MEMORANDUM

Date: April 18, 2022

To: The Honorable Chair and Members
    Pima County Board of Supervisors

From: Jan Lesher
       County Administrator

Re: Accreditation of the Pima County Office of the Medical Examiner

On January 13 and 14, the Pima County Office of the Medical Examiner (PCOME) was inspected by the National Association of Medical Examiners as part of its accreditation process. Today, I am pleased to report that PCOME, which has been accredited since 2011, has again achieved the highest level of accreditation available from that entity. (Attachment)

The accreditation process itself is a comprehensive review of our PCOME structure and processes and how these compare to national best practice standards. This accreditation is a critical external validation of the quality of our medico legal death investigation process and the quality of our team under the leadership of Dr. Greg Hess. This recognition is also particularly timely as we have begun, at the Board’s direction, the process of building a new facility to replace our existing aging and insufficient infrastructure.

The PCOME is the first and longest accredited death investigation system in Arizona and one of only 73 fully accredited facilities across the United States.

JL/anc

Attachment

c: Francisco García, MD, MPH, Deputy County Administrator for Health and Community Services & Chief Medical Officer
    Carmine DeBonis, Jr., Deputy County Administrator for Public Works
    Greg Hess, MD, Pima County Medical Examiner
MEMORANDUM

Date: April 13, 2022

To: Jan Lesher  
County Administrator

From: Gregory Hess, M.D.  
Chief Medical Examiner

Re: Full Accreditation, Pima County Office of the Medical Examiner (PCOME)

On January 13-14th 2022, the Pima County Office of the Medical Examiner was inspected by the National Association of Medical Examiners (NAME) for accreditation of Pima County’s death investigation system. The PCOME received ‘full accreditation’ status from NAME as the result of that inspection (attached ‘Tucson Arizona Congratulation Letter 2022’). Full accreditation is the highest level of accreditation achievement offered by NAME and is valid for five years with annual verifications of continued compliant operation. This is the third time the PCOME has received full accreditation, the first in 2011 and the second in 2016.

NAME is the largest organization comprising physician medical examiners in the United States and, in their own words; "NAME offers a voluntary inspection and accreditation program for medicolegal death investigative offices. This program is designed to offer expert evaluation and offer recommendations for improvement of functioning offices. Accreditation by NAME is an honor and significant achievement for an office. It signifies to the public that the office is performing at a high level of competence and public service."

Medicolegal death investigation systems, both in and outside the United States, strive for NAME accreditation for reasons as described above and including, but not limited to, the following:

1) Accreditation is a mechanism by which an organization’s structure, general administration, death investigations, morgue operations, postmortem examination procedures, examination reports, laboratory services and personnel can be compared to best practices adopted nationally by other accredited offices. In short, the accreditation process is a ‘measuring stick’ by which we compare ourselves against other offices in the United States.

2) Federally administered grants may require accreditation in order to be eligible to apply for funding.

Gregory L. Hess, M.D. Chief Medical Examiner
To: Jan Lesher  
Re: Full Accreditation, Pima County Office of the Medical Examiner (PCOME)  
Date: April 13, 2022  
Page 2 of 3

3) Maintenance of Certification requirements by the American Board of Pathology for continued certification of our Forensic Pathologists (required for employment at the PCOME) strongly recommend NAME accreditation.

4) NAME accreditation provides assurances to a prospective Forensic Pathology Fellowship trainee or Forensic Pathology applicant that the Medical Examiner’s Office is operating at or above national norms in an intensely competitive employment environment.

5) Accreditation assures partners in the medicolegal death investigation process, such as attorneys, law enforcement, vital statistics and the funeral home industry that the Medical Examiner’s establishment is providing competent service.

The inspection itself drew particular attention to several things that the inspector thought the PCOME was doing above national norms and identified some minor deficiencies, called “Phase I” deficiencies (attached ‘Final I and A Report 2022 PCOME’).

Noteworthy:

1) Turnaround time. The inspector singled out our speed from performance of a postmortem examination to issuance of the final postmortem examination report. Accreditation criteria concerning turnaround time are as follows:
   a. “Are 90% of reports of all postmortem examinations completed within 90 calendar days from the time of autopsy?” – Phase II violation if “no” in response to this question. A single Phase II violation prohibits accreditation.  
   b. “Are 90% of reports of all postmortem examinations completed within 60 calendar days from the time of autopsy?” – Phase I violation if “no” in response to this question. Phase I violations are less significant than Phase II violations and an office may accumulate up to fifteen (15) Phase I violations and still maintain full accreditation.

   The PCOME’s turnaround time is 90% completed within 30 calendar days.

2) Engagement. The inspector called attention to our “public and humanitarian engagement.” This statement was in reference to our partnerships with non-governmental organizations such as Humane Borders and the Colibri Center with the OGIS mapping project and missing migrant reports. Uncommon relationships when compared to other medical examiner’s offices around the Country.

Minor (Phase I) Deficiencies:
Four Phase I deficiencies were noted by the inspector (attached ‘Phase Violations 2022 PCOME’). Three deficiencies (A.9.e, E.2.c, F.5.b) are procedural, and in my opinion, of little to no consequence. The fourth (G.2.j) is in regards to staffing appropriate to the volume of postmortem examinations performed. Accreditation requirements adhere to a 250 annual postmortem examination per Forensic Pathologist rule for which the PCOME exceeds; a Phase 1 violation. This is repeat phase deficiency noted both in our first (2011) and second (2016) inspections. Our intent is to address this deficiency with a new facility. A modern facility, currently in the design phase of development as you know, would add capacity to our morgue operations and the space to increase staffing to support that added capacity. Our current facility does not have the capacity to allowing us to do either.
To: Jan Lesher  
Re: Full Accreditation. Pima County Office of the Medical Examiner (PCOME)  
Date: April 13, 2022  
Page 3 of 3

In summary, the PCOME is the first and longest accredited death investigation system in Arizona and one of 73 fully accredited offices in the United States out of thousands of individual offices. Our largest current challenge is the ongoing development of a new facility followed by appropriately staffing our anticipated operations in this new facility in order to meet our growing demands. Thank you for your support as we continue to maintain our accreditation and develop our death investigation system to meet future needs.

GLH  
Attachments:  
- Tucson Arizona Congratulation Letter 2022  
- Final I and A Report 2022 PCOME  
- Phase Violations 2022 PCOME

Concur:

[Signature]
Francisco Garcia, Deputy County Administrator & Chief Medical Officer

[Date]
13 April 2022
March 30, 2022

Gregory Hess, M.D.
Pima County Office of the Medical Examiner
2825 East District Street
Tucson, AZ  85714

Dear Dr. Hess:

Congratulations!  On behalf of the National Association of Medical Examiners (NAME), I want to congratulate you on successfully attaining full accreditation for the Pima County Office of the Medical Examiner, Tucson, Arizona. The inspection revealed Four (4) Phase I and Zero (0) Phase II deficiencies. Your accreditation is effective October 25, 2021 and will continue until October 25, 2025, at which time it will expire. Annual Accreditation verification is required.

NAME accredited offices represent the highest quality of death investigation system. The citizens can be proud of the hard work, dedication, and leadership made by you and your staff in attaining this accreditation. You are invited to use the NAME logo designating your office as an accredited office. I have enclosed your certificate and a copy of the inspection report.

The accreditation process consists of a rigorous inspection of the physical facility and review of the office practices, including the implementation of policies and procedures. The overall objective of the accreditation is to ensure that the application of the standards set forth by NAME will aid in developing and maintaining a high caliber medicolegal death investigation system for the communities in the jurisdiction in which they operate.

Congratulations on this honor and thank you for your continued support of one of the best medical examiner offices in the country.

Once again, congratulations.

Sincerely,

[Signature]

Barbara C. Wolf, M.D.
Chair, NAME Inspection and Accreditation Committee

[Signature]

Brian L. Peterson, M.D.
Co-Chair, NAME Inspection and Accreditation Committee
AUTHORIZATION

At the request of Barbara Wolf, M.D., and on behalf of the National Association of Medical Examiners Inspection and Accreditation Committee, Carolyn H. Revercomb, M.D. inspected the Pima County Medical Examiner’s Office (PCMEO) on January 13 and 14, 2022. This office has been NAME-accredited continuously since 2011, and the last on-site inspection was in January 2017. The 2022 inspection included review of submitted checklist materials and attachments; pre-inspection meeting with Chief Medical Examiner Dr. Gregory Hess and others; a brief tour of the facility; observation of the January 14 morning case review meeting; interviews with staff; on-site review of the facility with Morgue Supervisor Lindsay Hairston, including brief viewing of the autopsy laboratory while examinations were in progress; 22 case file reviews; and a summation conference. PCMEO/University of Arizona Forensic Pathology fellow Dr. Katherine Cochrane was present for the on-site review and participated in the post-inspection summation conference. Others at the summation conference included Chief Medical Examiner Hess, other pathologists, Morgue Supervisor Hairston, and the Administrative Services Manager, Christopher Smith. An interview with Medicolegal Death Investigator Supervisor Gene Hernandez was conducted via telephone after the site visit. A brief viewing of the site secured for construction as well as viewing of plans of the new facility to house the PCMEO, for which completion is anticipated in 2024, was also done.

INTRODUCTION

Name of the office/system: Pima County Medical Examiner’s Office
Chief ME: Gregory Hess
Inspector: Carolyn H. Revercomb
Date of inspection: January 13-14, 2022
Description: The Pima County Medical Examiner’s Office (PCMEO) is a medical examiner office serving by appointment of the Chief Medical Examiner, who reports to a County Administrator under a County Board of Supervisors. The office also performs forensic examinations and certifies deaths for Cochise, Graham, La Paz and Santa Cruz Counties as appointed Alternate Medical Examiner under Arizona statute, and also performs examinations for Apache, Gila, Greenlee, Navajo, Pinal and Yuma Counties under fee for service agreements. The largest municipality served is Tucson, the seat of Pima County, with a population of 542,629 (2020 U.S. Census). Pima County has a land area of 9240 square miles and a population of 1,043,443. The additional counties served as Alternate Medical Examiner have a combined population of 233,972 (source: U.S. Census, 2020), and those plus the contract counties bring the total population served to roughly double that of Pima County.

NAME Checklist version for inspection: Checklist submitted by PCMEO on September 28, 2021
Inspection result: No (0) Phase II deficiencies; Four (4) Phase I deficiencies
Fourteen (14) checklist items N/A, Six (6) Phase II and Eight (8) Phase I

CHECKLIST REVIEW: For details of N/A items including comments, see Post-Inspection Deficiency Report

A. General: one (1) Phase I deficiency; four (4) Phase I N/A
A.9.e (Phase I): Does the office annually compile statistical data on scene visits by medical examiners of medical examiner’s investigators? While the number of transports (2295) is documented in the 2020 Annual Report, the scene visits are not. Inclusion of this statistic, which would equal the number of decedents transported from scenes in Pima County, is recommended for the 2021 Annual Report.
A.2.d, A.9.i, A.9.j, A.9.o: (N/A)
B. Investigations: two (2) Phase I N/A
   B.1.g, B.1.h: (N/A)

C. Morgue: no deficiencies or N/A

D. Histology: two (2) Phase II N/A
   D.1.b, D.1.c: (N/A)

E. Toxicology: one (1) Phase I deficiency; two (2) Phase II N/A
   Of note, toxicology is currently done by NMS Laboratories, a change from AXIS since the office’s
   checklist submission in late September 2021. Checklist findings reflect this change.
   E. 2.c (Phase I): Does the office have access to stat carbon monoxide testing? *Given distance, quickest
   turnaround from the toxicology laboratory (NMS Laboratories) for testing is approximately 24 hours.
   Testing at a nearby hospital laboratory, such as Bannon Medical Center, may address this deficiency.
   E.2.e, E.2.f: (N/A)

F. Reports: one (1) Phase I deficiency; one (1) Phase II N/A
   F.5.b (Phase I): Is standardized terminology of recognized disease nomenclature such as ICD 9/10 used in
   the filling out of death certificates? *Causes of death as entered in death certificates are coded using
   standardized nomenclature by Arizona Vital Records.
   F.5.d: (N/A)

G. Personnel: one (1) Phase I deficiency; two (2) Phase II and one (1) Phase I N/A
   G.2.j: Is the medical staff of sufficient size that no autopsy physician is required to perform more than
   250 autopsies a year? *While staffing is sufficient to prevent physicians being required to perform more
   than 325 autopsies a year (G.2.i), some perform more than 250 per year, though fewer than 325 per
   year. Discussion indicates that the current staffing of autopsy physicians, which includes the equivalent
   of six full time pathologists, including the Chief ME and the forensic fellow at 0.5 FTE and two staff
   pathologists who each work half time, is anticipated to continue in the short term, with expansion of
   pathology staff more likely after the move to a larger facility in 2024. Calculation from 2020 case
   numbers with external examinations counted at one third yields a case count of 287 per pathologist.
   G.4.c, G.4.f, G.8.a: (N/A)

H. Support: no deficiencies or N/A

FINAL SUMMARY

PHASE I deficiencies: Four (4), with recommendations noted above under Checklist Review

PHASE II deficiencies: None. One checklist item in partial compliance, with recommendation for full
compliance:
   Checklist item C.5.b: Are radiographs labelled with case number and right/left designation on
   each image? *While case numbers are available when viewing the images stored on the Lodox,
   direct observation showed that this labeling is not on Lodox images on backup compact discs
   stored in case files. Side designation arguably is redundant in viewing Lodox images due to
   invariable orientation of decedents during imaging. Discussion on site generated methods by
   which labelling of case numbers and possibly side designations can be added to images
   downloaded to backup discs. Addressing this fully will require discussion with Lodox technical
support. Given that the Lodox was acquired following a recommendation from the 2017 NAME inspection, sanctioning the office now for this remediable issue is not appropriate.

The Lodox is a noteworthy improvement since the PCMEO’s last inspection. Another is the advancement of planning for the new facility, which will better house the office and allow for continued service to Pima and surrounding counties. Dr. Hess and the entire staff are to be commended for maintaining a 30-day turnaround time to reports despite ongoing challenges of caseload and COVID-19. Other high points involve public and humanitarian engagement, exemplified by the office’s continued work, with its Birksby Anthropology Laboratory, in examining a high number of skeletonized and/or unidentified decedents and by participation in response to COVID-19.

I recommend Full Accreditation at this time for the Pima County Medical Examiner’s Office.

[Signature]

Carolyn H. Revercomb, M.D.
Date: February 13, 2022
Phase 1

A.9.e Does the office annually compile statistical data on scene visits by medical examiners or medical examiner investigators?

E.2.c Does the office have access to stat carbon monoxide testing? NOTE: Toxicology by itself should not be used as a substitute for a forensic autopsy or as a substitute for a careful search of a death scene for health and safety hazards.

F.5.b Is standardized terminology of recognized disease nomenclature such as ICD 9/10 used in the filling out of death certificates?

G.2.j Is the medical staff of sufficient size that no autopsy physician is required to perform more than 250 autopsies/year? NOTE 1: In considering compliance with items G2i and G2j, it should be recognized that within a working team, duties and activities are often divided in such a way that one or more team members might perform in excess of the permitted number of autopsies. This is not a per se deficiency unless the autopsy load and the size of the pathology workforce would make it inevitable that the limit would be exceeded. NOTE 2: For the purpose of calculating autopsies per pathologist in G2i and G2j, fellows may be counted as one-half a pathologist position, but residents in training should not be included in the fractional denominator. NOTE 3: For the purpose of calculating autopsy load in items G2i and G2j, the workload from external examinations should also be considered. Three to five formal (dictated or written) external examinations (depending on their complexity) should be considered to be equivalent to one complete autopsy. For example, a workload of 200 complete autopsies and 150 external examinations would be equivalent to 250 autopsies. Further consideration should be given to autopsy coverage that entails travel to a separate facility. The inspector should adjust the calculation to reflect the time required. For example, two hours of travel time should be considered equivalent to one autopsy. NOTE 4: For the purpose of calculating the autopsies per pathologist in G2i and G2j, the administrative and leadership duties of the department chief should be considered. In large and complex offices, the chief may spend almost all of his or her time in non-autopsy activities; in such instances, that position should be eliminated from the fractional denominator. By contrast in a small office or in an office organized so that administrative duties are not a substantial burden, it may be appropriate to make only a modest reduction of the fractional denominator. NOTE 5: For the purpose of calculating the autopsies per pathologist in G2i and G2j, other significant responsibilities should be taken into consideration. For example, pathologists with significant collateral responsibilities in academic, surgical pathology, laboratory work, research, consulting, or other assignments should be reflected by an appropriate readjustment of the fractional denominator.