



# Work and Performance Plan FY2022 (MED)

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Thomas Owens, Medical Examiner



## SECTION 1: DEPARTMENT KEY INITIATIVES

### Key Initiative #1 -- Plan and Prepare for Possible Mass Fatality Event (MFE)

**Link to Strategic Business Plan:**

No

**Description:**

The Charlotte-Mecklenburg area is a major metropolitan area with an international airport, major sports venues, two nearby nuclear power stations, and hosts major events on a regular basis that have inherent risks for possible mass disaster or fatalities. The possibility exists for several different scenarios in which multiple persons could be severely injured and/or killed as a result. While not every scenario can be imagined, the main potential MFEs could include pandemic outbreak, natural disasters, mass transit accident, mass public shootings, public protests/riots, and terrorist attacks. As a regional Forensic Pathology center, the office is obligated to participate in mutual aid for MFEs within the regional counties that we serve (Anson, Cabarrus, Union, Cleveland, Gaston) and could be tasked to assist in other areas of the State with a large scale MFE.

**Rationale:**

The ME Office needs to be prepared for potential MFEs and to coordinate with local, regional, State, and Federal resources in order to address scene response, victim identification, data collection, examinations, evidence collection, and public safety while providing timely feedback to manage expectations from the public and the effected families. In conjunction with local, regional, State, and Federal resources, the ME Office will plan for potential mass fatality events and will undergo training, develop strategies, and obtain the resources necessary to respond to a mass fatality incident in Mecklenburg County and the surrounding region. Plan will include an understanding and inventory of local resources with a local response plan and implementation of Federal response for an MFE that overwhelms the local/State response capability.

**Completion Date:**

This is an ongoing project with continued learning and strategy development.

**Updates/Project Milestones:**

Entire staff undergoing Mass Fatality Incident Response training through the State of NC - started in 2017, to be completed in FY22 as classes and schedules allow for all new hires

Staff will participate in on-line mass fatality training programs and other available continuing education seminars/meetings involving mass fatality throughout the year

Update collaborative working arrangements with the Metrolina Health Preparedness Coalition (MHPC) throughout the year

Training on the Victim Identification Program (VIP) used by DMORT (Federal Mass Disaster Response/Mortuary)

Full Scale Mass Fatality Morgue Exercise

Update the Morgue Mass Fatality Event Plan and coordinate with County Emergency Operations Plan throughout FY22 as needed

Reevaluate the real time digital body tracking system based on current whiteboard system developed by County IT and integrate with VIP

Continue meeting with local resources through monthly meetings to gauge collaborative efforts in mass fatality response

**Outcomes/Measures:**

End of year reporting ONLY

- Brief statement on if the project addressed the issue it was intended to address. If so, how.
- Statement on if project was completed at or below budget (update at end of fiscal year). If not, why?
- Statement on whether or not performance metric goals were met.

**Director Comments: (Year-end)**



Changed status to deactivate for FY22. This is now more of a "business as usual process" and no longer an actual KEY initiative.

**Executive Team Comments: (Year-end)**



## Key Initiative #2 -- Train Full-Time Investigators to Receive Certification from the American Board of Medicolegal Death..

### Link to Strategic Business Plan:

No

### Description:

Continued training of all current full-time investigators to obtain the ABMDI certification. Begin process for all newly hired investigators in the appropriate time frame. Ensure ABMDI certified staff complete required CME.

### Rationale:

To provide for the best forensic services for Mecklenburg County and the surrounding region, including scene investigation within Mecklenburg County for homicides and suspicious deaths. Allows for collaborative but independent investigation along with the local law enforcement agencies. Allows for prompt, professional response to families, law enforcement, funeral services, and other community partners.

### Completion Date:

Process begins with application submission after 6 months employment with MED. 18-month long process for completion of all checklist items and passing of examination. Expectation is that all full time investigators achieve the ABMDI certification within 24-36 months of the start date of employment with MED. CME required to maintain certification.

### Updates/Project Milestones:

Current full time investigators hired prior to January 2018:

- 6 employees have obtained ABMDI certification and complete continuing education

4 Full time investigators hired in FY 20-21

- complete final requirements in Q1 FY22, Test in Q2 FY22

1 newly hired investigator

- begin process as per above, will continue into FY23

### Outcomes/Measures:

End of year reporting ONLY

- Brief statement on if the project addressed the issue it was intended to address. If so, how.
- Statement on if project was completed at or below budget (update at end of fiscal year). If not, why?
- Statement on whether or not performance metric goals were met.

### Director Comments: (Year-end)

### Executive Team Comments: (Year-end)



## Key Initiative #3 -- Complete Morgue Cooler Expansion

**Link to Strategic Business Plan:**

No

**Description:**

Work on completion of the morgue cooler expansion project to increase current body storage capacity in the immediate future and for long term (at least 10-15 years) utilizing approved CIP funds.

**Rationale:**

Based on population served as the ME Office and the County morgue, we are at full capacity almost daily with the significant increase in number of overdose deaths, the increase in homicides and other ME cases. There has also been an increase in the length of time that bodies remain at the facility from arrival until final disposition that is effected by economic/pandemic status. The current racks and tables which were updated in 2019 and will accommodate approximately 70 bodies. . Based on College of American Pathologists recommendations, there should be space for one body in the morgue facility per every 15,000-population served. 2015 census data results indicate the need for 68 storage spaces for Mecklenburg County, plus additional spaces for the regional counties that we serve. And with the population growth in the region over the last 5 years, it is estimated we need space for 80-85 bodies for just for Mecklenburg County cases. While each county is required to have a county morgue/space for ME case examination, the regional counties send their autopsy cases to the Mecklenburg County ME Office and thus we require additional storage space (estimated at 20 spaces) to accommodate those cases as well. A larger cooler space would also allow for revenue generation through charging outside entities for body storage fees.

**Completion Date:**

Physical expansion of cooler space is an on-going process through the CIP funding. Project broke ground March 2021 and is expected to be completed by end of 2021 calendar year (FY22 Q2)

**Updates/Project Milestones:**

Q1 - Project continues after start in late Q3/Q4 FY21

Q2 - Expected completion by end of Q2

**Outcomes/Measures:**

End of year reporting ONLY

- Brief statement on if the project addressed the issue it was intended to address. If so, how.
- Statement on if project was completed at or below budget (update at end of fiscal year). If not, why?
- Statement on whether or not performance metric goals were met.

**Director Comments: (Year-end)**

This project is on schedule and nearing completion by end of Q2 FY22 and is no longer considered a KEY initiative for FY22.

**Executive Team Comments: (Year-end)**



## Key Initiative #4 -- Ensure Compliance with National Association of Medical Examiners (NAME) Accreditation Standards

**Link to Strategic Business Plan:**

No

**Description:**

Follow the standards for operation of a Forensic Pathology Office as established by NAME. Pursue full accreditation for the office in the future once compliance with the standards has been met and maintained.

**Rationale:**

NAME is the only organization that oversees the operation of Forensic Pathology services/facilities and issues guidelines for best practices. Following the standards helps to ensure that the office is operating under best practices. Accreditation indicates that the office is functioning in a manner that meets accepted best practice requirements. The Office will ensure compliance with the standards for Office and Morgue Facilities, Security, Safety, Quality Assurance, Mass Disaster Planning, Investigations, Morgue Operations, Body Handling, Examinations/Autopsy, Radiology, Histology, Toxicology, Evidence Collection, Generation of Reports, Photography, Death Certification, Professional Staffing Workload, Training/Continuing Education, and appropriate use of Consultation Services (as outlined in detail on the NAME website listed above).

All NAME standards can be found at [www.thename.org](http://www.thename.org) under "Inspection/Accreditation", and then choose "NAME Accreditation Checklist 2014-2019".

**Completion Date:**

Ongoing project. Follow the standards as published by NAME for facility, staff, and service requirements as outlined above.

Plan to update all policies and procedures over the next 12 months based on new NAME accreditation standards and identify areas of deficiency to address and correct during FY22 if necessary to achieve NAME accreditation as per the FY20-22 SBP.

**Updates/Project Milestones:**

MED will review the requirements for accreditation based on the checklist issued by NAME. All policies and procedures will be updated and brought into alignment with NAME standards during FY22

Integrate data from County BPM project that was completed Q1 FY22

(Apply for NAME accreditation- Follow FY20-22 SBP. Due to the COVID-19 Pandemic and increased caseload, the Department is re-evaluating NAME accreditation and certification.)

**Outcomes/Measures:**

End of year reporting ONLY

- Brief statement on if the project addressed the issue it was intended to address. If so, how.
- Statement on if project was completed at or below budget (update at end of fiscal year). If not, why?
- Statement on whether or not performance metric goals were met.

**Director Comments: (Year-end)****Executive Team Comments: (Year-end)**



## Key Initiative #5 -- Enhance Training and Collaborations with Community Partners

### Link to Strategic Business Plan:

No

### Description:

Continue building collaborative working partnerships with other agencies involved in death investigation to provide highest level of service to the community. Provide training about the ME system and how the agencies can better work together for efficiency and clarity of information, including in emergency and mass fatality events. Continue serving the local community through education of individuals involved in related health career training programs (Wingate University Physician Assistant program) and expanding educational opportunities to accommodate requests from other local programs and citizens in the medical, nursing, and Forensics/medical community. This would involve shadowing opportunities to see the operation of the office, the ME system and jurisdiction process, and viewing of an appropriate autopsy. Offering educational lectures at local high school (Forensics or Biomedical classes) and higher education level settings by the Pathologists and/or Investigators would also be included.

### Rationale:

Death investigations and handling of the remains involves several agencies including law enforcement, families, MEDIC, physicians, MEs in regional counties, hospitals, and funeral homes. New personnel are continuously entering the investigation of deaths and need training and education about the ME system, autopsies and other services we offer, and the limitations of the system. The Mecklenburg County ME Office also currently serves to educate PA students from Wingate University through the attendance and viewing of an autopsy with instruction in anatomy, pathology, trauma, toxicology, and cause of death. In the last several years, the office has received increasing inquiries from both individuals enrolled in or entering into a health professions field and local higher education programs that are interested in Forensics, the ME system, and attendance at an autopsy for educational benefit. The Mecklenburg County ME Office is a valuable community resource, that while not designed to accommodate large classes or a large volume of rotating persons, is able to offer and tailor a unique educational experience (on a limited scale) to address these requests from the community.

### Completion Date:

Ongoing process, started in FY17, continues into each FY. Continue training of Wingate PA students in fall and spring of each year. Structure a more formal educational experience for individuals or small groups of 2 to 4 individuals with the opportunity to shadow a Pathologist and/or Investigators and attend an autopsy, ranging from one day up to one week. Set up a standardized presentation to be given by either Pathologists or Investigators to local high school Forensics/Biomedical or similar classes who request such an educational experience in the classroom without actually coming to the ME Office and viewing an autopsy.

### Updates/Project Milestones:

Continue to schedule training for various agencies throughout the year. Respond to requests for educational experiences in the ME Office throughout the year.  
Coordinate with the State ME office for training of local/regional MEs and for emergency/mass fatality events.

### Outcomes/Measures:

End of year reporting ONLY

- Brief statement on if the project addressed the issue it was intended to address. If so, how.
- Statement on if project was completed at or below budget (update at end of fiscal year). If not, why?
- Statement on whether or not performance metric goals were met.

### Director Comments: (Year-end)

Changed status to deactivate for FY22. This is now more of a "business as usual process" and no longer an actual KEY initiative.

### Executive Team Comments: (Year-end)



## Key Initiative #6 -- Coordinate regional operations with new State Chief ME

**Link to Strategic Business Plan:**

No

**Description:**

Effective June 2019, there is a new Chief ME for the State of NC ME system. I will work with the new State Chief on the role of the Mecklenburg County ME Office and our staff in providing both local and regional coverage as we investigate new ways of doing business in NC. Work with the leaders of the other regional centers in the state to leverage the talent and resources in the ME system for day-to-day operations, surge capacity, mass fatality, epidemiology, quality control, NAME-accreditation of various centers/system, new state wide ME database (MEIS), and other projects to build better collaborative working relationships across the ME system. This will require phone conferences and in-person visits to the State ME Office/other regional centers throughout the year to facilitate the changes.

**Rationale:**

The State of NC has state wide ME system with a centralized office (OCME in Raleigh) and regional centers throughout the State. Some cases are also still being handled at private hospital settings in several places throughout the state. The current system is very disconnected between the central office and the regional centers. The new Chief ME for NC is interested in making some changes for better communication and collaboration as well as reexamining the current regional coverage and potentials for change. Through quarterly meetings, we can begin to address some of the major deficiencies within the system that hamper our ability to provide fast and efficient forensic/ME services to the citizens of NC. As one of the regional centers, MED needs to be involved in the development of any plans/changes at the OCME that could effect the computer systems upon which we rely and are required to use for data entry (currently antiquated and highly inefficient), regional coverage areas that would effect our workload and revenue, and any changes in regional operations that effect specifics of day-to-day work processes. Collectively, the Forensic Pathologists working in the various centers throughout the State can have a positive impact on the changes needed to make a more efficient ME system.

**Completion Date:**

Multi year plan.

Q2/3: Implementation of new State MEIS/FA database system.

Q3 : Address the staffing needs of the office as recommended from the recent BPM Project (completed Q1 FY 22) and look at impact on regional coverage area/workload and plan for budget and State contract adjustments as necessary.

**Updates/Project Milestones:**

Q1 through Q4 - Quarterly meetings with the new Chief and other regional centers

Q2 - Final end user testing of sections of new MEIS/Forensic Advantage database (Nov-Dec 2021: Expected go live for the new system and staff training)

Q2/3 - Begin process of filling vacant LPT Forensic Pathologist (FP) position vs. conversion to a FT position if necessary. If unable to fill position, begin plans for decreasing regional autopsy coverage under contract with the State and prepare for those discussions.

Q3 - Brief the Executive Team on staffing needs, ability to fill FP positions, workload, and regional coverage with the State.

Q3 - Make adjustments in the Forensic Pathology positions and discuss updated regional coverage area with then State ME Office prior to the execution of the FY23 contract.

Q3 - Update OMB on budget/effect on projected revenue and expenses for FY23 based on changes to regional coverage area.

**Outcomes/Measures:****Director Comments: (Year-end)**





**Executive Team Comments: (Year-end)**



## Key Initiative #7 -- Implement Organizational Improvement Initiative

**Link to Strategic Business Plan:**

No

**Description:**

With growth of the department, the ECS results have fallen to less than satisfactory levels over the last 2-3 years. Efforts were undertaken with minimal improvement and then a relapse for FY19 results. The office worked with HR LOE and BPM to improve the Employee Motivation and Development scores through a variety of processes and staff feedback. An "Organizational Effectiveness Improvement Project" was undertaken in FY21 to identify the key areas that needed to be addressed. BPM also undertook a year long evaluation and mapping of the office procedures, workload, staffing, and resources with recommendations for improvement.

**Rationale:**

The ECS is a tool that reflects the employees' overall satisfaction and motivation in the workplace. Below satisfactory scores (less than 80% respond with agree or strongly agree) indicate a need to improve certain elements in the workplace. The office had previously attempted to make some changes prior to FY21, but these were unsuccessful. Implementation of strategies through process improvement following recommendations from BPM and HR with a more detailed look into the issues and suggestions for new approaches are expected to improve the ECS results for FY21 and beyond.

**Completion Date:**

Based on results of the FY21 ECS, Organizational Effectiveness Improvement Project, and BPM recommendations - by end of FY22/release of FY22 ECS.

**Updates/Project Milestones:**

- Continue Organizational Effectiveness Improvement Project throughout FY22.
- Continue monthly All Team Meetings throughout FY22. Conversion of the meetings to staff-run in Q2.
- Continue Pulse Surveys throughout FY22 as per HR recommendations.
- Reorganization and restructuring - started Q4 FY21, complete initial changes with reporting structure and hiring of new supervisors in Q1. Finalize all restructuring changes in Q2.
- MeckLead training for all new supervisors- Q1 (September)
- Director 1 on 1 meetings with all staff each quarter.
- Brief Executive Team on status of Improvement project- Q1
- Analyze data from FY21 ECS - Q1 and 2.
- Update gates/cameras/other identified safety and security issues - Q1 and 2.
- Begin Start/Stop/Continue sessions with staff - Q2.
- Completion of cooler expansion and conversion of body racking system/trays/lift for safety and efficiency - Q2.
- Make updates to the Organizational Effectiveness Improvement Project based on FY21 ECS and other feedback from staff - Q2 and 3
- Establish staff-run committees/resource groups to address various items such as IT issues, Safety/Security, Training/teaching, Policies and Procedures, Facility Maintenance - Q2
- Finalize BPM project and discuss recommendations with DCM and Executive Team- Q1 and 2
- Plan to integrate recommendations from BPM project throughout FY22 and into FY23.
- Post and hire for new positions created in the FY22 budget, adjust as necessary based on BPM project recommendations and discussions with DCM and ET- Q1 and 2
- Update all office policies and procedures- continuous throughout the year

**Outcomes/Measures:**

Improvement in FY21 and FY22 ECS results.



**Director Comments: (Year-end)**

**Executive Team Comments: (Year-end)**



## Key Initiative #8 -- Equity and Inclusion Initiative

**Link to Strategic Business Plan:**

Yes

**Description:**

Continue the implementation of the County's Equity Action Plan.

**Rationale:**

Mecklenburg County is committed to addressing its racial inequities through an intersectional analysis. In order to become a more equitable institution, strategies must be implemented and enforced that enhance the work Mecklenburg County has already completed to promote equity and inclusion. The County has partnered with the Government Alliance on Race and Equity (GARE) to create both a racial equity training curriculum for County staff, an Equity Action Toolkit and a three-year enterprise-wide Equity Action Plan. To continue to build the capacity of the organization, it is critical that the County continue to implement the agreed upon action items identified in the Equity Action Plan despite COVID-19.

**Completion Date:**

This is a multi-year project (FY2020-FY2022).

**Updates/Project Milestones:**

Continue implementation of the County's Equity Action Plan that were postponed due to COVID-19:

- Continue rollout of "Advancing Racial Equity Training" for all County employees to enhance abilities to advance racial equity.
- Re-establish Department Equity Action Teams (DEAT) for select Departments to begin training and to initiate development of department specific equity action plans (pending further guidance from the County Manager's Office); and
- Provide training on Racial Equity Tool usage to County mid-senior management.

Implementation of FY22 Equity Action Plan items for those departments with specific accountabilities.

**Outcomes/Measures:**

End of Year Reporting

**Director Comments: (Year-end)****Executive Team Comments: (Year-end)**