, examination and report of sudden, unexpected, unnatural or violent deaths that fall under Medical Examiner jurisdiction; (2) determining the jurisdiction of the OCME over such cases; and (3) completing work related to death investigations as required.

Duties include, but are not limited to implementing policies and procedures for the medicolegal death investigations for NC; implementing and measuring compliance with these policies and procedures; communicating with staff about certification requirements; recruiting and hiring regionally located staff; and communicating with Medicolegal Death Investigation Unit Director to secure the operational support (travel, supplies and equipment) for regional staff to function effectively.

**Since this is a new classification for the OCME staff, the Chief Medical Examiner will be evaluating the duties and responsibilities on a continuous basis for the first two years. Modifications will be made on an as needed basis.**

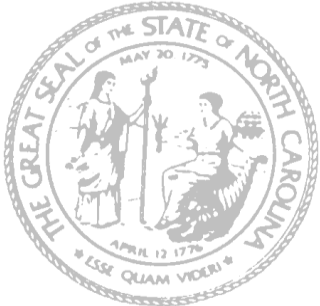
#### **Changes in Responsibilities and/or Organizational Relationship Since the Position Was Last Classified**

This is a new classification for the State of NC and OCME. These positions will be expected to manage, oversee and monitor a group of locally assigned and mostly home based investigators who will provide coverage for medicolegal death investigations in support of local medical examiners and local law enforcement across the state. Each manager will supervise approximately 10-15 investigator-level positions and will coordinate with a designated regional autopsy center for medical examiner cases. These managers may be regionally home-based or may work out of the central office in Raleigh.

%  	<b>Description of Work</b>
<b>50%*</b>	<p><b>Manage Regional Medicolegal Death Investigation Staff and Activities</b></p> <ul style="list-style-type: none"> <li>• Manages and supervises regionally based Medicolegal death investigator positions who function as part of the Medicolegal Death Investigation Unit (MDIU);</li> <li>• Ensures appropriate types and sufficient quantity of supplies and equipment are available to regional staff to execute their duties;</li> <li>• Uses and implements policies and procedures for the medicolegal death investigation process, including death scene investigations;</li> <li>• Implements guidelines on interaction between Medicolegal Death Investigation Unit staff and existing local medical examiners;</li> <li>• Assists in the training of Medicolegal Death Investigators and local Medical Examiners regarding medicolegal death investigation processes in NC;</li> <li>• Assists Medicolegal Death Investigation Unit Director and OCME Staff Development Coordinator in the training of local county medical examiners in the policies and procedures for medicolegal death investigations and scene investigations;</li> <li>• Develops monitoring and oversight system for regional medical examiner staff;</li> <li>• Ensures staff are eligible to become American Board of Medicolegal Death Investigators (ABMDI) certified at the end of their probationary period;</li> <li>• Performs duties of Medicolegal Death Investigator position on as needed basis.</li> </ul>
<b>20%*</b>	<p><b>Death Scene Investigations</b></p> <ul style="list-style-type: none"> <li>• Travels to death scenes which includes traveling to location of fatal injury and/or death,</li> </ul>



<p>medicolegal evidence;</p> <ul style="list-style-type: none"> <li>Ability to implement and oversee death investigation policies and procedures;</li> <li>Ability to supervise and train employees, to include organizing, prioritizing and scheduling work assignments;</li> <li>Ability to obtain and record the information needed for the adequate evaluation of death of medicolegal significance;</li> <li>Ability to communicate with law enforcement and other investigatory agencies;</li> <li>Ability to conduct interviews and investigations, analyze facts and data, reach logical conclusions, and make sound recommendations;</li> <li>Ability to deal tactfully with the public and establish and maintain effective working relationships;</li> <li>Knowledge of and ability to understand and interpret medical and forensic information and terminology;</li> <li>Ability to operate photographic equipment, computers and associated software programs, and cell phones;</li> <li>Working knowledge of the rules regarding evidence and the ability to maintain a legally defensible chain of custody;</li> <li>Knowledge and awareness of various hazards associated with possible scene investigations, including physical, chemical, biological hazards and exposure;</li> <li>In addition, physical stamina is required since some scenes may require lifting medium to heavy weights and/or hiking long distances in outdoor settings and rural environments.</li> </ul>				
<p><b>Education and Experience Required</b> <i>What educational background is needed to perform these duties and responsibilities? What kind of work experience is needed?</i></p> <p>Must have graduated from an accredited four-year college or university with a degree in a biological or medically-related field (Nursing, Physician's Assistant, Pathology Assistant), forensic science, criminal justice; or a closely related field or equivalent experience with five years of experience in an investigatory (homicide/death scene investigations) or response field (military, law enforcement, Emergency Medical Technician – Paramedic, or EMT-P); or any equivalent combination of education, training and/or related experience preferred. In addition to the educational requirements, must have at least two (2) years of supervisory experience.</p>				
<p><b>License or Certification Required by Statute or Regulation:</b> <i>Is a license or certificate required? What kind and type?</i></p> <p>If individual is medically-trained and experienced (nurse, physician's assistant, or PA, EMT-P) must have current license and certification. Must have valid driver's license. American Board of Medicolegal Death Investigators (ABMDI) certification is preferred and candidate must become ABMDI certified before the end of the two-year probationary period</p>				
Employee's Signature/Title	Date		Supervisor's Signature/Title	Date

	Approved Classification		
	Effective Date		
	Analyst		
	FLSA Status		
<b>OFFICE OF STATE PERSONNEL</b> <b>POSITION DESCRIPTION FORM</b> <b>DRAFT; NOT CLASSIFIED YET</b>			
Name of Employee		Present University or Beacon Position Number / Proposed Number	
Vacant/new position			
Present Classification Title / Salary Grade or Banded Level		Proposed Classification Title / Salary Grade or Banded Level <b>Medicolegal Death Investigation Unit Director / Salary Grade 74</b>	
Usual Working Title of Position <b>Medicolegal Death Investigation Unit Director</b>		Department, University, Agency or Commission DHHS	
Institution / Division  DPH		Section / Unit Office of the Chief Medical Examiner/Investigation Unit	
Street Address, City and County 4312 District Drive, Raleigh, WAKE		Location of Workplace, Building and Room Number OCME, Room TBD	
Name of Immediate Supervisor Deborah L. Radisch, MD, MPH		Supervisor's Position Title and Number Chief Medical Examiner/60041553	
Work Schedule (i.e. Monday-Friday, rotating shifts, etc.) Mon-Sat, with flex schedule for weekend coverage		Work Hours (i.e. 8:00 am-5:00 pm, etc.) <b>TBD</b>	
<b>Primary Purpose of the Organizational Unit</b> Deaths in North Carolina that are sudden and unexpected, unattended, suspicious or the result of violence (homicides, suicides, and accidents) are investigated and certified by the State Medical Examiner System and represent approximately 14% of all North Carolina deaths yearly. The North Carolina Medical Examiner System is a network of approximately 450 medical doctors and other health professionals throughout North Carolina who devote their time, energy and medical expertise to see that deaths are adequately investigated. At the Office of the Chief Medical Examiner (OCME), staff pathologists conduct external examinations for Durham and Wake Counties and perform medicolegal autopsies for 32 counties in central North. Cases are also referred to the OCME when regional pathologists are not available or when additional expertise is required to assess a case. As a result, more than one third of all autopsies in the Medical Examiner System are performed at OCME. The OCME Toxicology Laboratory serves all 100 North Carolina counties by providing forensic analytical testing of specimens and evidence, review of analytical testing and records maintenance for approximately 11,000 medical examiner cases per year. Data collected on each death are recorded in the Medical Examiner Information System (MEIS). These data provide valuable surveillance and research tools to assess existing and potential public health threats and to influence policies that could lead to the prevention of premature death due to injury.			
<b>Investigation Unit:</b> This is a new unit that will work in close collaboration with the OCME Pathology Unit and forensic pathologists at one of the regional autopsy centers (Mecklenburg; Wake Forest University, or WFU; and East Carolina University, or ECU). This unit will consist of a Unit Director, Medicolegal Death Investigator Managers and Medicolegal Death Investigators. This unit will function as an integral part of the programmatic operations component of OCME and is			

also responsible for the oversight and management of the medicolegal and forensic scene investigation activities for the entire statewide Medical Examiner System. The Investigation Unit is responsible for a number of activities related to a death investigation, including responding to all death scenes; assuming custody of the body for those cases falling under the Medical Examiner's jurisdiction; initiating investigation reports; coordinating investigations with local medical examiners, the OCME or regional autopsy centers, and law enforcement; and preparing written records which are essential for the OCME's investigation of sudden, unexpected, unnatural or violent deaths.

#### **Primary Purpose of the Position**

This is a managerial and director-level position responsible for the direction, monitoring and evaluation of a newly formed state-level unit in the Office of the Chief Medical Examiner comprised of regional Medicolegal Death Investigation Managers and local Medicolegal Death Investigators who are responsible for: (1) conducting an investigation, examination and report of sudden, unexpected, unnatural or violent deaths that fall under Medical Examiner jurisdiction; (2) determining the jurisdiction of the OCME over such cases; and (3) completing work related to death investigations as required.

Duties include, but are not limited to developing policies and procedures for the medicolegal death investigations for NC; establishing standards for implementing and measuring compliance with these policies and procedures; communicating with staff about certification requirements; ensuring unit is sufficiently staffed at all times; and providing processes for securing the operational support (travel, supplies and equipment) for staff to function.

**Since this is a new classification for the OCME staff, the Chief Medical Examiner will be evaluating the duties and responsibilities on a continuous basis for the first two years. Modifications will be made on an as needed basis.**

#### **Changes in Responsibilities and/or Organizational Relationship Since the Position Was Last Classified**

This is a new classification for the State of NC and OCME. This position will be expected to direct, oversee and monitor a unit that includes six (6) managers and a group of fifty to sixty (50-60) locally assigned and mostly home based investigators who will provide coverage for medicolegal death investigations in support of local medical examiners and local law enforcement across the state. The director will coordinate and manage the daily operations and functions of the unit and oversee and direct the regional managers. Each manager will supervise approximately 10-15 investigator-level positions and will coordinate with a designated regional autopsy center for medical examiner cases. These managers may be regionally home-based or may work out of the central OCME office in Raleigh.

%  
65%\*

#### **Description of Work**

##### **Direct Medicolegal Death Investigation Unit Activities**

- Directs, monitors and supervises the daily operation of the Medicolegal Death Investigation Unit (MDIU);
- Ensures appropriate systems and processes are in place for MDIU staff to have appropriate types and sufficient quantity of supplies and equipment to execute their duties;
- Develops and publishes policies and procedures for the medicolegal death investigation process, including death scene investigations;
- Develops guidelines on interaction between Medicolegal Death Investigation Unit staff and existing local medical examiners;
- Trains the Medicolegal Death Investigation Managers, Medicolegal Death Investigators, and local Medical Examiners regarding medicolegal death investigation processes in NC;
- Assists OCME Staff Development Coordinator in the training local county medical examiners in the policies and procedures for medicolegal death investigations and scene investigations;
- Develops internal quality assurance measures to ensure standards for in place for medicolegal death investigations;
- Ensures staff are eligible to become American Board of Medical Death Investigators (ABMDI) certified at the end of their probationary period;
- Ensures that staff and medicolegal investigation processes are compliant with National Association of Medical Examiners (NAME) guidelines and requirements;
- Performs duties of Medicolegal death investigator position on as needed basis.





- Knowledge of the principles, practices and techniques required in the performance of medicolegal death investigations;
- A working knowledge of statutes, rules, policies and procedures related to medicolegal death investigations in North Carolina;
- Knowledge of related accreditation and certification requirements;
- Knowledge of death investigation procedures and standards of legal policy requirements for the processing of medicolegal evidence;
- Ability to develop and evaluate death investigation policies and procedures;
- Ability to supervise and train employees, to include organizing, prioritizing and scheduling work assignments;
- Ability to obtain and record the information needed for the adequate evaluation of death of medicolegal significance;
- Ability to communicate with law enforcement and other investigatory agencies;
- Ability to conduct interviews and investigations, analyze facts and data, reach logical conclusions, and make sound recommendations;
- Ability to deal tactfully with the public and establish and maintain effective working relationships;
- Knowledge of and ability to understand and interpret medical and forensic information and terminology;
- Ability to operate photographic equipment, computers and associated software programs, and cell phones;
- Working knowledge of the rules regarding evidence and the ability to maintain a legally defensible chain of custody;
- Knowledge and awareness of various hazards associated with possible scene investigations, including physical, chemical, biological hazards and exposure;
- In addition, physical stamina is required since some scenes may require lifting medium to heavy weights and/or hiking long distances in outdoor settings and rural environments.

**Education and Experience Required** *What educational background is needed to perform these duties and responsibilities? What kind of work experience is needed?* Must have graduated from an accredited four-year college or university with a degree in a biological or medically-related field (Nursing, Physician's Assistant, Pathology Assistant), forensic science, criminal justice; or a closely related field or equivalent experience with five years of experience in an investigatory (homicide/death scene investigations) or response field (military, law enforcement, Emergency Medical Technician – Paramedic, or EMT-P); or any equivalent combination of education, training and/or related experience preferred. In addition to the educational requirements, must have at least five (5) years of management and supervisory experience.

**License or Certification Required by Statute or Regulation:** *Is a license or certificate required? What kind and type?* If individual is medically-trained and experienced (nurse, physician's assistant, or PA, EMT-P) must have current license and certification. Must have valid driver's license. American Board of Medicolegal Death Investigators (ABMDI) certification is preferred and candidate must become ABMDI certified before the end of their two-year probationary period.

Employee's Signature/Title	Date		Supervisor's Signature/Title	Date