



Office of the Medical Examiner

Fiscal Year 2015 Annual Report

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MISSION, VISION, AND CORE VALUES

Mission

The Mission of the Medical Examiner is to provide professional medicolegal death investigations of individuals dying under statutorily defined circumstances, the results of which are communicated independently to relevant agencies, industries, and members of the public so they can receive accurate, timely, and effective communications that enhance the public's safety and health.

Vision

To be recognized as a trustworthy source of accurate, scientifically based assessments of deaths in our community by having certified practitioners perform industry-standard professional death investigations, in an industry-accredited organization.

Core Values

Service - We hold service to be the highest of values. We commit to effective, positive, ethical, and compassionate service to all members of the public and to one another.

Integrity - We commit to being professional and courteous in all our interactions, both with the public we serve and with each other. We commit to being honest, ethical, and diligent -- to do our best. We commit to being personally accountable for our words and actions and to help cultivate an organization of integrity by expecting the same of others. We do the right thing, even when no one is watching.

Compassion - We commit to being empathetic, both to the public we serve and to one another, to be mindful of our speech and actions and how they may affect others. We recognize that honest, kind communication, even in the face of conflict, is an act of compassion.

Positivity - We recognize that our perspective is critical to our attitude and that realistic assessments do not require negativity. We commit to approaching challenges with a positive attitude.

Adaptability - We recognize that nothing is constant. We commit to seeing the positive in change, that it is an opportunity for improvement.

Teamwork - We recognize the critical importance of other members of our department and of those outside our department with whom we work – we all have a role to play on the team. We commit to cultivating a positive, collaborative, service and solutions-oriented environment by working together.

Boundaries - We recognize that we must speak and act within certain bounds, that in order to be effective as a team we must focus on doing our best in our role on the team. We commit to working diligently within the bounds of our roles, being mindful not to attempt to take on inappropriate roles or to judge or undermine those in other roles.



INTRODUCTION

The Maricopa County Office of the Medical Examiner (OME) is a statutorily required agency that provides medicolegal death investigations to help protect the public's health and safety. A medicolegal death investigation is a medical investigation of a death that is required under law. Each state has its own criteria defining which deaths must be evaluated by their medicolegal death investigation system. Arizona's system, like many others in the United States, is based around the Model Postmortem Examinations Act of 1954, which listed circumstances of death that should be investigated in order to best protect the public's interest. These circumstances are generally deaths that are non-natural, violent, and/or sudden and unexpected in healthy individuals.

Arizona's medicolegal death investigation system is county-based and is a Medical Examiner System. Each county is required to have either a County Medical Examiner or Alternate Medical Examiner. A County Medical Examiner must be a Forensic Pathologist, a licensed physician who is trained in evaluating individual deaths for the determination of cause of death and answers to other anticipated questions. If a Forensic Pathologist is not available to serve a county in such a fashion, the county may appoint an Alternate Medical Examiner who does not have to be a Forensic Pathologist, but must be a licensed physician; this type of Medical Examiner can direct the death investigation, but cannot perform forensic autopsies.

Medicolegal death investigations follow a medical model wherein a physician collects a history of events; medical, social, surgical, and occupational histories; and combines these historical data with observations from the scene of death and a postmortem examination of the body, typically an autopsy, to form preliminary conclusions about what injury(ies) and/or diseases significantly contributed to the death. After examination, laboratory testing is frequently ordered to answer targeted questions, particularly those around drug use. At the conclusion, a Medical Examiner Report is authored that details the findings and a Death Certificate is certified with a medical Cause and Manner of Death. The Death Certificate contains valuable data for vital statisticians to compile and analyze for trends and to support interventions in myriad systems from the healthcare industry to transportation safety to public health.

In addition to answers that are provided to the family of the deceased, many agencies use the results of the medicolegal death investigation in order to guide their own missions. The Medical Examiners and other OME staff are frequently called to testify in criminal and civil litigation in support of the Criminal Justice System. They share data with partners in the Public Health System so patterns can be identified and interventions can be implemented.

The work done by our staff is challenging and we are grateful for the dedicated people who do this work, day in and day out.



ORGANIZATION OF THE OFFICE OF THE MEDICAL EXAMINER

The Office of the Medical Examiner (OME) is divided into Sections based on services:

Medical Examiner – Includes the Forensic Pathologist Medical Examiners (MEs), a Forensic Anthropologist, and a Forensic Odontologist

Investigations – The team of American Board of Medicolegal Death Investigators (ABMDI) certified Medicolegal Death Investigators (MDIs) who conduct interviews, collect records and histories, and evaluate scenes. They are the eyes and ears of the MEs and are most often the face of the agency, interacting with other agency partners and the public.

Examinations – Forensic Technicians (FTs) provide technical support for the examination of bodies admitted to OME's facility, performing radiographs, taking photographs, and aiding in autopsy dissections.

Photography – Forensic Photographers provide technical photography on a large subset of cases including homicides and those cases needing alternate light source photography.

Laboratory – OME is supported by an in-house, American Board of Forensic Toxicology (ABFT) accredited toxicology laboratory, in-house histology for preparation of microscopic slides, and specimen handling in collaboration with outside labs for microbiology, serology, and other special testing.

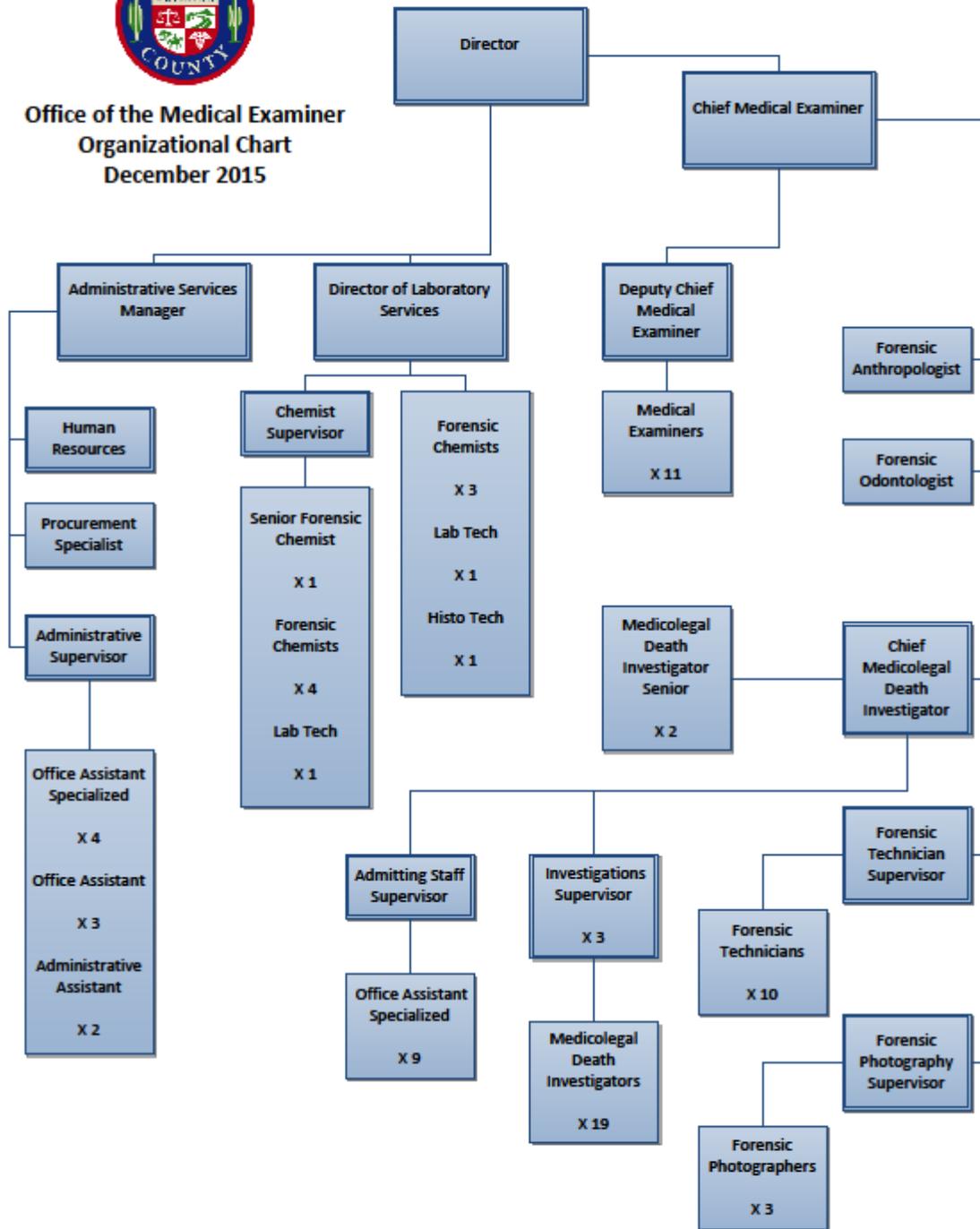
Admitting – Case Information Specialists (CISs) admit and release bodies from the facility, perform data entry and validation for the case management database and electronic Death Certificates.

Administration and Administration Support – Provide business support, reception, scheduling, records management, transcription services, and data entry and validation for the electronic Death Certificate.





**Office of the Medical Examiner
Organizational Chart
December 2015**



JURISDICTION OF THE MEDICAL EXAMINER

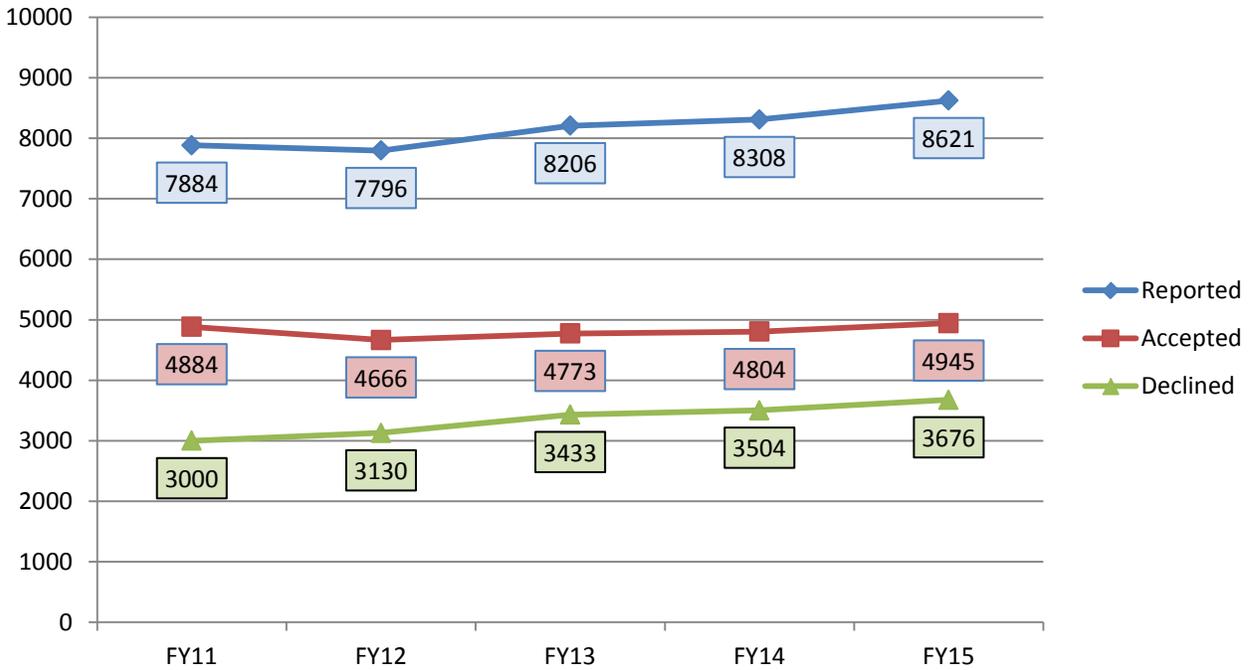
Deaths under certain circumstances are required to be reported by any individual knowing of them. Upon report, Medicolegal Death Investigators (MDIs) make an initial inquiry to determine if the circumstances meet jurisdictional requirements. If so, OME takes jurisdiction of the medical death investigation and will certify the cause of death and manner of death for the death certificate. Cases in which jurisdiction is declined are released to current care healthcare providers to medically certify the death.

The circumstances under which death must be reported are found in A.R.S. §11-593 A.:

1. Death when not under the current care of a health care provider as defined pursuant to section 36-301.
2. Death resulting from violence.
3. Death occurring suddenly when in apparent good health.
4. Death occurring in a prison.
5. Death of a prisoner.
6. Death occurring in a suspicious, unusual or unnatural manner.
7. Death from disease or an accident believed to be related to the deceased's occupation or employment.
8. Death believed to present a public health hazard.
9. Death occurring during, in association with or as a result of anesthetic or surgical procedures.
10. Death involving unidentifiable bodies

In FY2015, 8,621 deaths were reported to OME, approximately one every hour of the year, a 4% increase from the previous fiscal year. Jurisdiction was accepted in 4,945 (57%). Even in cases where jurisdiction is declined, MDIs are available to healthcare providers to provide results of OME's initial inquiry.

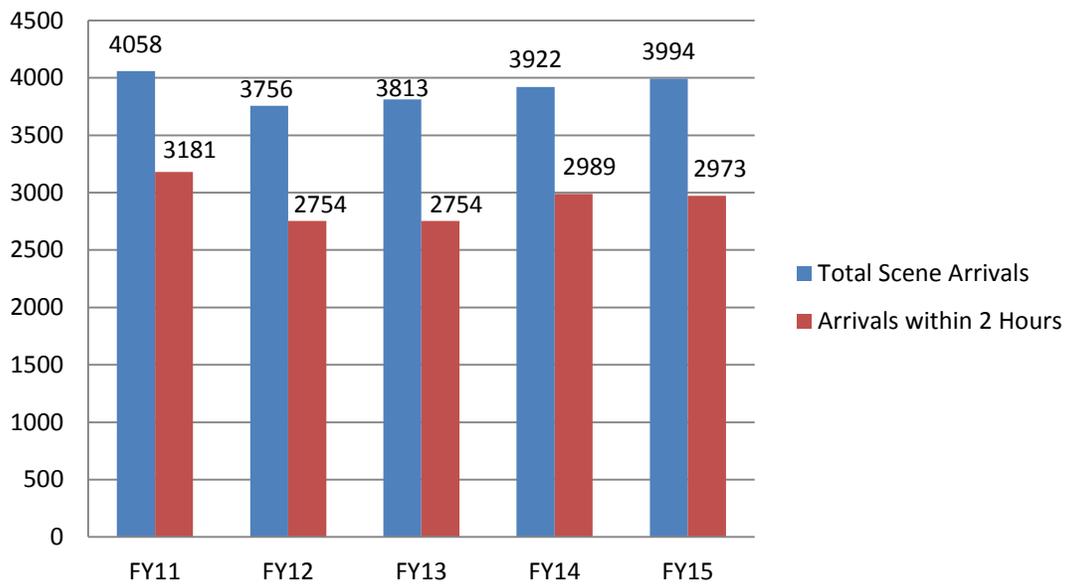
Deaths Reported and Jurisdictional Dispositions



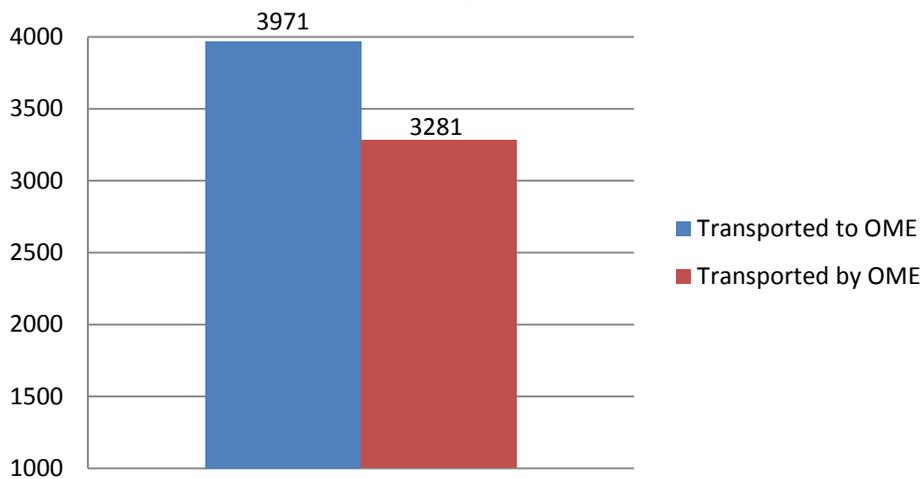
Upon acceptance of jurisdiction, MDIs will conduct interviews, collect records, and often evaluate scenes in order to document the circumstances and relevant medical history of the decedent.

In FY2015, 3,994 scenes were responded to, a 2% increase from the year prior. Midway through the fiscal year, the Investigations Section began a pilot program to separate its investigations functions from body transportation services as often the urgency of one versus the other can be at odds.

Scene Evaluations FY11-FY15



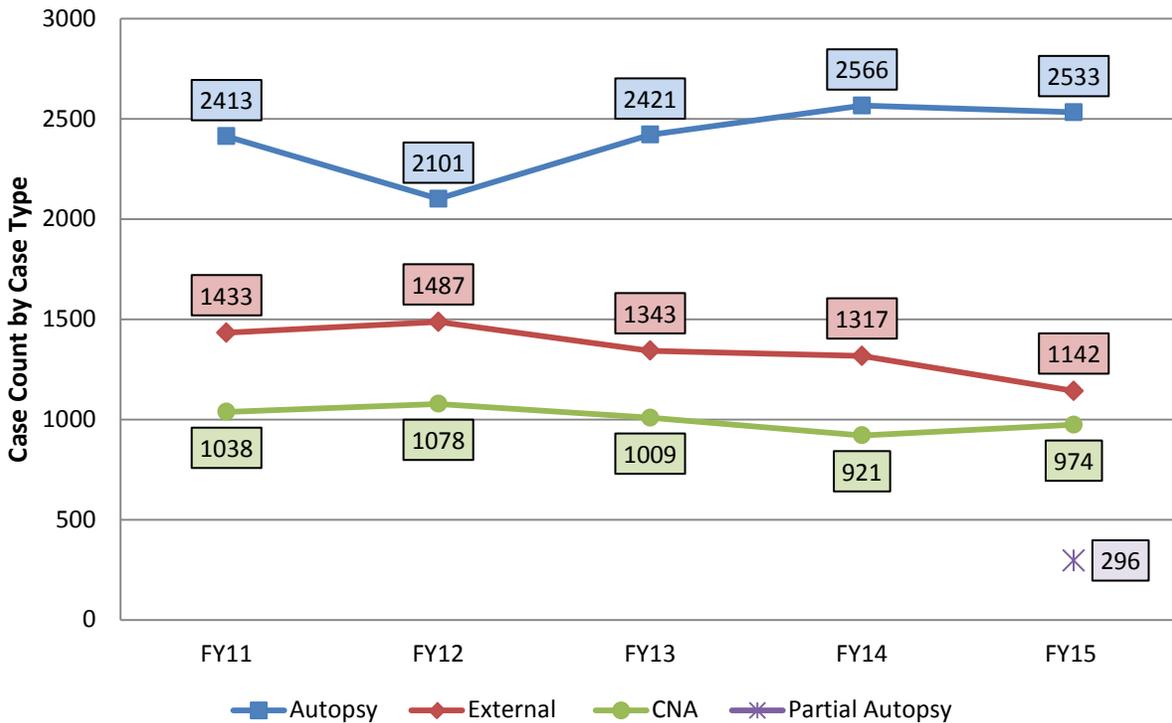
Cases Transported FY15



Medicolegal Death Investigations, like other medical evaluations, may involve only studying the history and circumstances surrounding the death or, most often, may also include examination of the body by a physician Medical Examiner. Those bodies that are admitted to the OME’s facility may undergo various types of examination depending on the needs of the investigation. The most common examination is a forensic autopsy which involves examining the external surfaces of the body and a detailed examination of the internal organs and tissues of the head, neck, and torso. Partial autopsies are typically those that limit the internal examination to the head. External examinations involve only examination of the external surfaces. Cases not requiring examination of the body by a Medical Examiner are designated as Cases Not Admitted (CNAs) and the Medical Examiner will certify the death based on a review of records and investigative documents.

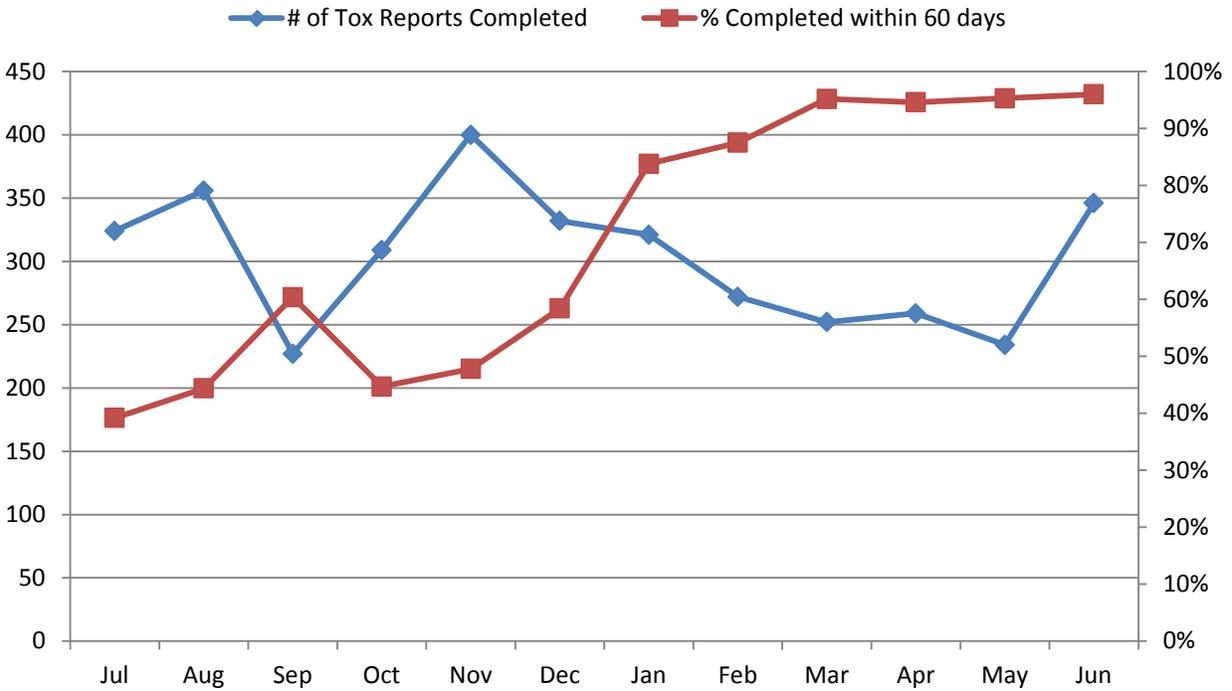
In FY2015, 2,829 autopsies were performed (including partial autopsies), a 10% increase from the prior year. This was the first year partial autopsies were listed separately in our database, in prior years they were mixed with full autopsies.

Case Types FY11-FY15



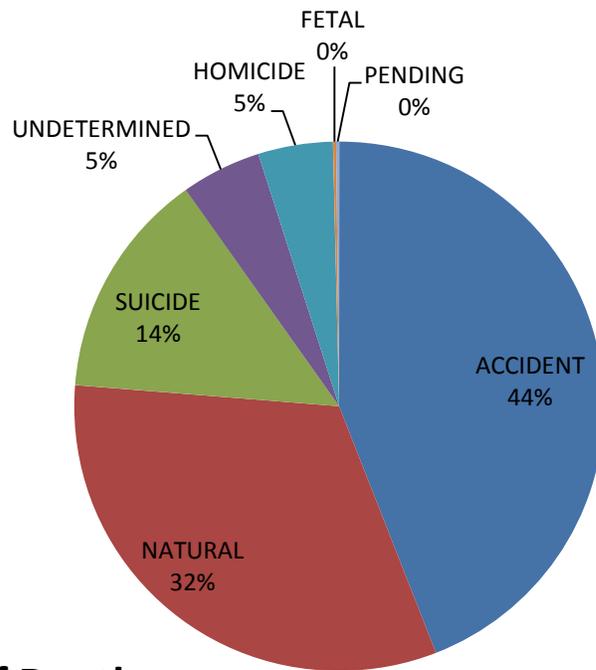
After the examination of the body, the Medical Examiner may order laboratory testing to aid in determining the cause of death or to answer anticipated questions surrounding the death. The most common laboratory test in medicolegal death investigations is toxicology, testing for drugs and poisons. Forensic Toxicology, unlike most toxicology testing in the healthcare setting, extends beyond screening for the presence of drugs, but adds confirmation and quantification of the drugs. Additionally, special care must be taken as samples taken after death are prone to issues that can confound the accurate interpretation of the toxicology.

In FY2015, toxicology testing was ordered in 98% of admitted cases. National Association of Medical Examiner (NAME) Accreditation standards require that 90% of toxicology reports be completed within 60 calendar days. OME’s Laboratory Section implemented workflow improvements to accomplish this requirement.



At the conclusion of the medicolegal death investigation, the Medical Examiner will document their findings and conclusions in a Medical Examiner Report. The report includes the Cause of Death (COD) and Manner of Death (MOD) listed in the medical certification of death on the Death Certificate. Both the Cause of Death and Manner of Death are bound by certain rules so that vital statisticians can code the cause and compile accurate statistics about deaths. The Cause of Death is ultimately the disease(s), injury(ies), or combinations thereof that lead to death by whatever mechanism. The Manner of Death is a vital statistical classification to group certain circumstances of death. The choices for Manner of Death are Homicide, Suicide, Accident, Natural, and Undetermined. These Manner of Death determinations are not to be confused with similar legal terms used by the judicial system; for example, a Homicide Manner of Death in a medical certification simply means death at the hands of another individual; this type of death may or may not be categorized as murder by criminal justice officials.

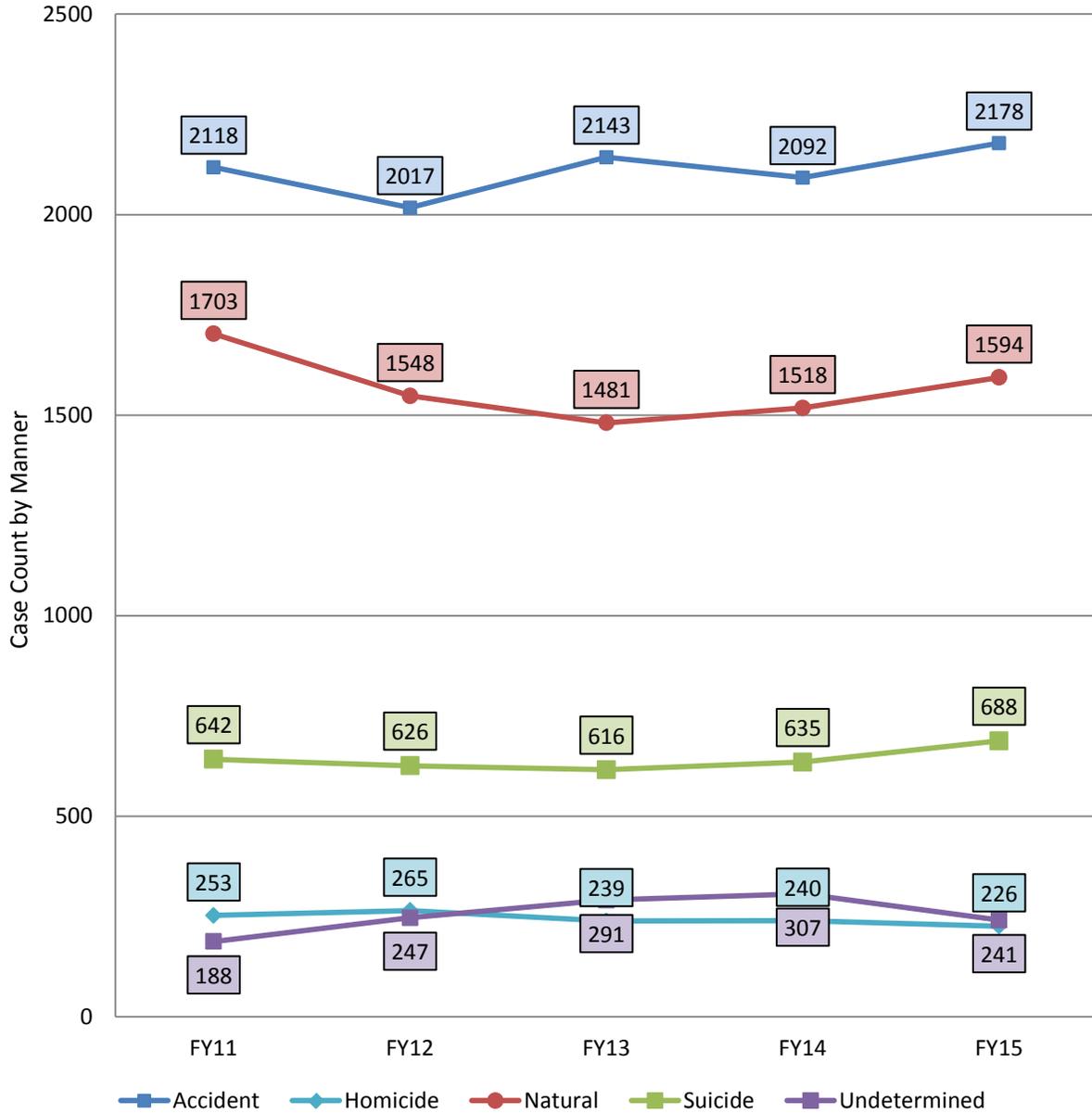
In FY2015, the Manners of Death distribution were typical of previous years.



Manners of Death

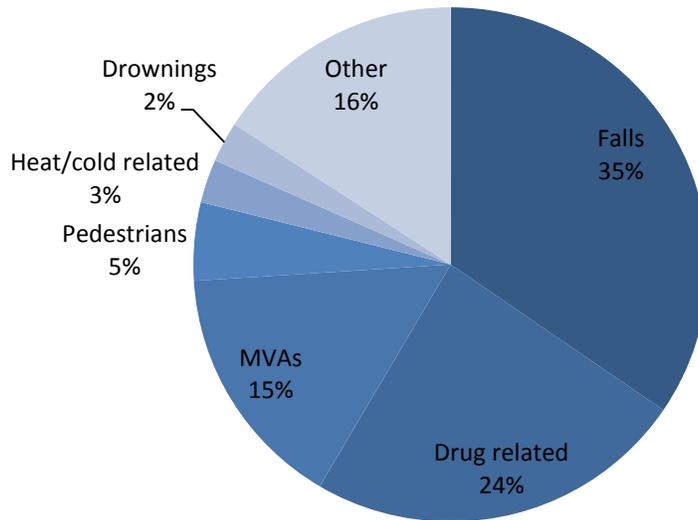


Manners of Death Trends FY11-FY15

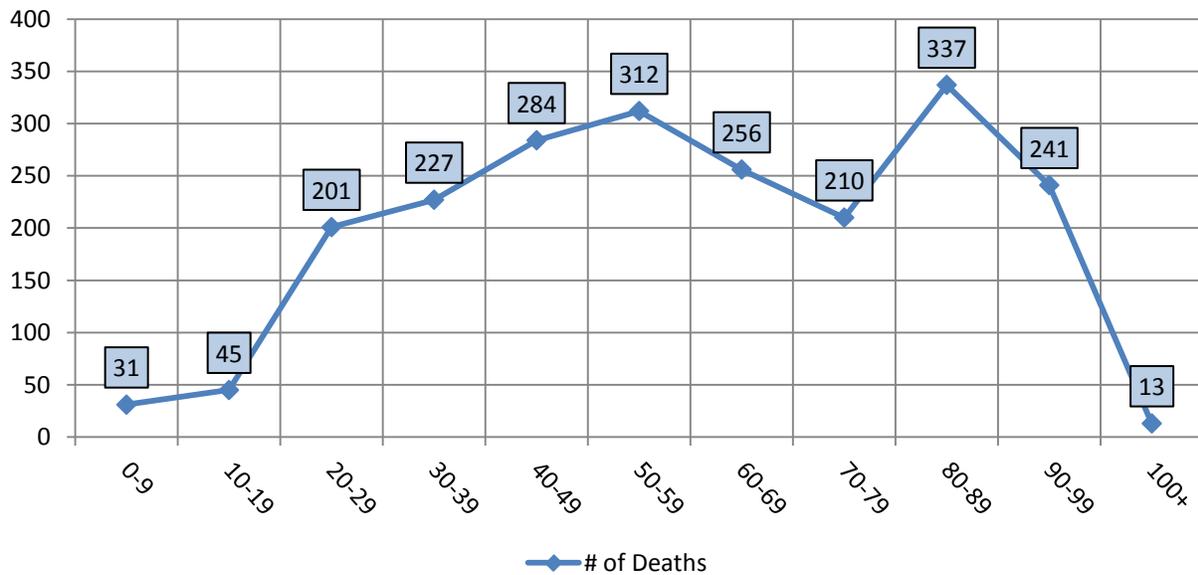


The most common Manner of Death was accidental deaths (44%) with the majority of those being fall-related. The next largest category of accidental death was drug-related, followed by motor vehicle related (MVAs).

Accidents



Age-Ranges of Accidental Deaths



Natural Manner of Death was the second most common (32%). The Maricopa County Office of Vital Registration and Arizona Department of Health Services track health statistics that include collaborations with OME.

See the Maricopa County Office of Vital Registration website :

<http://www.maricopa.gov/publichealth/Services/EPI/Reports/default.aspx>

And the Arizona Department of Health Services website for details:

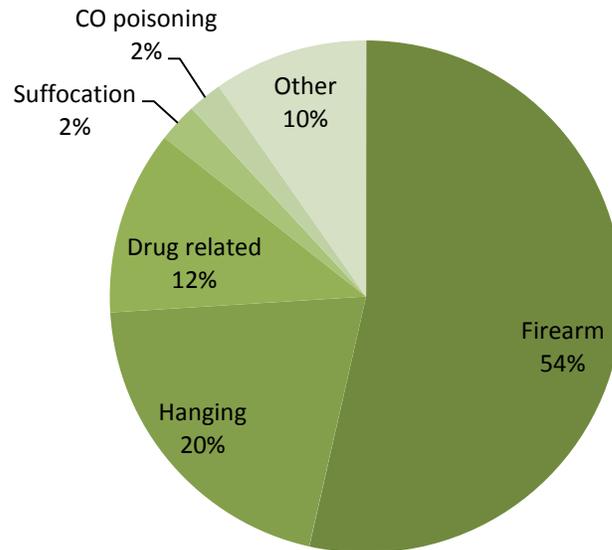
<http://www.azdhs.gov/plan/menu/index.php?pg=deaths>

Age-Ranges of Natural Deaths

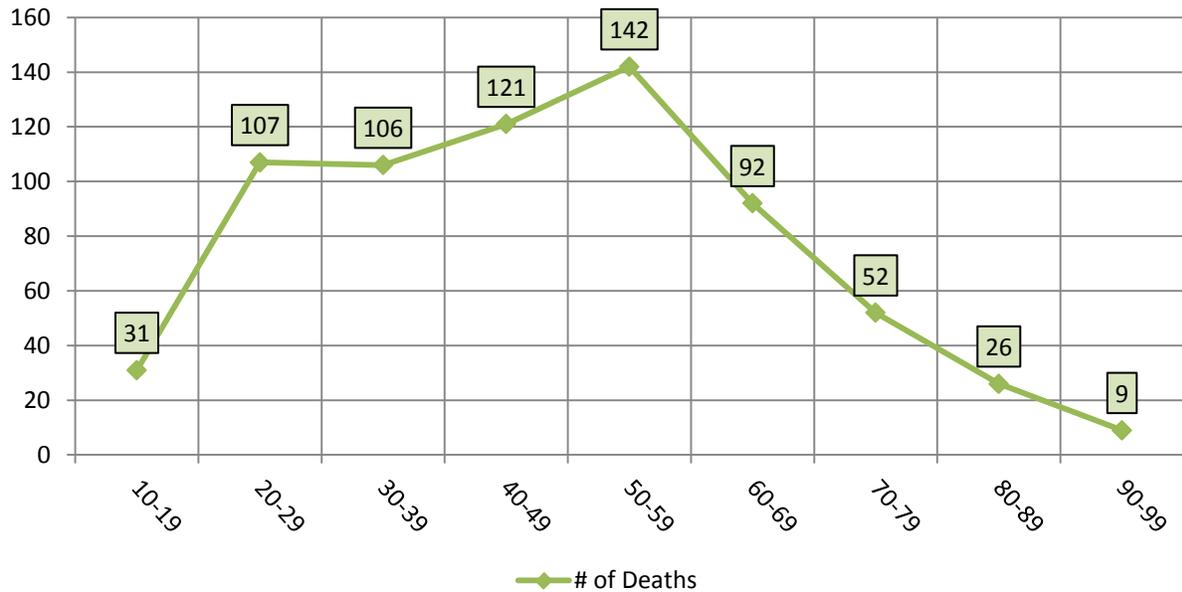


Suicidal deaths made up 14% of the jurisdictional cases in FY2015. The majority of these were firearm-related deaths (369).

Suicides

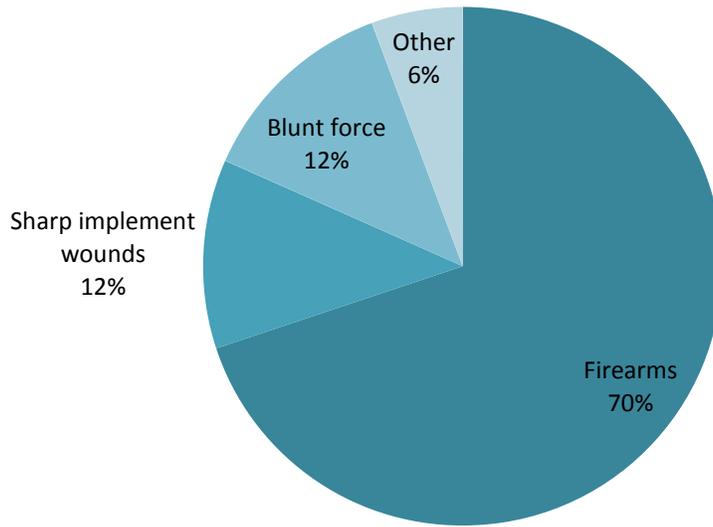


Age-Ranges of Suicidal Deaths

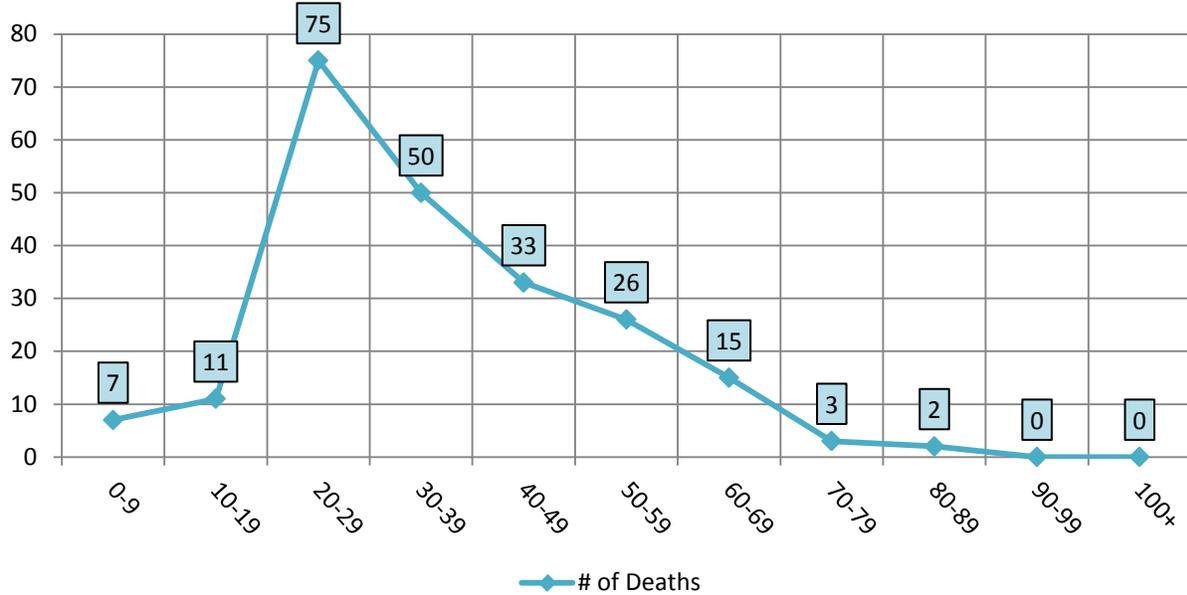


There were 226 deaths classified as Homicides in FY2015, the smallest number in the last 5 years. The vast majority of Homicides were firearm-related.

Homicides



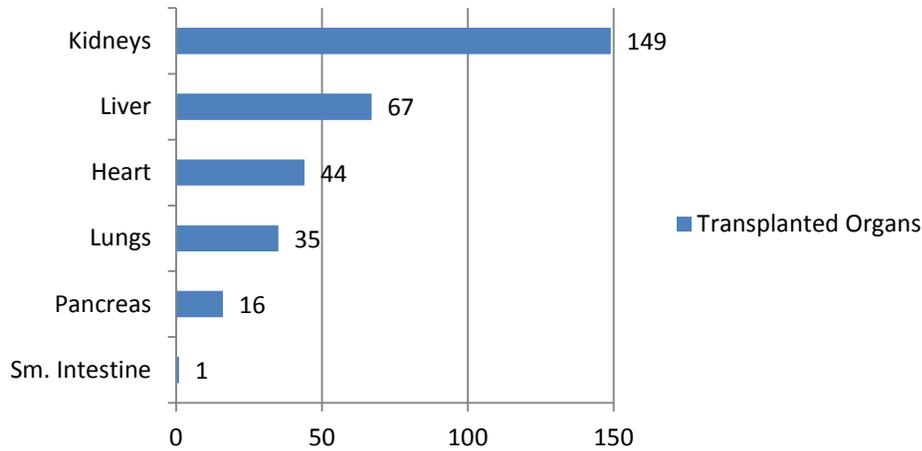
Age-Ranges of Homicide Deaths



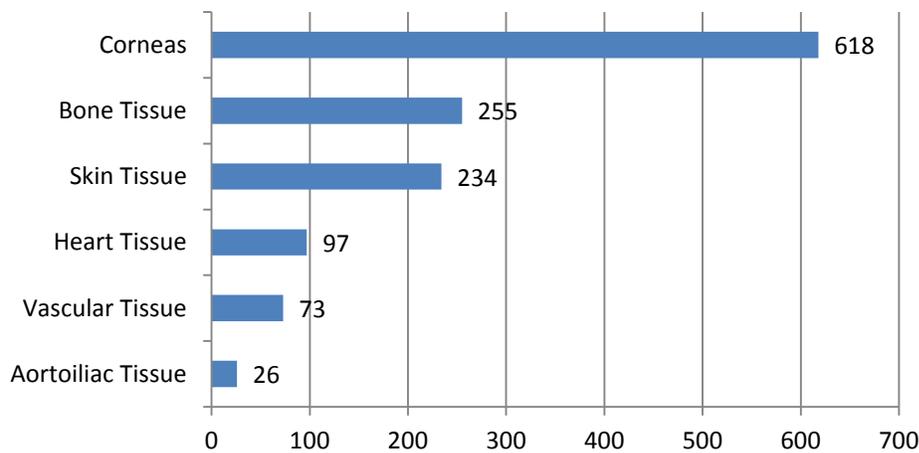
OME works with organ and tissue procurement agencies to ensure wishes by the decedent or his or her family for anatomical gifts be honored if at all possible. This allows lives to be saved or enhanced.

In FY2015, no organ transplant authorization requests were denied by the Medical Examiners. This allowed 281 people to receive life-saving organs. OME continued to improve the number of authorizations for tissue procurements through close collaboration with Donor Network of Arizona.

Transplanted Organs



Recovered Tissues



Each year, several bodies may go unclaimed. The OME works with area Funeral Home partners to rotate out those remains for final disposition in collaboration with Maricopa County Public Fiduciary.

Unclaimed Bodies FY15

