Wisconsin Coroner and Medical Examiner Association

An Introduction

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Chief Medical Examiner of Dane, Rock Counties
WCMEA President

Mission

- Establish and promote standardized professional practices among C/ME and their staff
- To draft and advance legislation which facilitated standardized professional practice and administration of the office for the safety and well-being of the citizenry
- Provide education for C/ME and their staff to promote best practices in Medicolegal death investigation in WI

What we are…

- Professional organization with internal constitution established by members, overseen by internal Board of Directors
- Voluntary membership of persons involved in Medicolegal Death Investigation
- Promote education among Medicolegal death investigators, and the C/ME community
- Provide resources for said education

What we are not…

- Not a governing body
- Do not have obligatory membership
- No powers of oversight, regulation, or discipline outside of membership status

Education is the Key

- 25 years of active lobbying for standards of practice in Medicolegal Death Investigation
- Bi-annual (when possible) conferences
- Information regarding available resources, events, trends (drug-related), preparedness (COVID-19)

Our Conferences

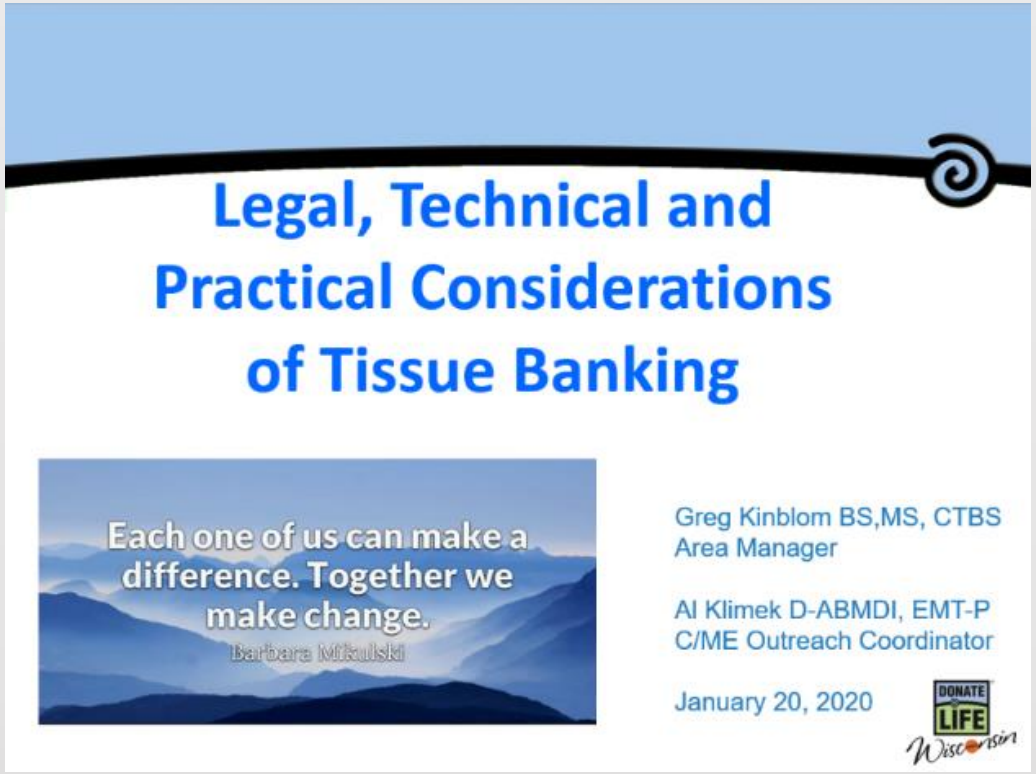
- Present didactic and case-based investigative techniques
  - Case presentation
  - Lectures (“how to”)
  - Workshops (Child Death Investigation)

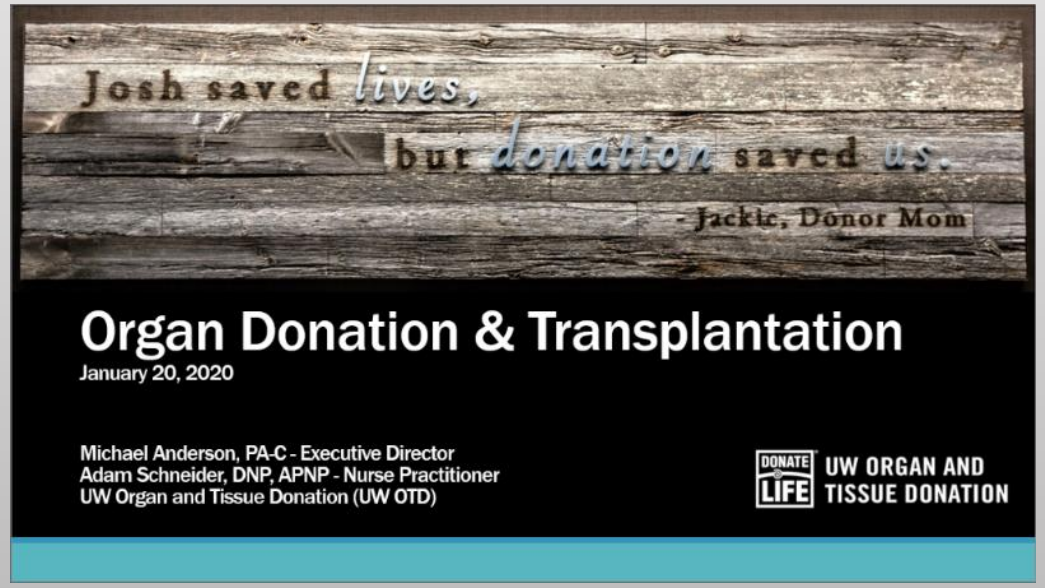
- Highlight emerging trends (opioid pandemic, COVID) or national guidelines (NAME Opioid Position Paper)

- Present foundational knowledge regarding best practice in Medicolegal death investigation

Our Conferences

- Provide access to resources and subject matter experts
  - Vital records office representative at least yearly
  - WSLH representatives yearly or more
  - Highlight collaboration with state initiatives





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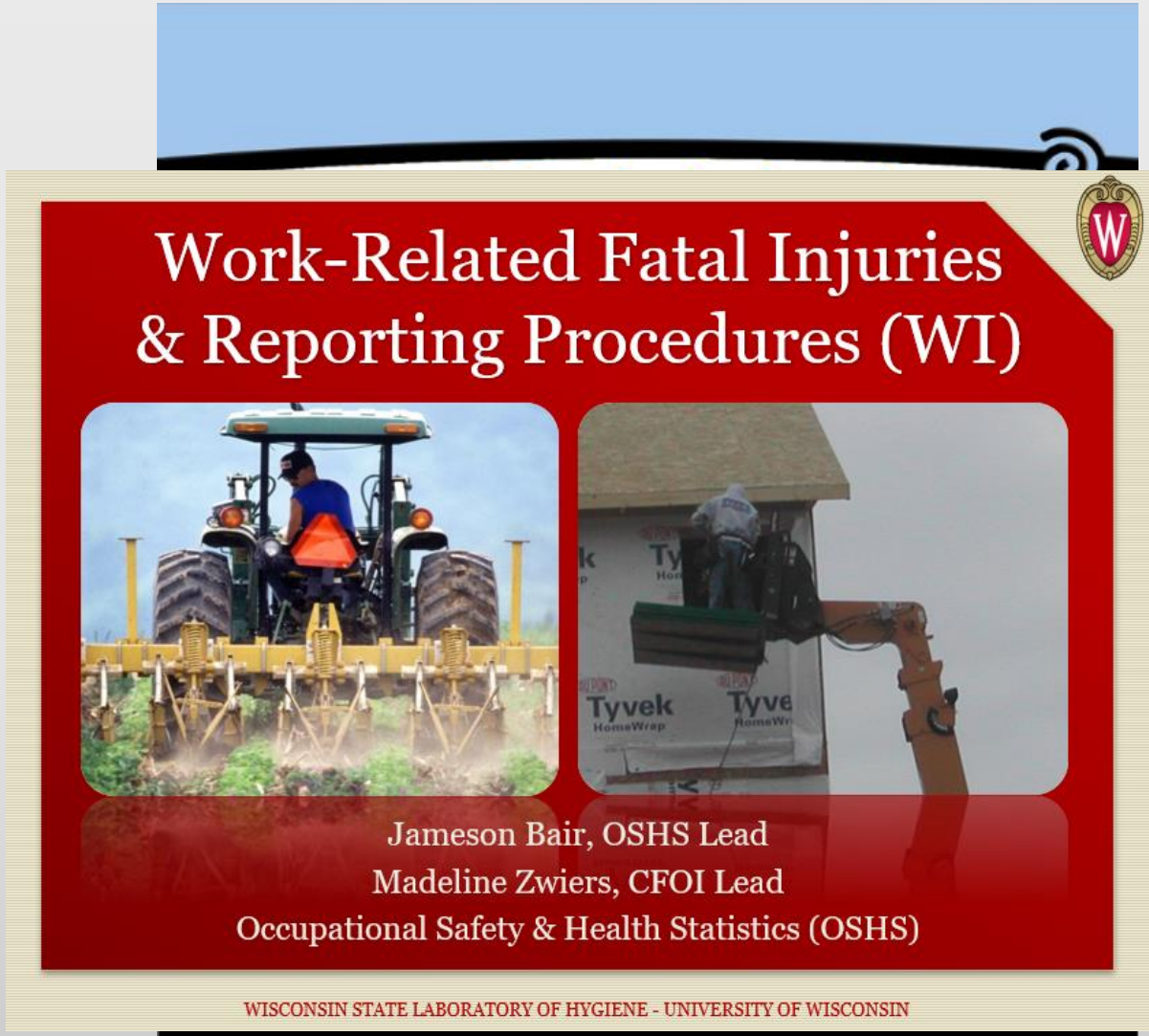

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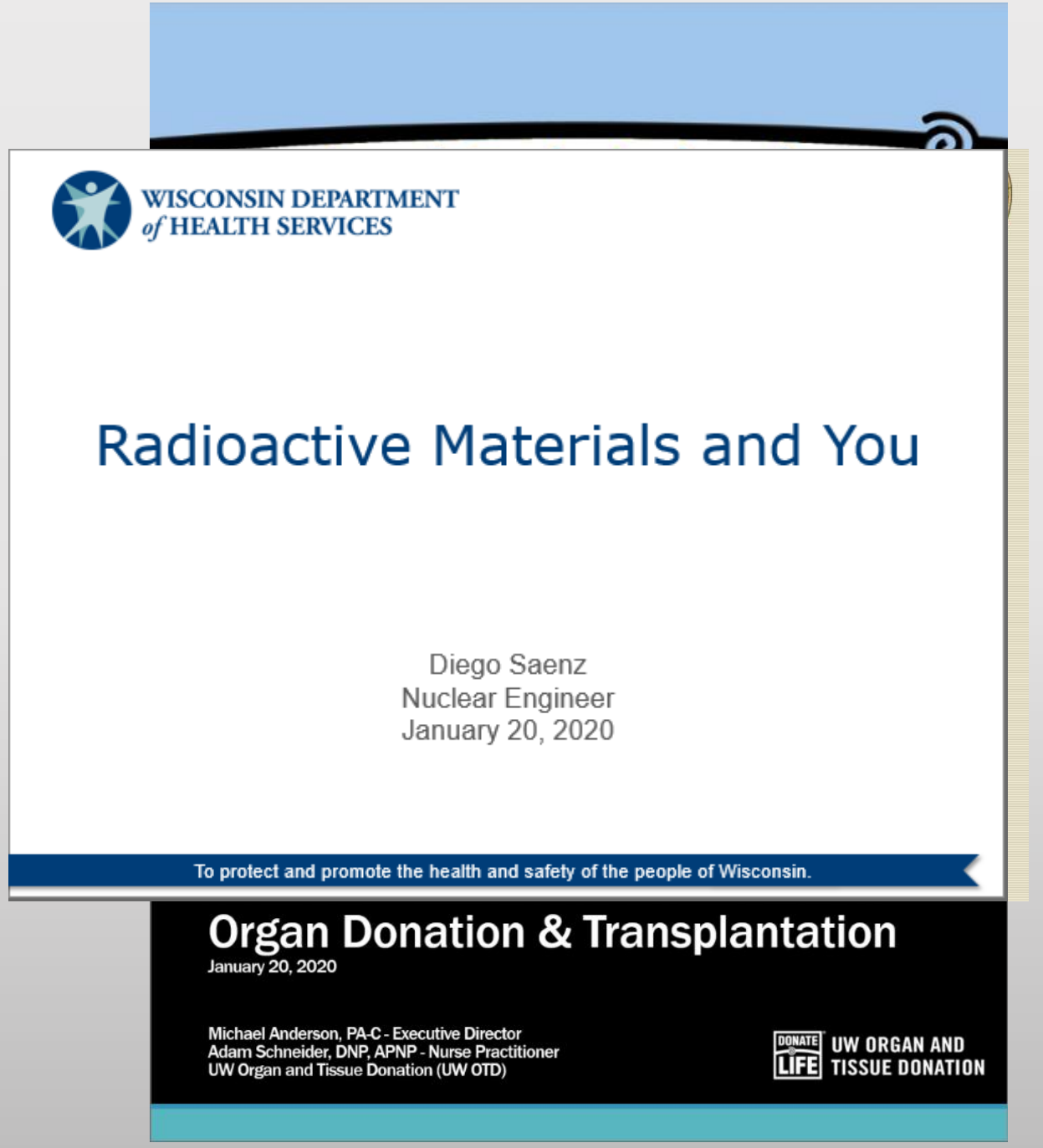

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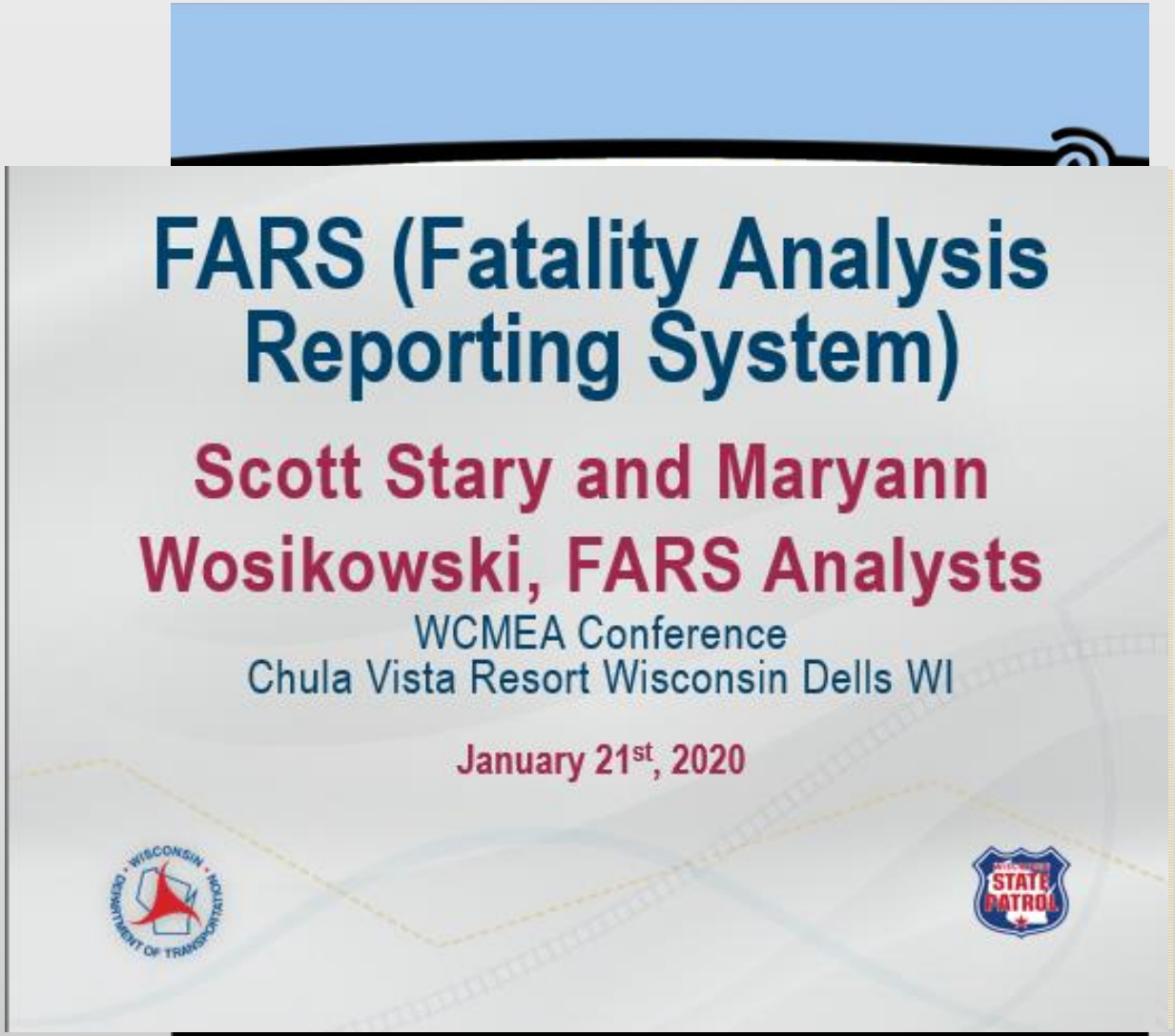

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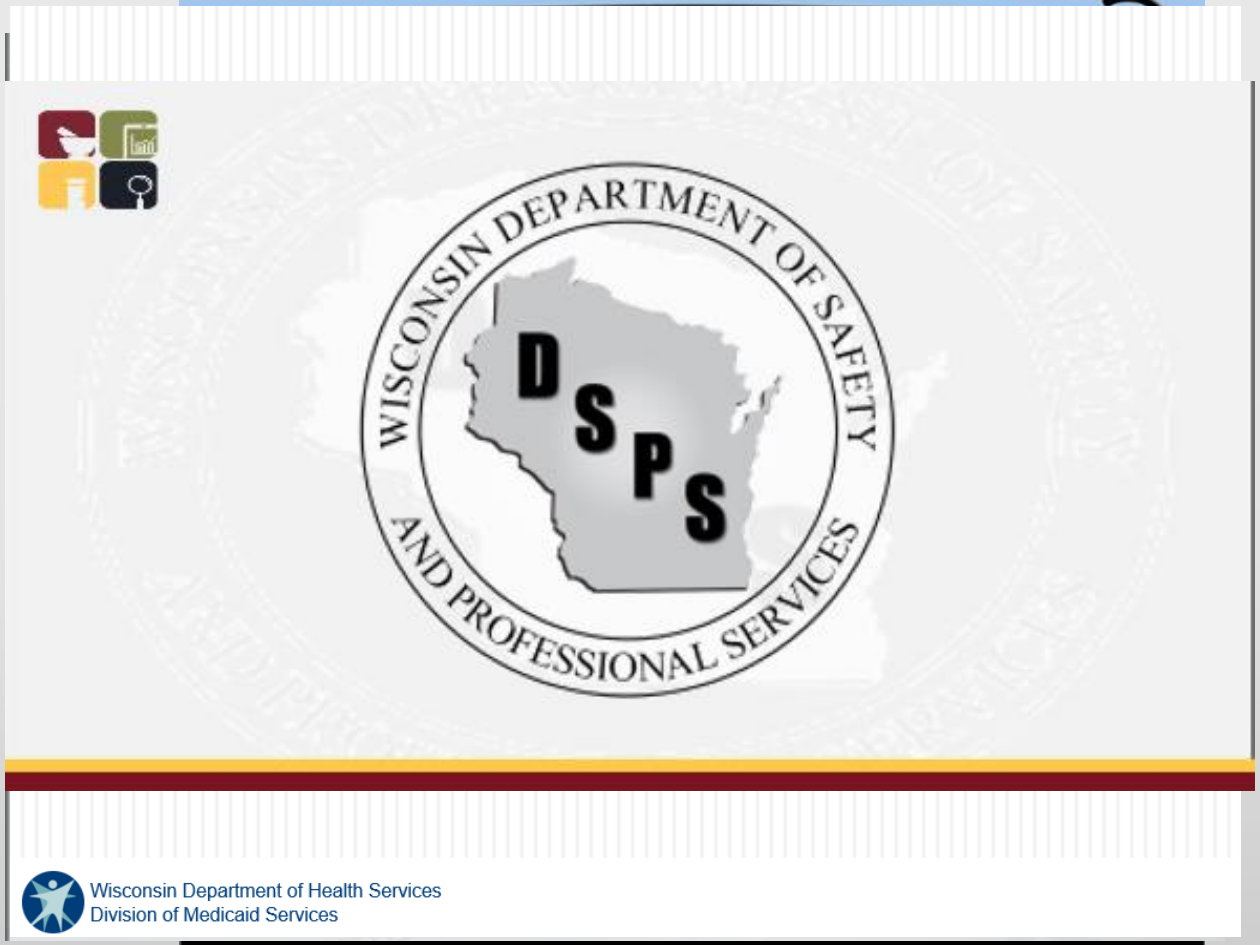

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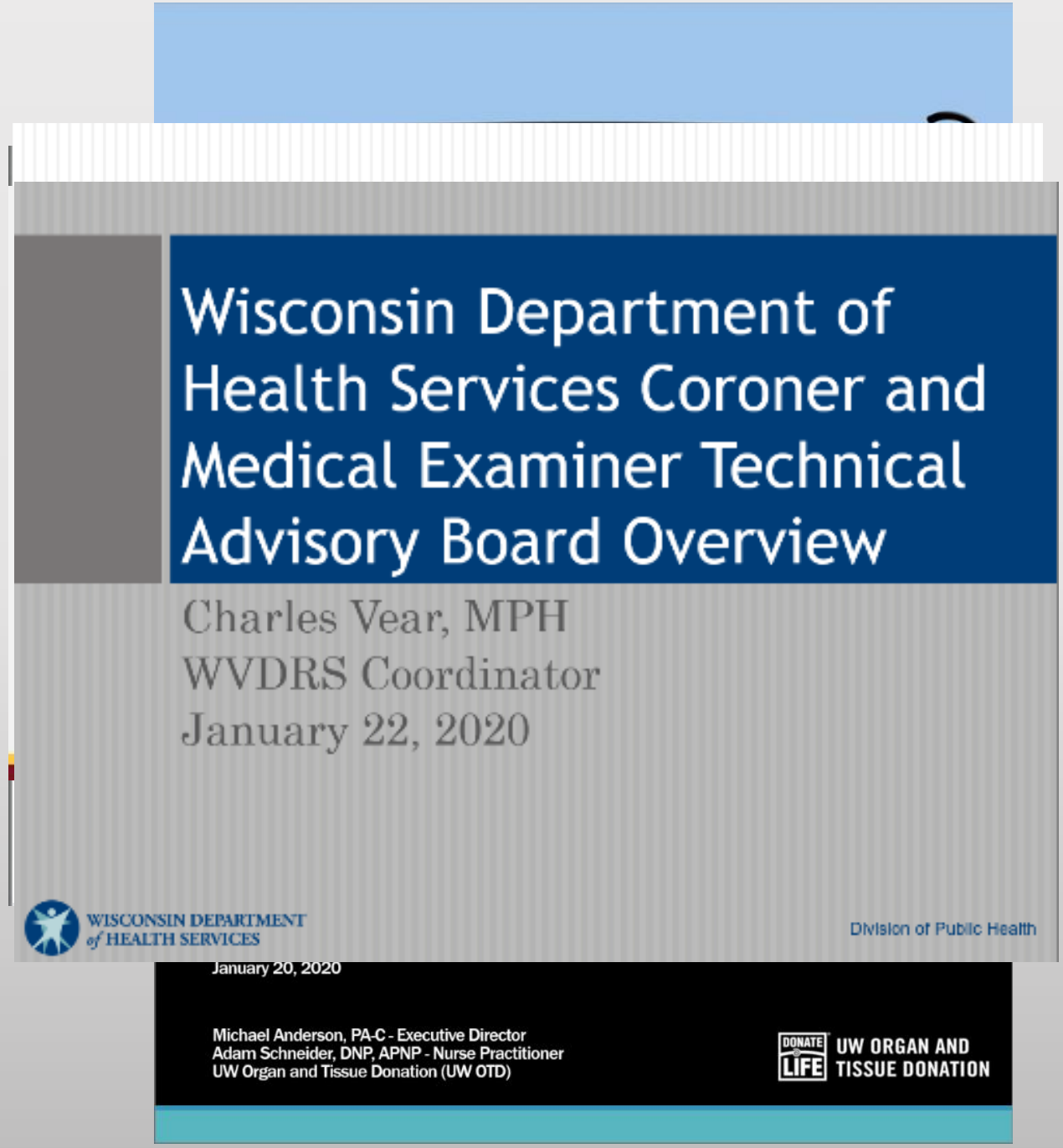

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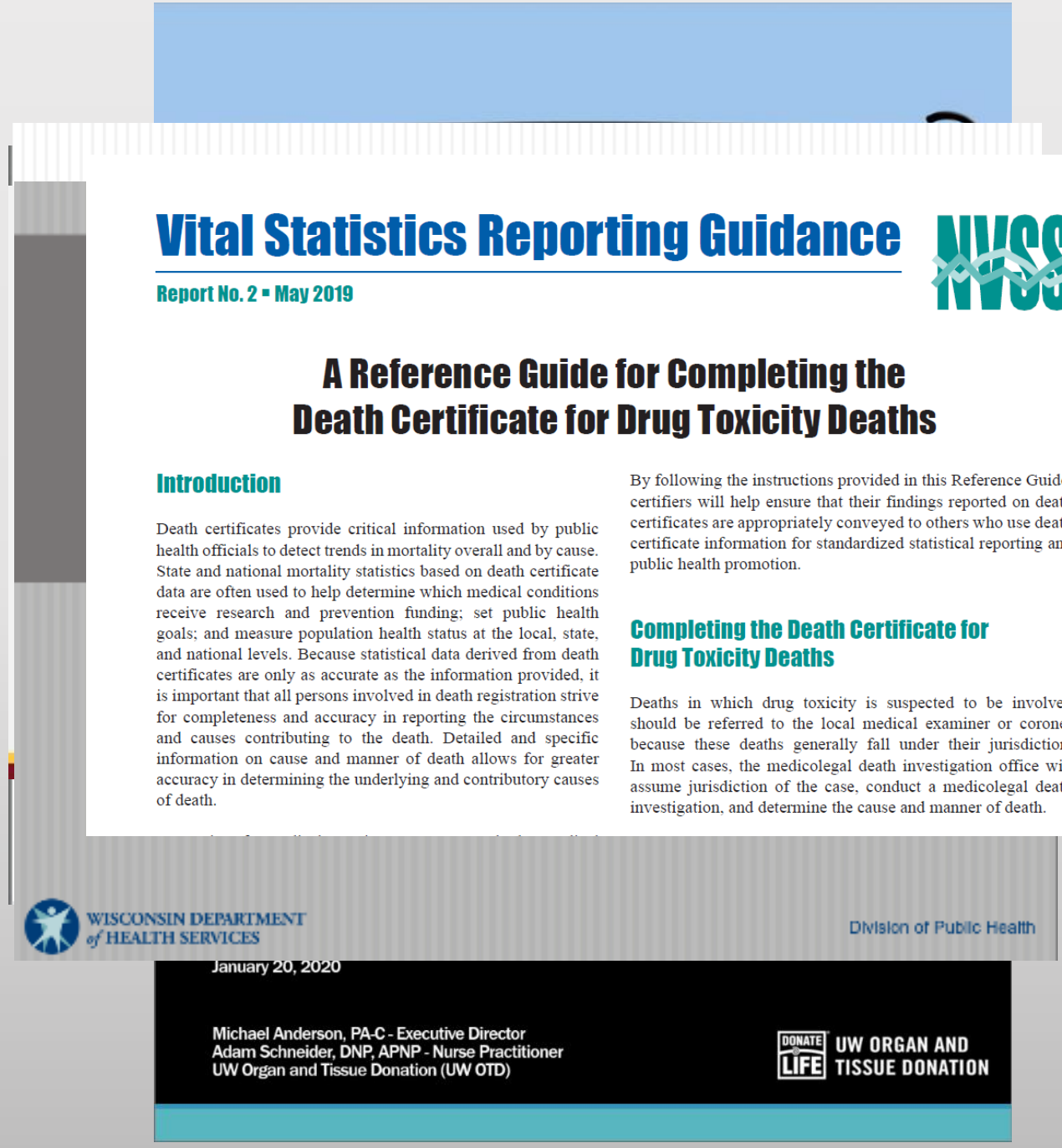
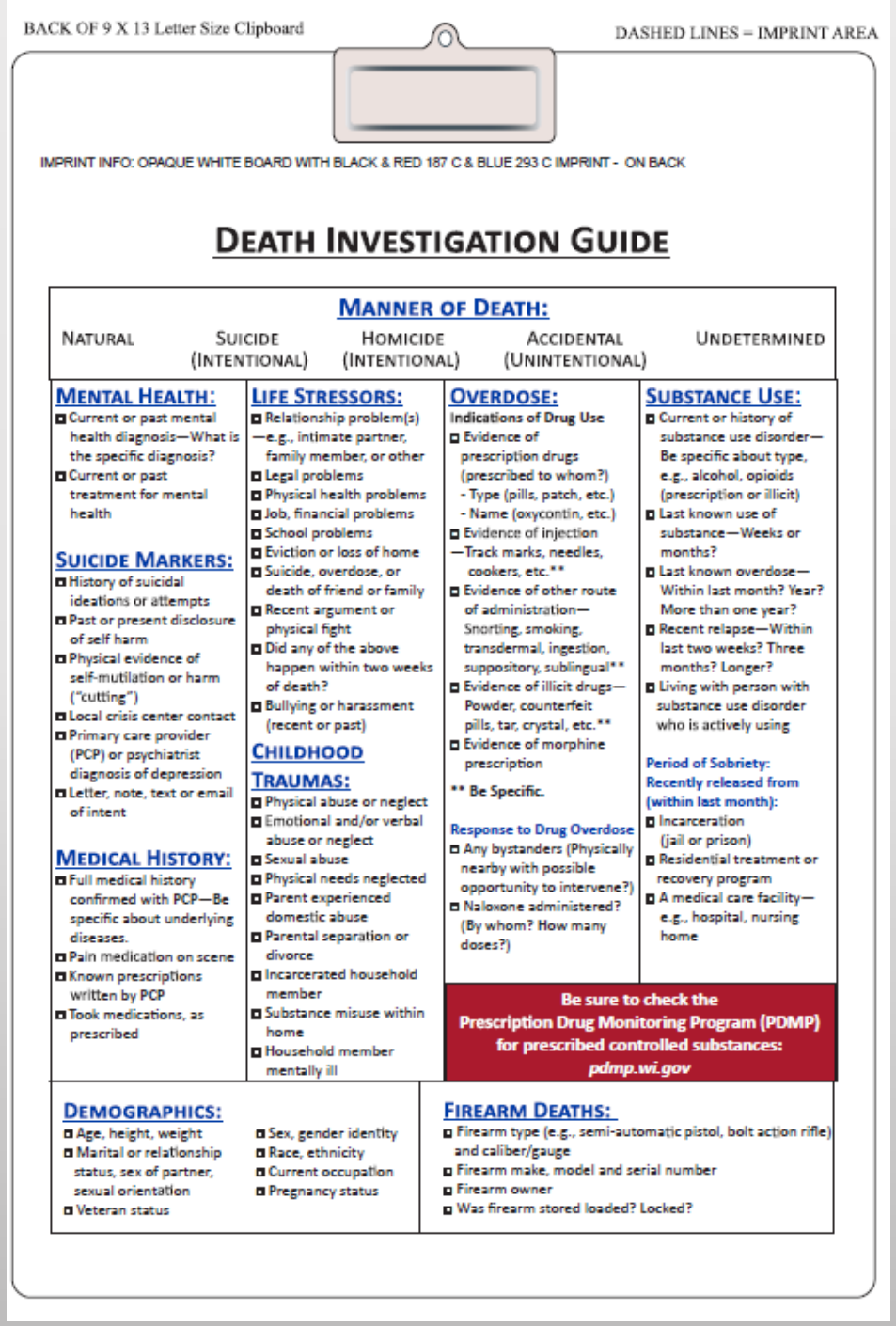


Educational Materials

- Death Investigation Clipboard (2019)
- Tissue donation clipboard
- Standard textbooks of death investigation
- Surveys/grant-funded studies



BACK OF 9 X 13 Letter Size Clipboard

DASHED LINES = IMPRINT AREA

IMPRINT INFO: OPAQUE WHITE BOARD WITH BLACK & RED 187 C & BLUE 293 C IMPRINT - ON BACK

DEATH INVESTIGATION GUIDE

MANNER OF DEATH:

NATURAL | SUICIDE (INTENTIONAL) | HOMICIDE (INTENTIONAL) | ACCIDENTAL (UNINTENTIONAL) | UNDETERMINED

MENTAL HEALTH:
- ◻ Current or past mental health diagnosis—What is the specific diagnosis?
- ◻ Current or past treatment for mental health

SUICIDE MARKERS:
- ◻ History of suicidal ideations or attempts
- ◻ Past or present disclosure of self harm
- ◻ Physical evidence of self-mutilation or harm ("cutting")
- ◻ Local crisis center contact
- ◻ Primary care provider (PCP) or psychiatrist diagnosis of depression
- ◻ Letter, note, text or email of intent

MEDICAL HISTORY:
- ◻ Full medical history confirmed with PCP—Be specific about underlying diseases.
- ◻ Pain medication on scene
- ◻ Known prescriptions written by PCP
- ◻ Took medications, as prescribed

LIFE STRESSORS:
- ◻ Relationship problem(s) —e.g., intimate partner, family member, or other
- ◻ Legal problems
- ◻ Physical health problems
- ◻ Job, financial problems
- ◻ School problems
- ◻ Eviction or loss of home
- ◻ Suicide, overdose, or death of friend or family
- ◻ Recent argument or physical fight
- ◻ Did any of the above happen within two weeks of death?
- ◻ Bullying or harassment (recent or past)

CHILDHOOD TRAUMAS:
- ◻ Physical abuse or neglect
- ◻ Emotional and/or verbal abuse or neglect
- ◻ Sexual abuse
- ◻ Physical needs neglected
- ◻ Parent experienced domestic abuse
- ◻ Parental separation or divorce
- ◻ Incarcerated household member
- ◻ Substance misuse within home
- ◻ Household member mentally ill

OVERDOSE:

Indications of Drug Use
- ◻ Evidence of prescription drugs (prescribed to whom?)
  - Type (pills, patch, etc.)
  - Name (oxycontin, etc.)
- ◻ Evidence of injection —Track marks, needles, cookers, etc.**
- ◻ Evidence of other route of administration—Snorting, smoking, transdermal, ingestion, suppository, sublingual**
- ◻ Evidence of illicit drugs—Powder, counterfeit pills, tar, crystal, etc.**
- ◻ Evidence of morphine prescription

** Be Specific.

Response to Drug Overdose
- ◻ Any bystanders (Physically nearby with possible opportunity to intervene?)
- ◻ Naloxone administered? (By whom? How many doses?)

SUBSTANCE USE:
- ◻ Current or history of substance use disorder—Be specific about type, e.g., alcohol, opioids (prescription or illicit)
- ◻ Last known use of substance—Weeks or months?
- ◻ Last known overdose—Within last month? Year? More than one year?
- ◻ Recent relapse—Within last two weeks? Three months? Longer?
- ◻ Living with person with substance use disorder who is actively using

Period of Sobriety: Recently released from (within last month):
- ◻ Incarceration (jail or prison)
- ◻ Residential treatment or recovery program
- ◻ A medical care facility—e.g., hospital, nursing home

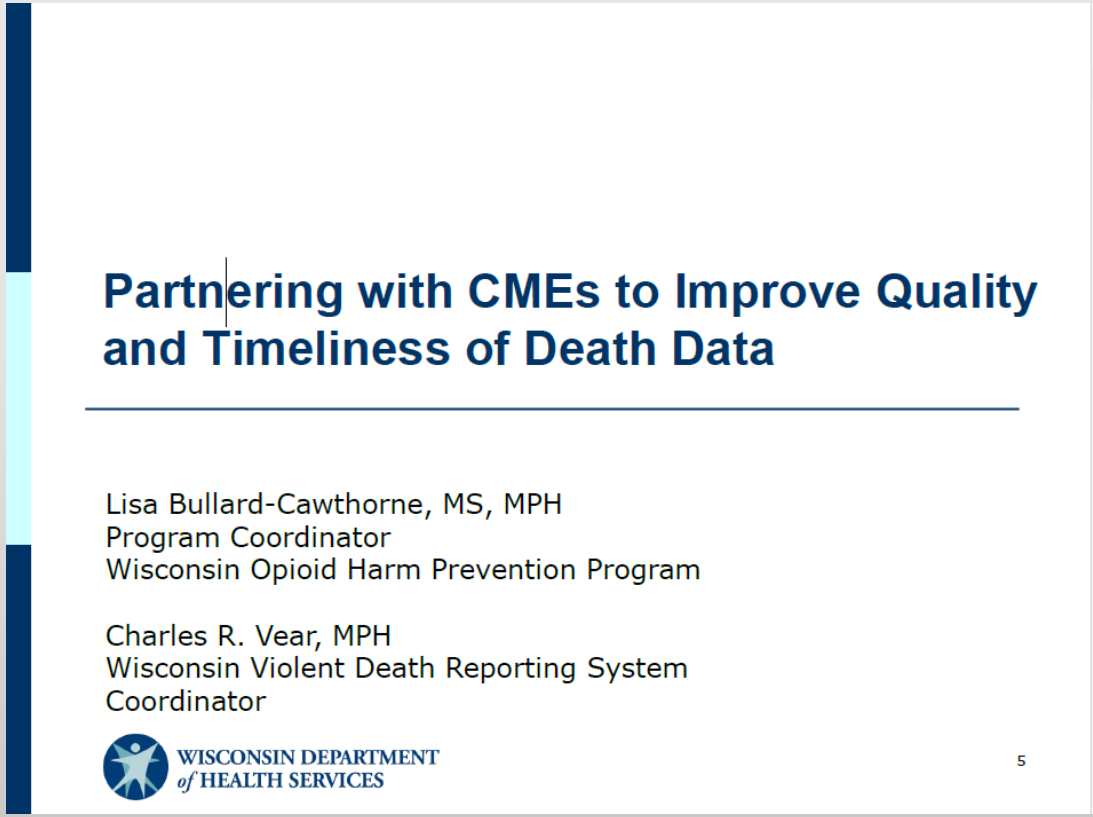
Be sure to check the Prescription Drug Monitoring Program (PDMP) for prescribed controlled substances: *pdmp.wi.gov*

DEMOGRAPHICS:
- ◻ Age, height, weight
- ◻ Marital or relationship status, sex of partner, sexual orientation
- ◻ Veteran status
- ◻ Sex, gender identity
- ◻ Race, ethnicity
- ◻ Current occupation
- ◻ Pregnancy status

FIREARM DEATHS:
- ◻ Firearm type (e.g., semi-automatic pistol, bolt action rifle) and caliber/gauge
- ◻ Firearm make, model and serial number
- ◻ Firearm owner
- ◻ Was firearm stored loaded? Locked?

DHS Study into Death Reporting in WI (2017)

- Barriers to submitting death investigation data:
  - Limited staff
  - Lack of time
  - High case load



Medicolegal Death Investigation as Source of Information

- To determine the cause and manner of death
  - Document, secure evidence
- Accumulate data to made a final ruling
  - Scene investigation
  - Medical history
  - Social history
- Epidemiology is the RESULT of our data, not the goal

Education is the Foundation of Quality Reporting

Inside the black box

- MLI experience, knowledge
- History elicited on scene
- Fact finding
  - Medical records/Primary care provider
  - NOK
  - Additional resources:
    - JMH
    - CCAP
    - LE/CPS
- Autopsy
  - Toxicology
  - Histology
  - Anthropology
  - Record review

Education is the Foundation of Quality Reporting

- How do we ensure quality information is being used to make accurate diagnoses?

Barriers to quality of information

- Availability of information (medical records, relative/friends, mental health professionals)
- Adequate office staff, resources, equipment
- Cooperation with all partners to have access to the scene, family, records, etc.
- Veracity of reporters
- Education, training

- “I don’t have a fax machine”
- “The hospital won’t share records with us”
- “This is not my case, I’m just following up for my colleague”
- “The family left before I was called on scene”

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- “This is a really nice family”
- “I’ve known them all my life and…”
- “The family are very religious and swear the decedent would never…”

Education and Training

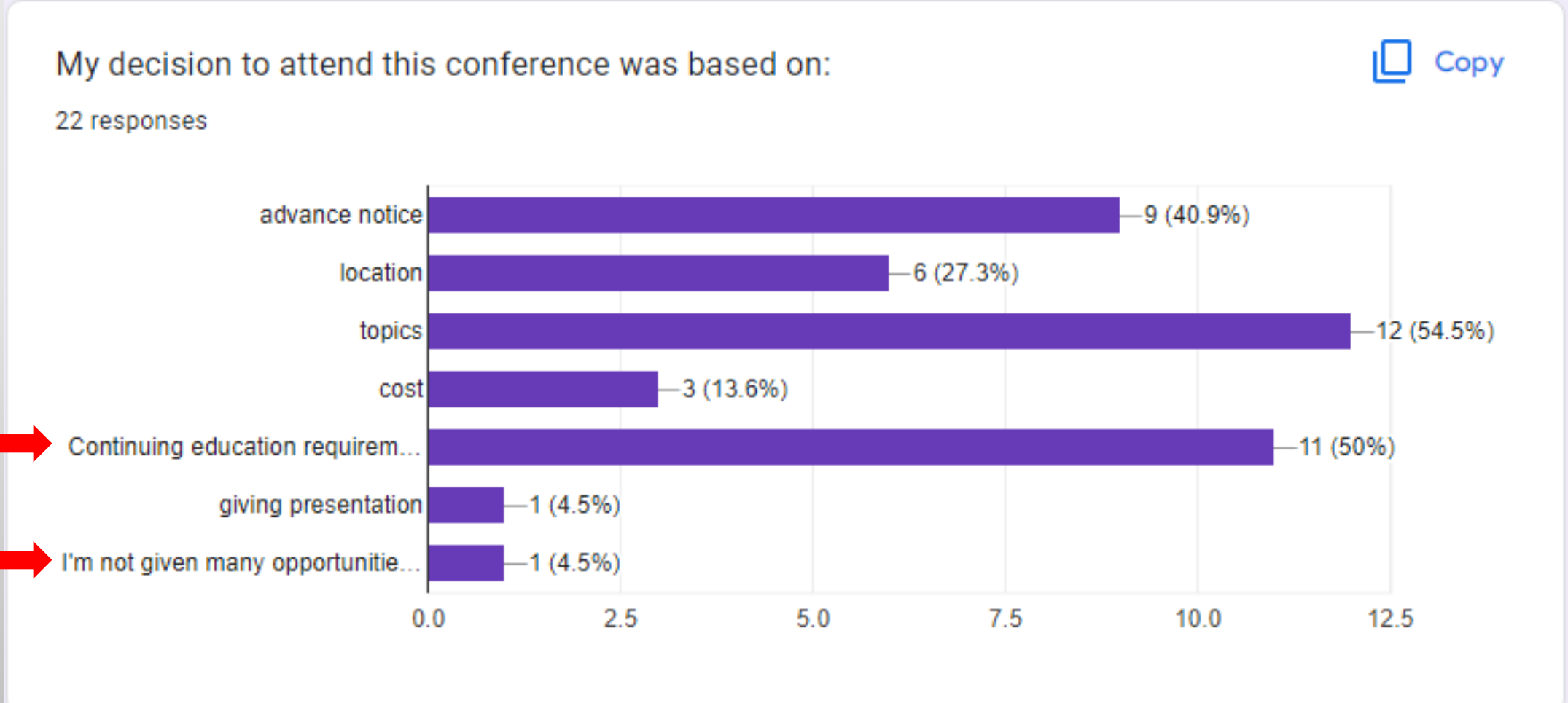
- Provides ability to identify evidence on scene, on the body to corroborate or refute history provided
- Enables the investigator to look beyond the seemingly obvious, the reported, to identify facts among varied distractors
- Ensures a thorough and detailed investigation based on best practices in Medicolegal death investigation, rather than just personal experience or lay knowledge

Why is education the key….

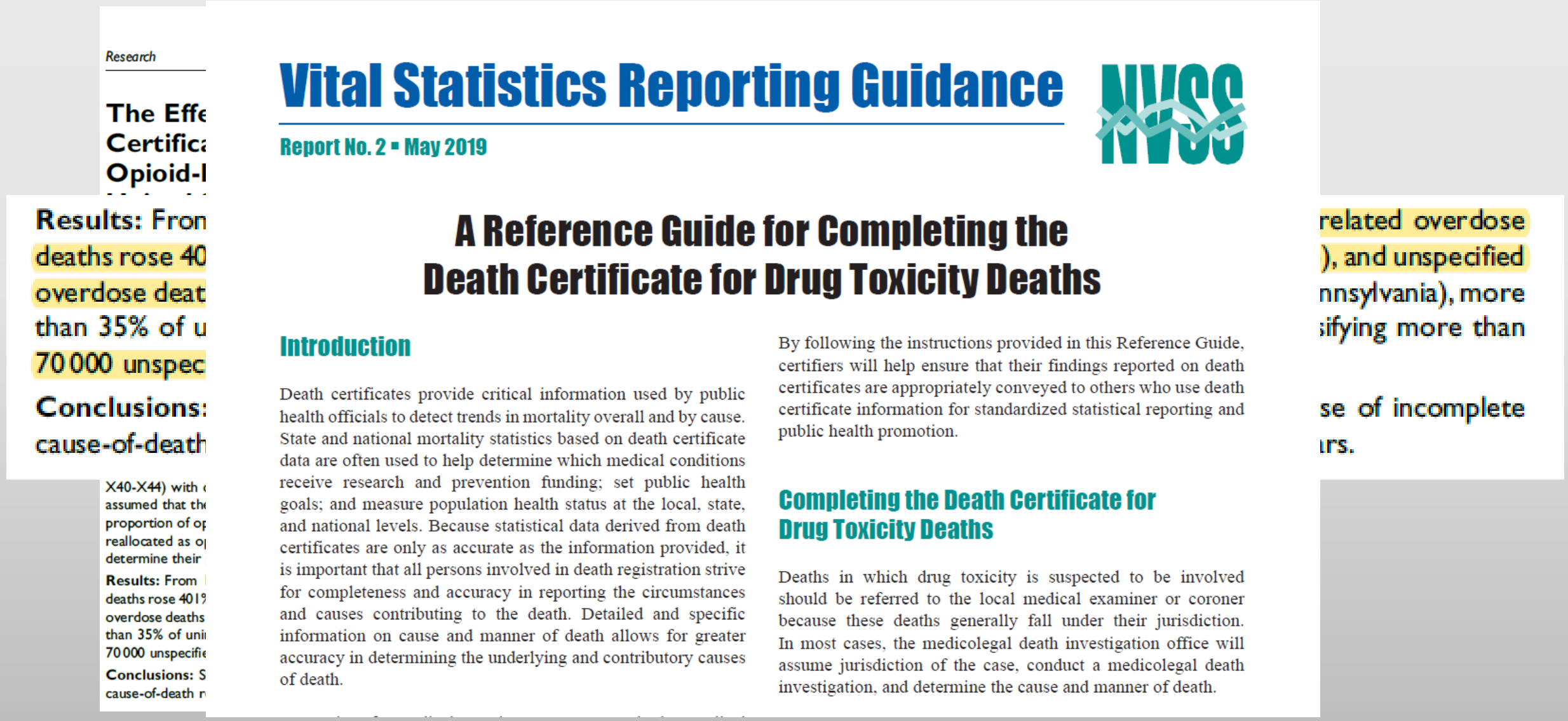
- ~200 members
- ~50-75 people attend conferences

- Lack of “reach” to the target audience
  - No list of C/ME contacts
  - No list of MDI
  - Lack of support from administration to attend conferences, implement practices
  - Lack of standardized educational requirement

Why do members attend?



The results of education



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Vital Statistics Reporting Guidance

Report No. 2 ▪ May 2019

NVSS

A Reference Guide for Completing the Death Certificate for Drug Toxicity Deaths

Introduction

Death certificates provide critical information used by public health officials to detect trends in mortality overall and by cause. State and national mortality statistics based on death certificate data are often used to help determine which medical conditions receive research and prevention funding; set public health goals; and measure population health status at the local, state, and national levels. Because statistical data derived from death certificates are only as accurate as the information provided, it is important that all persons involved in death registration strive for completeness and accuracy in reporting the circumstances and causes contributing to the death. Detailed and specific information on cause and manner of death allows for greater accuracy in determining the underlying and contributory causes of death.

By following the instructions provided in this Reference Guide, certifiers will help ensure that their findings reported on death certificates are appropriately conveyed to others who use death certificate information for standardized statistical reporting and public health promotion.

Completing the Death Certificate for Drug Toxicity Deaths

Deaths in which drug toxicity is suspected to be involved should be referred to the local medical examiner or coroner because these deaths generally fall under their jurisdiction. In most cases, the medicolegal death investigation office will assume jurisdiction of the case, conduct a medicolegal death investigation, and determine the cause and manner of death.

Summary

- The WCMEA strives to provide MDI with foundational knowledge, experience to broader their ability to incorporate scene information
  - The more an investigator knows, the better the information they can gather and report
- We work closely with C/MEs, subject matter experts, and various agencies to provide access to new information and resources
- But we are limited by access to C/ME community, in part driven by lack of standards of continuing education required by the State
- The goal is not to make WCMEA members; the goal is to make better MDI and improve the standard in WI