



# The National Association of Medical Examiners®

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June 1, 2015

Christina Stanley, M.D.  
Office of State Medical Examiner  
48 Orms Street  
Providence, RI 02904

Dear Dr. Stanley:

On behalf of the National Association of Medical Examiners, I am writing to notify you that NAME inspection and accreditation committee is granting *provisional* accreditation of the *Office of the State Medical Examiner*.

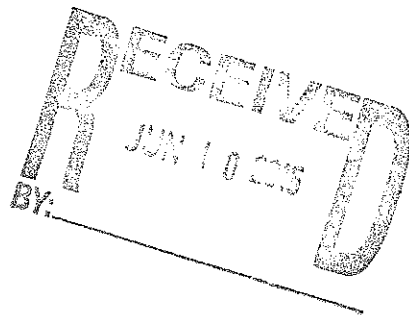
*Provisional* accreditation is granted to medico-legal death investigation offices or systems that undergo NAME inspection but are found to have deficiencies that temporarily foreclose full accreditation. Offices with fewer than twenty-five Phase I and fewer than five Phase II deficiencies are given provisional accreditation for a period of one year. Your provisional accreditation will expire on *December 10, 2015*. At that time, if sufficient progress is being made in correcting your deficiencies, you may be eligible to achieve full accreditation.

I would also urge you to correct as completely and quickly as possible the Phase I deficiency notwithstanding the fact that the Phase II deficiency is holding your office back from full accreditation. Failure to remedy satisfactorily the current Phase I and Phase II deficiencies within the allotted one year extension may result in loss of accreditation.

Once again, we send our congratulations on this continuing accomplishment.

Sincerely,

David Fowler, M.D., Chairman  
NAME Inspection and Accreditation Committee





**DISTRICT 5 MEDICAL EXAMINER**  
809 PINE STREET • LEESBURG, FL 34748  
352-326-5961 • Fax 352-365-6438

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April 9, 2015

David R. Fowler, MB.ChB.M.Med Path Forens.  
Chairman  
Inspection and Accreditation Committee  
National Association of Medical Examiners  
31479 Arrow Lane  
Marceline, MO 64658

Dear Dr. Fowler:

At the request of Chief Medical Examiner Christina Stanley, M.D., I inspected the Rhode Island Office of State Medical Examiners (OSME) on April 6, 2015. This was a re-inspection. The office was last inspected in 2009 and has been fully accredited by the National Association of Medical Examiners subsequent to that. Policies and procedures, annual reports, budget data and the completed pre-inspection survey checklist were provided prior to the inspection.

**Background**

The Rhode Island Office of State Medical Examiners is a statewide medical examiner system that was established in 1973. Dr. Stanley has been the Chief Medical Examiner for 3 ½ years. The OSME serves a population of 1,051,511 (as of 2013), which has a higher than average proportion of elderly individuals. Rhode Island has a geographic area of 1214 sq miles and is divided into 39 jurisdictions, each served by its own police department, in addition to the Rhode Island State Police. The office is housed in the Chapin Building in Providence, which also houses the Department of Health Forensic Sciences Laboratory that provides forensic toxicology, drug chemistry and forensic biology services. There are no satellite facilities.

The annual budget for the OSME is \$2.42 million. The statutory authority for the office is provided by Section 23-4-6 of the General Laws of Rhode Island. The office reports to the Department of Health on budgetary and administrative matters. All of the employees of the office, with exception of the physicians, belong to a union. The office's policy and procedures must therefore reflect concordance with union regulations.

Dr. Stanley's medical staff includes three additional forensic pathologists, all of whom are also board certified in, at a minimum, Anatomic Pathology and Forensic Pathology by the American Board of Pathology. Dr. Stanley and another medical examiner are also board certified in Neuropathology, and a third is board certified in Pediatric Pathology, providing a wealth of knowledge and experience for the office to draw upon. Residents in the general pathology program at the Warren Alpert Medical School of Brown University rotate through the Medical Examiner's Office. The office's close association with the nearby Brown University offers the availability of consultants in radiology, surgical pathology and other specialties.

There are currently five medicolegal death investigators, four of whom have passed the registry examination of the American Board of Medicolegal Death Investigators. The fifth investigator will sit for the ABMDI exam later this month. Additionally, two of the autopsy technicians, termed agents, have also passed the registry exam. It is notable that the Chief Medicolegal Death Investigator, David DeTora, has been with the office for many years, providing long term continuity.

Toxicology laboratory services are performed in-house, as is radiology, all of which is digital. An experienced radiology technician from a nearby hospital is always available to the OSME. Histology is outsourced to a commercial laboratory and microbiology is performed off site at the College of American Pathologists accredited laboratories at nearby hospitals. Criminalistics services are provided by the Rhode Island State Crime Laboratory. A board certified forensic odontologist, Adam Freeman, D.D.S., D-ABFO, and a board certified forensic anthropologist, Marcella Sorg, Ph.D., D-ABFA, are affiliated with the OSME. Body transport is contracted out to a commercial service.

### Observations

The inspection began with the daily morning case review and triage meeting with the medical examiners, Mr. DeTora, the office's administrator and two case managers, followed by a tour of the facility. During the course of the tour I had the opportunity to inspect the autopsy and radiology suites, as well as the toxicology and DNA laboratories, and to observe several pathologists performing autopsies. I reviewed a representative sampling of case files, including autopsy and scene photographs and investigative reports, in addition to representative microscopic slides and radiographs. At the conclusion of the inspection, an oral summation conference was held with the medical examiners and members of the administrative and investigative staffs.

The OSME's written policy and procedures are well organized and complete, cover all aspects of the functioning of the office and appear to be consistently followed, including mass disaster plans, which have been coordinated with other state agencies and with other jurisdictions. Appropriate quality assurance procedures are in place for all aspects of the office, and are facilitated by the daily morning triage and case review conferences. The computerized information system, CME, is suitable for the office's needs. Integrated into the software are quality assurance programs and specimen, laboratory and autopsy report tracking. The software can also generate reports needed by the office.

Comprehensive death investigation policies and procedures are followed. The investigators obtain the information and background necessary for determining jurisdiction and respond to scenes of death. Investigators staff the facility and are available 24 hours a day and a medical examiner is also always on call for consultation and to respond to scenes with the investigator when deemed necessary, although postmortem examinations are not performed on Sundays.

The 36 year old facility is adequate for the current staff and work load requirements, although storage space is limited. The building and equipment are well-maintained and secure, with controlled access for staff and body delivery. The physical plant is maintained by the Division of Facilities Management for the State of Rhode Island. The main autopsy suite has three stations. The separate autopsy room for decomposed and infectious cases has one station, and a fifth station is also available. The autopsy suites are clean and well lighted. Pathologists performing autopsies and autopsy assistants follow appropriate precautions. Safety measures were consistently implemented. The X-ray facility consists of a separate, appropriately shielded room. The body transport vehicles are in excellent condition and the drivers professional and dignified.

My review of a random sampling of case files, including several homicides and infant deaths, revealed the reports to be complete and concise, with well-rationalized death certifications. The digital photographs reviewed were of high quality, depicted relevant and pertinent information and included appropriate labels and measurement scales. The office follows the CDC's guidelines for the investigation of deaths of infants and young children, including the performance of doll re-enactments. Review of a random sampling of radiographs and histology slides showed them to be of high quality. A wide variety of special stains is available, with controls provided.

According to the 2013 annual report, 695 autopsies (674 full and 21 partial) and 252 inspections were performed by the four pathologists, resulting in an average workload of the equivalent of 236 autopsies annually per medical examiner (based on equating four external examinations to one autopsy). The working environment is professional, collegial, and appears to function with a focus on continuous improvement. The staff members take well justified pride in their work, as well as in the office and its leadership.

## Checklist Review

### I found two (2) Phase II deficiencies:

- F.4.k.** Are 90% of reports of all postmortem examinations completed within 90 calendar days from the time of autopsy?

Data from 2013 and 2014 indicate that approximately 78% and 74% of reports of postmortem examinations were completed within 90 calendar days, respectively.

- G.4.g.** Is there sufficient technical staff coverage to handle the routine daily caseload for investigations 24/7?

The high quality of the work performed by the OSME is currently hindered by the lack of a sufficient number of medicolegal death investigators. The five investigators are spread much too thinly to be able to handle case follow up work and other investigative functions in a timely fashion while also responding to appropriate scenes of death. Additionally, Dr. Stanley is not permitted by union regulations to change the investigators' work schedules or even to discuss scheduling with them. Dr. Stanley informed me that a new position has been created for an Investigative Agent, who would be able to serve as both an investigator and an autopsy technician. However, the filling of this position seems to be in limbo.

### I found six (6) Phase I deficiencies:

- A.7.f.** Are alternative morgue sites designated?

The mass fatality plans are comprehensive and have been coordinated with other state agencies; however, alternative morgue sites have not been specifically designated.

- C.3.c.** Does the ventilation system control odor and fumes and prevent them from entering and leaving the autopsy and body storage areas?

Dr. Stanley candidly informed me that odors emanating from the main autopsy suite are at times problematic, although I did not personally observe this situation.

- C.3.r.** Are HEPA filters utilized, where appropriate, to reduce biohazard risks?

HEPA filters are not utilized.

- E.3.b.** Does the Chief Toxicologist hold a relevant doctoral degree from an accredited institution?

Although the chief toxicologist has a master's degree and is board certified by the American Board of Forensic Toxicology, she does not hold a doctorate.

**F.4.l.** Are 90% of reports of all postmortem examinations completed within 60 calendar days from the time of autopsy?

See Phase II deficiency associated with checklist item **F.4.k** above.

**G.7.b.** Is sufficient funding provided to each licensed professional employee for office approved and professionally required continuing education?

Although the budget does provide funds for medicolegal death investigators to obtain and maintain ABMDI certification, the Department of Health does not provide funding for the continuing education mandated for the physicians to maintain their medical licenses. Indeed, the medical examiners cannot even be given time off to pursue mandated continuing education, but rather they are required to use their vacation time.

**The following eleven (11) checklist items were not applicable ("N/A"):**

**B1.g.** Does the medical examiner, if it is required, arrange for a formal pronouncement of death?

Statutorily, the medical examiner's office is not responsible for death pronouncement.

**B1.h.** Does the office attempt to notify the next-of-kin as soon as possible, if notification by another agency or individual cannot be confirmed?

The medical examiner's office is not statutorily responsible for next of kin notification in Rhode Island, but does confirm that law enforcement has made notification and enters NOK information into the OSME's electronic data base.

**C5.g.** Is the x-ray film development subject to effective quality control and are x-ray films of good diagnostic quality?

All radiology is digital.

**D1.b.** Is adequate space and equipment provided for tissue cutting and for histological preparation of microscopic slides, including an area for special staining methods?

Histology is not performed in-house.

**D1.c.** Is each work station supplied with electricity and water and properly vented to remove solvent and fixative fumes?

See not applicable checklist item **D1.b.** above.

**F1.p.** Do written and implemented guidelines detail the archiving and destruction times for all records?

The Rhode Island OSME does not destroy any records.

**F5.d.** (Coroner Jurisdictions) Is there a system in place so that the death certificate's conclusions and wording reflect the findings and reasoning of the autopsy surgeon?

The State of Rhode Island is not a coroner's jurisdiction.

**G4.c.** Is there sufficient technical staff coverage to handle the routine daily caseload for histology?

See not applicable checklist item **D1.b.** above.

**G.6.c.** Does the Chief Medical Examiner evaluate the performance of each member of the professional staff at least once each year if such evaluations are permissible under local statutes or labor contracts?

Performance evaluations are not permitted for the unionized employees and by extension are prohibited for the medical examiners.

**G7.f.** Is there a mechanism whereby the signed reports of trainees in forensic pathology are reviewed and approved in writing by a faculty pathologist?

Although rotating general pathology residents do perform autopsies under the direction and supervision of the medical examiners, they do not sign reports.

**G7.h.** If the office has a training program for forensic pathologists, is the program accredited by the American Council for Graduate Medical Education (ACGME)?

Although the Rhode Island OSME formerly had a forensic pathology fellowship program, it currently does not.

### **Summary and Recommendation**

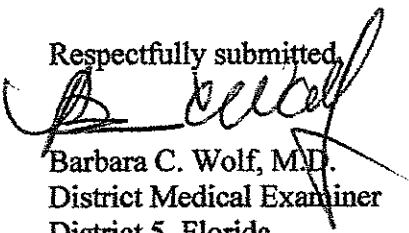
The Rhode Island Office of State Medical Examiners functions at a highly professional level in all phases of its operation. Dr. Stanley was very open and provided access to all members of the staff for questions. The office strives for excellence in all areas of medicolegal death investigations. The OSME is committed to the citizens of the State of Rhode Island, and has made significant contributions to public health locally and nationally, including the identification of a cluster of deaths due to acetyl fentanyl and the institution of measures to improve the quality of infant death investigations.

It is clear that the continuation of the high quality work of the OSME will necessitate the hiring of several additional medicolegal death investigators. The office cannot continue to operate effectively with only five. The lack of sufficient investigative staff is contributing to delays in the completion of autopsy reports in a timely fashion. Hopefully, the funds will quickly become available for these positions. Additionally, funding and protected time should be allocated for the medical examiners to pursue their professionally mandated continuing education.

I reviewed the results of a feasibility study was completed in 2014 for the building of a new Department of Health Laboratory-Medical Examiner's Office facility to replace are current shared building. The recommendation resulting from that study was to use bonds to fund the project at one of two proposed state-owned sites that were part of the study. Clearly space issues as well the at times ineffective ventilation system will necessitate the building of a new facility in the not distant future.

The inspection of the Rhode Island Office of the State Medical Examiners revealed six Phase I deficiencies and two Phase II deficiencies. Eleven checklist items were not applicable to the office. I would therefore recommend provisional accreditation at this time.

Respectfully submitted,



Barbara C. Wolf, M.D.  
District Medical Examiner  
District 5, Florida



## **Office of State Medical Examiners Phase Violations**

### **Phase 1**

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**A.7.f** Are alternative morgue sites designated?

**C.3.c** Does the ventilation system control odor and fumes and prevent them from entering and leaving the autopsy and body storage areas?

**C.3.r** Are HEPA filters utilized, where appropriate, to reduce biohazard risks?

**E.3.b** Does the Chief Toxicologist hold a relevant doctoral degree from an accredited institution?

**F.4.I** Are 90% of reports of all postmortem examinations completed within 60 calendar days from the time of autopsy?

**G.7.b** Is sufficient funding provided to each licensed professional employee for office approved and professionally required continuing education?

### **Phase 2**

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**F.4.k** Are 90% of reports of all postmortem examinations completed within 90 calendar days from the time of autopsy?

**G.4.g** Is there sufficient technical staff coverage to handle the routine daily caseload for investigations 24/7?