

**2007 ANNUAL REPORT  
OFFICE OF STATE MEDICAL EXAMINERS  
DEPARTMENT OF HEALTH  
STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS**

**INTRODUCTION**

The Office of State Medical Examiners (OSME) investigated over one-half of the nearly 10,000 deaths that occurred in Rhode Island in 2007. Investigation by the OSME ranges from review of permits for cremation to full postmortem autopsy examination with additional laboratory testing. In 2007, approximately 650 autopsy examinations were conducted.

In 2007, the OSME continued to identify ways to improve operations and provide better service to the public. One of the most notable efforts to achieve these goals took the form of the ongoing drive to obtain agency accreditation by the National Association of Medical Examiners (NAME). Major improvements took the form of the completion of a revised Policy & Procedure Manual as well as the drafting into final form of a mass fatality plan. Priorities for 2008 include the ongoing need for recruitment of a Deputy Chief Medical Examiner as well reduction of the case backlog. At the end of 2007, all cases from the previous calendar year (2006) were closed. This represents the second year in a row where this was accomplished and the Office continues to make progress toward closure within the guidelines dictated by NAME. The implementation of a web-based office computer system in July has facilitated report tracking and proven helpful in moving towards compliance with NAME guidelines. Improvement of operations described above and other changes reported elsewhere in this document represent positive steps in the steady pursuit by the OSME for the provision of excellence in forensic science services as well as compassionate consideration for the citizens of Rhode Island.

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Chief Medical Examiner

## **BACKGROUND**

The Office of State Medical Examiners (OSME) is a program within the Rhode Island Department of Health with a mission to investigate sudden, unexplained or unnatural deaths; to facilitate organ donation; to provide courtroom testimony and to promote and protect public health by surveillance of trends in deaths across Rhode Island. Although the staff at the OSME is relatively small, personnel work in conjunction with many agencies, organizations and individuals in this course of this mission.

The OSME currently is directed by a Chief Medical Examiner (see attached Organizational Chart). The remaining medical staff is comprised of a Deputy Chief Medical Examiner (position vacant since May 2005) and two Assistant Medical Examiners. A Medicolegal Administrator (under the Chief Medical Examiner) oversees the non-physician staff which includes:  
Senior Scene Investigator and four (4) additional Scene Investigators  
Budget/Purchasing Officer  
Two (2) Executive Assistants (coordinate case information)  
Two (2) clerk stenographers  
Three (3) medical examiner agents (provide transportation of bodies and assist at autopsy examinations)

In fiscal year (FY) 2007, OSME had an enacted budget of \$1,896,611.00 which represented a slight increase from FY 2006 (\$1,875,541.00). The majority of allocated funds go toward salaries and benefits for the employees. Medical supplies and services are the next most common major expenses.

## **DEATH INVESTIGATIONS**

In 2007 there were 9944 deaths statewide and the OSME received notification of 5403 of them (54%). Jurisdiction was accepted in 3680 cases, of which 2626 involved review and approval of requests for cremation. Cases referred to the OSME where jurisdiction is declined are reviewed by an OSME staff physician. An OSME physician review is also required on all requests for cremation. Where an improper death certificate is submitted (approximately 10-20% of cases) in a cremation request, a follow-up investigation is conducted by the OSME prior to approval.

OSME accepted jurisdiction in 756 cases that required autopsy or external inspection (640 autopsy, 116 inspection). All postmortem examinations (autopsies and inspections) were performed at the OSME Orms Street facility. No OSME autopsy cases were referred to an outside hospital. Toxicology was performed on 725 of these cases (with approximately 5% requiring additional analysis at a reference laboratory). Some inspection cases reflect examination by the OSME of recovered bones determined to be of non-human origin.

Of the examined cases, 282 died of natural causes, 218 died of accidents, 104 were suicide deaths and 30 were homicide victims. The cause of death could not be determined in 19 cases. At the time of this writing, final certification is pending for 71 cases. Of the homicide cases, 3 involved legal intervention by law enforcement. As expected, changes in certification of drug overdose death resulted in a substantial decrease in undetermined cases.

Jurisdiction was accepted "in absentia" by the OSME in 255 cases. These deaths fall under OSME jurisdiction but do not require a postmortem examination. They are certified on the basis of review of information contained in medical records, police reports, witness interviews, etc.

Jurisdiction was accepted by the OSME in 40 cases after filing of an improper death certificate ("after fact"). These death certificates are forwarded to OSME by the Vital Records section of the Department of Health for review and follow-up. These cases generally come to light after the passage of some time and cannot be investigated by postmortem examination. As a result, record reviews are again conducted and OSME issues a death certificate. No such cases required exhumation for certification.

In all, the OSME issued 1041 death certificates.

### **UNIDENTIFIED AND UNCLAIMED BODIES**

No non-historical individuals for whom OSME accepted jurisdiction in 2007 remain unidentified.

Five (5) individuals were referred to public burial after examination at the OSME. In these cases the individuals were identified but had no next-of-kin for burial arrangements. Prior to public burial, newspaper advertisements are published to solicit next-of-kin. (Where individuals arrive at the OSME already identified, greater than 95% are ready for release within 3 days).

OSME also functions as the state-wide public morgue for storage of individuals whose burial is delayed for a variety of reasons. In 2007 there were 6 such cases (where individuals not originally under OSME jurisdiction were accepted), all of which have since been claimed. OSME also finalized an agreement with the Department of Human Services regarding storage of unclaimed individuals who die at hospitals or extended care facilities.

### **ORGAN AND TISSUE DONATION**

OSME is committed to the facilitation of organ and tissue donation. The office has sought through to 2007 to improve relations with New England Organ Bank (NEOB), the regional organ procurement organization (OPO). Procurement procedures were performed on 44 decedents under OSME jurisdiction.

Tissue transplantation was also improved as OSME reduced the autopsy report turnaround time. Average turnaround time in the second half of 2007 was 144 days (compared to 177 in 2005). There are currently no outstanding 2007 autopsy/inspection reports requested by the NEOB.

## **TRANSPORTATION**

Transportation of bodies to OSME is done by OSME staff when available or by livery service (New England Ambulance). No bodies were transported from outside jurisdictions. In 2007, 763 individuals were transported to OSME for autopsy, inspection and/or storage. Of these cases, 352 were conveyed by livery service. The OSME contracted with Ocean State Transport until December 2007 for livery services at which time they were replaced by New England Ambulance.

## **SCENE VISITS**

OSME staff responded to death scenes on 407 occasions. The medical staff responded to death scenes in approximately 20 cases. These involved cases of homicide, suspicious deaths and recovery of skeletal remains. The presence of the forensic pathologist at these death/recovery scenes has been very positively received.

## **HIGHLIGHTS AND CHANGES**

The OSME went "live" in July 2007 with an office computer system which had been under development for approximately 1-1/2 years. In the spring of 2006, Verti-Q Systems was awarded a contract to provide a web-based computer operating system for the OSME. The transition to the new system has been a resounding success. The staff at the OSME were able to rapidly iron out initial minor difficulties and fully integrate the system into daily practice. The new system provides valuable information for case tracking which will ultimately be critical in addressing the final stages of backlog reduction. Additionally, the system will enable the OSME to better track trends in deaths as well as other concerns of public health. The ability to retrieve and analyze such information is of paramount importance to the improvement of health for all Rhode Islanders. Future modifications if the system will permit integration of case photographs and barcode tracking of evidence.

In May of 2007, representatives of the OSME, Rhode Island State Police, Brown University, and the Division of Children, Youth, and Families participated in a training seminar in Boston regarding the investigation of death of infants which occur suddenly and unexpectedly. The Sudden Unexplained Infant Deaths Investigation (SUIDI) initiative has been undertaken by the Centers for Disease Control and Prevention (CDC) as a means to standardize infant death investigation across the United States. Recognizing the importance of this

standardization, the OSME staff rapidly got behind the initiative and after training all Rhode Island police jurisdictions over the summer, rolled out a standardized SUIDI protocol in September. This protocol includes the completion of an investigative questionnaire by law enforcement and OSME scene investigators, as well as re-enactment of the death scene with caregivers. To date, this protocol has been very well received. It is not yet possible to identify all the benefits which could come from the implementation of the SUIDI protocol; however, the CDC has already identified the importance of the protocol in reducing infant deaths attributable to unsafe sleeping environments.

The practice of physician medical examiners responding to death scenes involving homicides, suspicious circumstances, or at the request of law enforcement continued through 2007. This practice was instituted in 2006 and has been beneficial to both law enforcement and the Medical Examiners Office. The direct observations by the OSME physicians at crime scenes and potential crime scenes, and the expertise that the physician can bring to the analysis of such death scenes have proved to be a “win/win” situation for all parties.

In the early months of 2007, the Chief Medical Examiner set about to re-establish the Medical Examiners Commission. The Commission is intended to provide oversight for the OSME. The Commission is defined in statute to include members of the Rhode Island Department of Health, Attorney General’s Office, State Police, as well as representatives from various organizations which have frequent contact with the medical examiners office (e.g. funeral directors, academic institutions). Recruitment of a member with personal experience dealing with the OSME as well as a representative with a background in occupational health was also made a priority. Attempts to include a representative from the New England Organ Bank are currently underway. The Commission was able to be re-seated in August 2007 and has conducted quarterly meetings since. At such meetings, the Commission is briefed on issues at the OSME as well as complaints directed toward the Agency. The membership has been both helpful and supportive.

In June 2007, Dominique Semeraro joined the OSME team as a medical examiner agent. Ms. Semeraro was actively recruited because of her expertise in forensic anthropology. She has participated in the evaluation and recovery of skeletal remains since joining the Office. Prior to her start at the OSME, such cases required consultation with out of state experts.

All autopsy and inspection reports for 2006 were completed, as noted above, at the end of 2007. This is the second year this has been accomplished. Prior to these years, the OSME had not achieved full case closure of a calendar year in over a decade. The National Association of Medical Examiners (NAME) conducted a review of the OSME backlog in 2005. Autopsy and inspection cases performed prior to 2005 were required by NAME to be closed provisionally (with

draft report and all support testing completed). These are fully completed on an “as-needed” basis. Cases from 2005 and beyond require full closure.

## **PARTNERSHIPS**

### Rhode Island Violent Death Reporting System (RIVDRS)

Rhode Island is one of 17 states participating in the National Violent Death Reporting System (NVDRS) under the oversight of the Centers for Disease Control and Prevention (CDC). The OSME and the Health Department’s Center for Health Data and Analysis are directing this effort. Detailed information on homicides, suicides, deaths of undetermined manner, and unintentional firearms deaths is collected from OSME, police, hospital, death certificate, and RI National Incident Based Reporting System (NIBRS) data. Data are entered into specialized software provided by CDC and de-identified data are transmitted routinely to the national database. During the 2006 calendar year the annual report on 2004 deaths, the first year for which RI data are available, was completed. The project will be evaluated in 2008 for ongoing funding.

### Rhode Island Child Death Review Team

In Rhode Island, all deaths of persons under 18 years of age regardless of cause must be reported to the OSME [Gen laws 4-7(2e)]. The Rhode Island Child Death Review Team (RICDRT) is a multidisciplinary team of professionals who conducts in-depth, confidential reviews of childhood deaths to identify risk factors and trends, and to inform prevention efforts. The RICDRT review is not a peer review of agencies, organizations or medical practice but an examination of systems issues and potential preventability of deaths at the individual and community level. The RICDRT is comprised of professionals in the state with expertise in injury prevention, child maltreatment, child development, maternal and child health, law enforcement, criminal justice, epidemiology, public health, and public policy. The ultimate goal of the RICDRT is to reduce the number of child deaths, and to improve the safety and well being of all children in the state. During 2007, discussions were set in motion to formalize the process of child death review in Rhode Island. These efforts are ongoing.