

# Health Information Exchange and Electronic Medical Record: Medical Examiners/Coroners (ME/C)

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December 19, 2023

# Background

- Medical records are a key component of death investigation.
- Most ME/Cs have subpoena authority to obtain medical records.
- Frequently there is a delay in obtaining these documents.
- Investigations often occur during non-business hours which does not align with medical record department.

# The Issue

- ME/C Offices routinely review hundreds to thousands of medical records each year.
- Without electronic access, each involves contacting the medical record's staff, who must locate the records, and then send them (mail, e-mail, fax).
- Some may involve two or more requests.

# What records do we need?

- Discharge Summary
- Admission H & P
- Key Progress Notes
- Urine Toxicology Screen
- COVID-19 Test Results
- Radiology Results
- Operative Notes
- Lab Values

To: Waterbury Hospital  
Medical Records

**STAT**

03/10/2022

The Office of the Chief Medical Examiner is investigating the death of:

ME Case number: 22-06397

**DOB: 10/19/1929**

**DOD: 3/10/2022**

**Chart Number: 0110243**

Please send me a copy of the following medical records so we may complete our investigation:

Admission Date (s):

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Entire Record   | <input checked="" type="checkbox"/> History & Physical                   | <input checked="" type="checkbox"/> Discharge Summary |   |
| <input checked="" type="checkbox"/> Emergency Room Records   | <input checked="" type="checkbox"/> Admission Note                       | <input checked="" type="checkbox"/> Progress Notes    | <input checked="" type="checkbox"/> Ambulance Run Sheet |
| <input type="checkbox"/> Pathology Reports   | <input type="checkbox"/> Operative Reports                               | <input checked="" type="checkbox"/> Radiology Reports |   |
| <input type="checkbox"/> Laboratory Results including Toxicology   | <input checked="" type="checkbox"/> Other: COVID RESULTS, LAST Admission |   |   |
| <input type="checkbox"/> If the above is not yet available, please send me what is available and the name(s) of the doctor(s) of record. |  |   |   |

Please FAX to (860) 679-4737

Attention: Callie J. Laderoute

Thank you for your cooperation in this matter,



Callie J. Laderoute  
Special Investigator

\*HIPAA exemption for Coroners and Medical Examiners: per section 45 CFR 164.512g: a covered entity may disclose protected health information to a coroner or medical examiner for the purpose of identifying the deceased person, determining the cause of death, or other duty as authorized by law.

Good morning Dr. Gill,  
The following cases are ready for your review:

**Pending**

22-06474—Records in Hartford Hospital Epic—Possible COVID concerns

**IDC**

22-06462—Records in YNHH Epic

22-06478—Records in YNHH Epic

**Cremations**

22-06453—Records in YNHH Epic

22-06454—Records in the Cremation Review Folder

The following are awaiting records:

**IDC**

22-06471—Awaiting records from Danbury Hospital

**Cremations**

22-06388—Awaiting records from Waterbury Hospital

22-06438--Awaiting records from Danbury Hospital

22-06441—Awaiting records from Danbury Hospital

# Benefits for Hospitals

- Improves efficiency: the hospital record's staff would no longer receive our requests.
  - No longer dealing with a myriad of requests, busy fax lines, mailing costs, etc.
- It avoids calls to hospital doctors for this information.
- No longer have to send a written report of the death

# Benefits for Death Investigation

- Real time access obtains information before starting an autopsy or even before the ME/C decides to take jurisdiction.
  - Is an autopsy needed?
  - Do we need to take jurisdiction of the case?
- Speeds up the investigative process preventing delays for families who are planning funeral services.
- Helpful for quickly obtaining radiographs to identify decomposed or burned remains.
- Laboratory results (Covid-19 results, toxicology testing)
  - No need to call the lab



# Utility in Death Investigation and Certification

- In 2015 the AZ OME piloted access to the HIE
- Turn around times for Death Certificate holds decreased significantly allowing for expedited burial and cremation approvals
- Cause of death could be determined more quickly (fewer pending cases).
- Increased the ability to verify medical history, find next of kin, determine locations of incidents, and obtain past medical and social histories.

# Medicolegal Investigator Access

- Already have paper access
- Critical FP shortage (rely on investigative staff)
- Increase efficiency

# Benefits for Public Health

- More timely, accurate (quality) death certificates.
- If history of substance abuse: ME case and autopsy
  - May not have that history at the scene
  - May find pertinent information in a more timely manner through the electronic record.
- COVID-19 Role (Test results, medical course)
- Tissue/Organ Donation

Yesterday 6:27 AM

Hi Dr. Gill it's Tony  
from NEDS.  
Please check your  
email regarding a  
restricted organ  
case that is in the  
OR as I write this.

Checking it now

# Tissue/Organ Donation Benefits

- All potential donors who are reportable medicolegal deaths, must be “cleared” by a ME/C before the donation can proceed.
- ME/C must decide if the donation would compromise their investigation (some of these are homicides).
  - This may entail a review of the medical records at all hours of day and night.
- By allowing real-time electronic access, we can respond more quickly to the organ/tissue donor organization's request.

# Benefits to Family/Next-of-Kin

- Find next-of-kin (NOK) contacts (non-hospital deaths)
  - Cases in which police cannot identify NOK
  - Decrease unclaimed remains
- Radiology for postmortem comparisons for identification
- Accurate and Timely Death Investigation and Certification

# Comments from Chief Medical Examiners around the country

“We've caught so many cases with remote injuries possibly contributing to death or "history of [substance] use" that I cannot begin to innumerate them. We've been able to find contact info for NOK and providers for the purposes of notification, identification, and death certification. We can bring up premortem x-rays to compare to post-mortem for ID purposes, and we can evaluate brain imaging ourselves when the radiology read is not helpful for discerning stroke from trauma. There is no faxing, copying, email, snail mail, or worries about record retention and physical security of confidential medical records.” Upstate NY



“Our only hurdle is getting funding to subscribe to the service.” (20K)

“We use it every day to get main diagnoses/problem lists, histories and physicals, discharge summaries, and continuity of care summaries (sometimes even imaging is there, not just the imaging reports), especially useful for those found at home without friends or relatives to give us leads about medical history that we otherwise wouldn't have known – and it is often enough that we can then justify a cause of death with just an external examination of the body (tox, etc.). “

“We can look up and pull records in real-time, allowing us to even see if a case should be accepted or not. Labs, imaging, progress notes are all there. We still have to make the occasional inquiry to doctors’ offices or a rare hospital that does not participate and then there are the out-of-towners. But really a game changer.”

Our investigators, physician assistants, and forensic pathologists have access to the state HIE and we find it incredibly valuable for timely records, finding healthcare providers decedents saw, and finding NOK. Having access to these systems directly is huge benefit and much more efficient than the old approach of sending a bunch of subpoenas to hospitals around where the decedent lived.”

# Hurdles

- There may be multiple networks in a jurisdiction (CT has 7)
  - Require requesting access to each (new passwords, etc.).
- Some have not allowed investigators access—only physicians.
  - Since investigators can access medical records already, it can be frustrating to not allow them. There is a HIPAA exemption for ME/C (section 45 CFR 164.512g).
- Cost: Some offices are charged for access (thousands of dollars)
  - Cost savings for Hospitals in staff work

ME/C's access to the EMR benefits  
medicolegal death investigation, hospital  
medical record staff, organ donation teams,  
families, and the public health.