



Navigating Medical Examiner and Coroner Office Accreditation Challenges: A Practical Guide

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Introduction

The 2009 National Research Council's report on strengthening the forensic sciences recommended that all medicolegal death investigation (MDI) offices in the United States be accredited.¹ In 2015, the National Commission on Forensic Science recommended to the U.S. Attorney General that all offices, facilities, and institutions performing government-funded official death investigation activities for the medical examiner/coroner (MEC) system be accredited by the end of 2020.² In response to this recommendation, the National Science and Technology Council (NSTC) Committee on Science's Medicolegal Death Investigation Working Group published a report in 2016 titled "Strengthening the Medicolegal-Death-Investigation System: Accreditation and Certification—A Path Forward," which enumerated seven actions to ensure the accreditation of MEC offices:³

- Support dedicated funding for improving the MDI system through new or existing federal programs and initiatives.
- Establish death investigation as a high-priority topic in appropriate agencies, including the U.S. Department of Health and Human Services and Department of Justice.
- Support additional research on the current and desired capacity of the MDI system.
- Support federally financed fellowships in forensic pathology and loan forgiveness programs.
- Develop initiatives to recruit and retain qualified individuals to build professional workforce infrastructure.
- Continue to work with stakeholder efforts to support or host workshops on MDI and the MDI system.
- Consider implementing new requirements for non-MDI public health and public safety federal funding programs, such as state administering agencies, to require proof of MEC accreditation and MDI certification for offices under their jurisdiction.

In addition, the National Institute of Standards and Technology's Organization of Scientific Area Committees for Forensic Science endorsed standard ANSI/ASB Standard 125, First Edition 2021: Organizational and Foundational Standard for Medicolegal Death Investigation, requiring that all MEC offices be accredited.^{4,5} The standard indicates, "Processes followed by fully competent MDI systems optimize public health and public safety engagement, while bringing comfort and answers to the newly bereaved." Section 4.7 of this document reads, "All organizations conducting medicolegal death investigation shall be accredited by an inspection and accreditation program for medicolegal death investigative offices. Accreditation of medicolegal investigation offices can be performed by third party accreditation organizations (e.g., the National Association of Medical Examiners and the International Association of Coroners and Medical Examiners)."

These reports and recommendations emphasize the importance and need for accreditation to enhance the quality of the MEC system in the United States. The federal government has led the response for action by offering grants and resources and facilitating the development of standards and guidelines to move MEC offices toward a consistent and uniform approach to MDIs. Over the last 7 years (2017–2023), the Strengthening the Medical Examiner-Coroner System Program established by the National Institute of Justice (NIJ) and now administered by the Bureau of Justice Assistance (BJA) has awarded over \$14 million to address many of the aforementioned actions identified by the NSTC MDI Working Group.⁶ In 2023, BJA made eight awards to support accreditation, which totaled approximately \$700,000.⁷ The Centers for Disease Control and Prevention (CDC), the American Rescue Plan Act of 2021, and other BJA grant programs like the Paul Coverdell Forensic Science Improvement Grants Program have awarded millions of dollars to support MEC offices nationwide. Although these efforts to support accreditation have made a positive impact, only 17% of MEC offices that participated in the 2018 Census of Medical Examiner and Coroner Offices (CMEC) reported that they were accredited as of 2018.⁸ A review of the number of offices accredited by the National Association of Medical Examiners (NAME) and the International Association of Coroners & Medical Examiners (IACME) indicates that the percentage of accredited MEC offices may be closer to 5%.^{9,10} The discrepancy between these two values, 17% and 5%, may result from offices that responded to the CMEC being disproportionately accredited. Additionally, there may be differences in what is considered an eligible office for accreditation, such as in a state with a state medical examiner with multiple sites and county medical examiners or coroners serving the state. Despite the reporting anomalies, accredited offices tend to be in more populated areas, serving most of the nation's population. However, most counties and municipalities in the United States continue to be served by unaccredited offices in less populated areas.

NIJ, in partnership with the Forensic Technology Center of Excellence (FTCOE) at RTI International and CDC's National Center for Health Statistics, set out to re-examine common obstacles and barriers that impede an office from achieving accreditation and to develop a resource guide that would help offices overcome accreditation challenges. To prepare this guide, MEC offices serving various geographic regions and diverse population sizes, and representatives from IACME and NAME, were interviewed in December 2022. The interviews were focused on gathering information about the most common challenges to accreditation and collecting helpful tips and solutions to overcome the challenges. Additionally, several MEC offices were contacted about providing additional resources and information to include in this guide. This guide provides an overview of the MEC accreditation programs and processes, including the benefits of accreditation, and offers helpful resources for MEC offices seeking accreditation. The guide is intended for use by MEC professionals, as well as policymakers, legislators, members of the public, and other stakeholders interested in promoting MDI excellence.

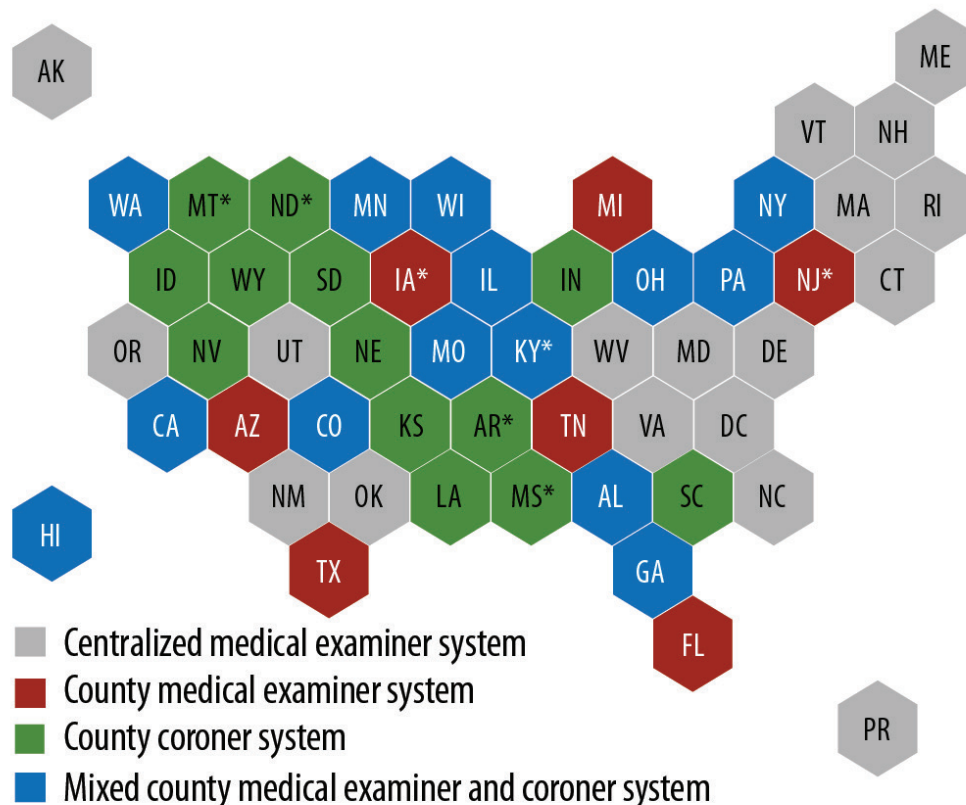
In 2013, Weinberg et al. evaluated the 60 offices that were accredited by NAME at that time and noted that offices of all sizes should be able to become accredited. It is worth noting that in this analysis, the smallest accredited office by population served 300,000 people and performed 174 autopsies per year.

Background on the MEC System

MEC offices fill critical roles within our public health and public safety systems in the United States. There are over 2,000 MEC offices in the United States and several hundred justices of the peace performing medicolegal death investigator functions. These offices and professionals are organized in disparate systems with varying governing structures, functions, staffing, caseload, budget, and access to resources.⁶ Their role is complex because they ultimately determine cause and manner of death, capture case details, identify decedents, locate and notify next of kin, safeguard property and evidence, facilitate the completion of death certificates, aid in disposition of unclaimed remains, and generally act as the people’s representative to monitor deaths within a jurisdiction.

As shown in **Figure 1**, the MEC system is organized at the county, regional, or state level depending on governing laws. Individuals who serve as MECs come from various professional backgrounds with a wide array of experience, education, and knowledge. For example, some who serve as MECs may be medical doctors. In contrast, others may have a professional background in law, criminal justice, mortuary science, or auxiliary medical fields, such as nursing or emergency medical services. Still others may have no medical or legal knowledge. In many jurisdictions, MECs are not required to be forensic pathologists or non-forensically trained physicians. The complexity and variation of the system are significant reasons behind the push for more widespread accreditation of these offices. Accreditation programs provide a standard, internationally recognized framework for MEC operations. Following a standard framework allows MEC offices to develop and maintain effective systems and procedures that support the highest MDI standards and can thus increase quality and help build society’s confidence in a MEC’s performance. Accreditation also provides MEC offices access to resources, such as grants and staff desiring to work in proven quality offices, that can help further improve the quality and consistency of death investigations, ultimately leading to better outcomes for families, communities, and society.

Figure 1: MDI Systems in the U.S., 2018



Reprinted with permission from the Bureau of Justice Statistics. Source: U.S. Department of Justice. (2021). Medical examiner and coroner offices, 2018. Retrieved from <https://bjs.ojp.gov/content/pub/pdf/meco18.pdf>

Guide Organization⁶

This guide provides users with information and resources specific to their accreditation needs and interests. It is not intended to serve as a roadmap to accreditation but as a resource that can inform and guide actions toward more widespread MEC accreditation. The guide is divided into three major sections:

- **Accreditation:** This section answers the question, “Why accreditation?” and provides information and data about the current state of MEC accreditation in the United States. Each accreditation program is described, including process, cost, and fees. Links are provided to each accrediting body’s website.
- **Challenges to Obtaining Accreditation and Potential Solutions:** This section highlights the most frequently encountered challenges to accreditation and offers suggestions for achieving compliance. Funding, access to certified forensic pathologists, staffing, and other challenges to accreditation are addressed. Accredited MEC offices provide tips and best practices to overcome these challenges.
- **Appendices:** This section provides additional resources that can be used by MDI professionals seeking accreditation. **Appendix A** answers some of the most common questions or concerns MEC offices may have when considering accreditation. **Appendix B** contains an in-depth comparison of the NAME and IACME accreditation programs, and **Appendices C and D** list the MEC offices accredited by NAME and IACME, respectively. Additional appendices contain helpful links to grant funding opportunities (**Appendix E**), example standard operating procedures and other internal MEC office documents (**Appendix F**), training resources (**Appendix G**), and many other valuable resources (**Appendix H**). Finally, **Appendix I** contains a case study describing the experience of a coroner whose office achieved accreditation.

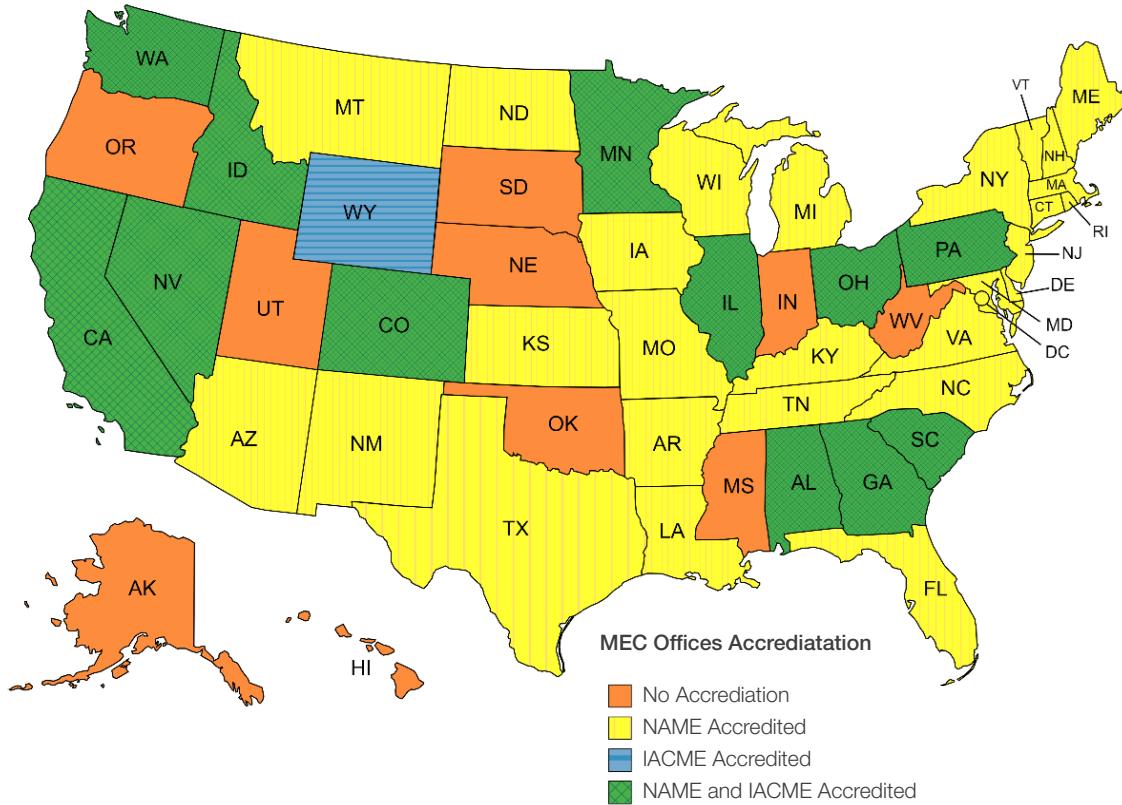
Accreditation

An accredited office demonstrates compliance with industry standards, professional standards, and performance criteria and provides an independent measure of assurance to the community served. Accreditation provides a formal recognition of quality by peers and improves transparency and accountability to the public, thus expanding the number of accredited MEC offices increases the public and legal system’s confidence in the MDI system, while enhancing the standard of service provided by MEC offices nationwide.

The accreditation process includes developing and implementing a quality management system that breaks down the processes used in MEC offices, allowing the office’s management to determine whether processes are sufficient or need improvement.¹¹ Accreditation also allows management to assess potential risks, encourages planning and identification of opportunities to improve efficiency in operations, and provides information that can be used to support resources. Answers to some of the most common questions or concerns MEC offices may have when considering accreditation are summarized in **Appendix A**. Despite these benefits, some in the MEC community remain reluctant to pursue accreditation for various reasons, including cost and other resources, time, intimidation by the process, or not recognizing or understanding its value.

Two organizations in the United States accredit MEC offices: NAME⁷ and IACME.⁸ Both accrediting bodies are recognized equally in ANSI/ASB 125 Organizational and Foundation Standard for Medicolegal Death Investigation and in the 2019 NIJ’s Report to Congress: Needs Assessment of Forensic Laboratories and Medical Examiner/Coroner Offices.^{4, 9} Although other organizations offer accreditation for toxicology laboratory services within some MEC offices, this guide focuses only on the MDI functions covered by IACME and NAME accreditation. **Figure 2** shows the prevalence of MEC offices’ accreditation by state.

Figure 2: MEC Offices Accreditation By State



Created with mapchart.net

NAME Accreditation Program

The NAME inspection and accreditation program consists of approximately 350 standards presented in a checklist format. A trained inspector will select “Yes,” “No,” or “Not Applicable” for each checklist item during the audit and inspection process. The program covers the following seven areas:

- **General** (facilities, security, administrative space, safety, maintenance, organ and tissue donations, mass disaster plan, quality assurance, annual statistical report)
- **Investigations** (acceptance and declining of cases, investigative practices, scene investigations, identification)
- **Morgue Operations** (body handling, body handling areas, autopsy suites, radiologic facilities, radiology, postmortem examinations, evidence and specimen collection, chain of custody)
- **Laboratory Services** (histology laboratory space and practices; toxicology laboratory space and practices, toxicologists, specimens)
- **Reports and Record Keeping** (release of information, investigative reports, reports of postmortem examinations, death certificates, photographic records, and practices)
- **Personnel and Staffing** (personnel, forensic pathologists, medical investigators, other technical personnel, other non-technical personnel, professional credentials and privileges, staff training and continuing education, performance evaluation and monitoring)
- **Support Services and Consultants** (support services, criminalistics/forensic examinations, microbiology, clinical chemistry, consultants, consultations, and laboratory reports)

The standards are divided into two phases: 124 Phase I standards and 229 Phase II standards. Phase I standards represent requirements an office should be meeting but are not essential. Phase II standards are essential requirements, or those an office must meet. If 15 or more deficiencies are identified in Phase I requirements, an office cannot obtain accreditation. However, deficiencies in these requirements do not endanger the welfare of the public or personnel and do not seriously affect the quality of work. Phase II requirements are such that deficiencies in these requirements may seriously impact the quality of work or adversely affect the health and safety of the public and personnel. No Phase II deficiencies are permitted; therefore, all requirements in Phase II must be met to obtain accreditation.

The NAME accreditation fee structure for inspection and accreditation is based on the population served by the office (Table 1). Accreditation is granted for 4 years. The cost for accreditation is tiered according to population served, from \$5,000 to \$8,500 for accreditation and re-accreditation years, and \$2,500 to \$3,500 for years 2–4 (see Table 1).⁷ These fees cover the cost of auditor travel, although certain audits may qualify for a virtual audit where the auditor does not conduct an in-person inspection—usually if there are no significant changes since the last audit. This virtual option can only substitute for an on-site inspection every other audit. Between audits, an annual report is required to be filed with NAME to ensure continued adherence to the standards.

Table 1: NAME Accreditation Fee Structure, December 2023

Population Served by MEC Office	Accreditation Fee, \$	
	Initial (Year 1)	Annual Maintenance (Years 2–4)
<2 million	5,000	2,500
>2 million	8,500	3,500

Note: Travel costs for the auditor(s) are included in the accreditation fee.

IACME Accreditation Program

IACME offers an accreditation program similar to that of NAME. As of October 2023, the IACME program consists of 288 standards in a checklist format that encompass the following six areas:

- **Medicolegal Office Practices** (professional membership, office contact information, office space and equipment, office space security and safety, office policy and procedures, records, property storage, release and retrieval policies and procedures, annual reporting, quality assurance policies, public service, organ and tissue donation, mass fatality planning, employee safety and training)
- **Investigative Practices** (investigations, identification, written documentation, photographic documentation)
- **Morgue Facilities** (body handling and transport, body receiving area, autopsy facility)
- **Forensic Autopsy Procedures** (forensic autopsy procedures, suspected sexual assault)
- **Laboratory Services** (radiologic services, toxicology laboratory services, crime laboratory services)
- **Forensic Specialists** (forensic pathologists, other forensic specialists)

There are 166 mandatory requirements and 122 non-mandatory requirements, of which 90% must be met to achieve accreditation. The 122 non-mandatory requirements represent standards that are requisite to the performance of an office's duties and are those that an office should be meeting, but offices are allowed some leeway in meeting up to 10% of them to accommodate the diversity among MEC offices.

The IACME accreditation fee structure is also based on the population served by the MEC office (Table 2). Accreditation is granted for 5 years, and the office must maintain records to support continued accreditation for the full 5 years, with a new audit and auditor visit occurring every 5 years. The cost of accreditation is tiered according to population served, currently ranging from \$2,000 to \$4,000 the first year and subsequent re-accreditation years, and from \$300 to \$1,200 in years 2–5 (see Table 2). During the years between auditor visits, an annual report and certification of compliance to the standards must be submitted along with annual fees. Additionally, in the initial and subsequent re-accreditation years, the office must also reimburse the association for travel fees for the two auditors who inspect the office.

Table 2: NAME Accreditation Fee Structure, December 2023

Population Served by MEC Office	Accreditation Fee, \$	
	Initial (Year 1)	Annual Maintenance (Years 2–4)
<100,000	2,000	300
100,000–500,000	3,000	600
>500,000	4,000	1,200

Note: Travel costs for the auditor(s) are included in the accreditation fee.

The two accreditation programs have many similarities yet offer enough differences in requirements and costs that offices should carefully select a program that best meets their needs. A detailed comparison of the two programs is provided in Appendix B. IACME and NAME regularly review their standards to ensure they stay current with industry best practices and trends. Therefore, both organizations may change their requirements—the number or content of standards. Information is accurate as of the publication of this guide. For the latest changes in requirements, please consult with the accrediting organizations.^{12, 13}

For a complete list of accredited offices, see Appendices C and D.

One of the first steps in the accreditation process is to obtain and review the IACME and NAME checklists and perform a self-assessment. A self-assessment entails evaluating the office's operations and facilities against the requirements of the accreditation program. This activity can help an office determine which accreditation program is the better fit and highlights areas that need attention and improvement to meet the accreditation requirements. The self-assessment can then be used to guide action toward accreditation. An office should perform this self-assessment early in the process to gauge how much time and effort are necessary to bring the office into compliance with the standards. Completing the self-assessment before formally applying for accreditation provides sufficient time to make any necessary corrections well before the audit occurs.

Challenges to Obtaining Accreditation and Potential Solutions

Variations in MEC office structure, organization, and governance impact the widespread and consistent adoption of accreditation in the United States. In December 2022, interviews were conducted with MECs and NAME and IACME representatives. Additional MEC offices were contacted to conduct follow-up interviews and gather reference documents for this guide. The interviews indicated that the most common barriers to MEC offices pursuing and maintaining accreditation included funding, access to board-certified forensic pathologists, infrastructure issues relating to facilities or technology, staffing dedicated to developing standard operating procedures (SOPs), and other accreditation requirements (e.g., writing procedures, turnaround times). Additional challenges related to staffing changes, workload, and legislation incentives were identified through a review of online content and media coverage related to MEC accreditation.¹⁰⁻¹²

Funding

Funding was the most frequently cited obstacle to accreditation for many of the MEC professionals interviewed for this guide. City, county, and state funding for MEC offices often depends on the size of the jurisdiction and its tax base. For example, the Fulton County Coroner's Office (NY) had a budget of \$157,707 in FY 2022,¹³ serving a population of approximately 53,500, whereas Clark County Office of the Coroner/Medical Examiner (NV), serving a population of approximately 2,270,000, has a budget of \$10,069,291 for FY 2024.¹⁴ On a per capita basis, Clark County dedicates double the funding to MEC operations than Fulton County does (\$4.44 vs. \$2.94), while also having a significantly higher population to serve at that level. As a result, offices serving larger populations tend to have more resources available to dedicate to accreditation. Of the 17.2% of total MEC offices listed as accredited in the 2018 CMEC, only 14.8% of the coroner offices and 20.5% of the medical examiner offices serving populations of fewer than 25,000 reported they were accredited. In comparison, 52.1% of state medical examiner offices serving populations encompassing entire states were accredited, and county/regional medical examiner offices serving populations of over 250,000 were accredited 60.7% of the time, with coroner offices serving larger populations reporting accreditation 27.5% of the time.⁶ **Table 3** provides a breakdown of MEC offices' average budget by population served.

Most offices rely solely on their local government or legislature to provide the necessary funding to operate. For many offices, these funds are often the bare minimum needed to "keep the lights on." One office indicated that as the coroner for the jurisdiction, they recognized the importance of accreditation and had identified many of the office's deficiencies that prevented accreditation. They were slowly taking steps toward obtaining the necessary supplies and were aware of what was needed to achieve accreditation. However, the county administration failed to see the benefit or necessity of accreditation and would not provide additional funding for many of the supplies and resources needed. Examples like this are not uncommon and may represent the sentiment of many county administrators in the United States.¹²

Table 3: Average Budget of MEC Offices, by Type of Office and Population Served, 2018

Type of Office and Population Served	Cost, \$		
	Total	Average per Office	Average Budget per Case Accepted
Total	1,478,293,000	775,000	3,000
Coroner office^a	728,638,000	470,000	3,000
250,000 or more	199,662,000	2,165,000	2,000
25,000 to 249,999	311,417,000	458,000	2,000
Less than 25,000	217,559,000	280,000	5,000
Medical examiner office^b	621,674,000	1,842,000	3,000
250,000 or more	577,091,000	5,162,000	3,000
25,000 to 249,999	39,371,000	284,000	1,000
Less than 25,000	5,211,000	60,000	1,000
State medical examiner office	127,980,000	5,827,000	2,000

^a Includes county, district, and regional coroner offices.

^b Includes city, county, district, and regional medical examiner offices.

Source: Bureau of Justice Statistics, Census of Medical Examiner and Coroner Offices, 2018.

MEC offices must ensure that state and local legislators recognize the importance of their work and push for funding on par with that importance. Funding is needed to cover costs associated with the accreditation process, items needed to meet accreditation standards (i.e., toxicology funding to use laboratories that return results in a timely fashion, access to board-certified forensic pathologists, and infrastructure), and indirect costs for time to develop policies and procedures and to allow staff time to participate in training and other certification activities. With average salaries of \$17,000 to \$19,000,⁶ coroners serving populations of fewer than 25,000 often hold second jobs, leaving little time to develop policy manuals and gather information for accreditation checklists. Progress has been made with the median MEC office budget at approximately \$68,000 nationally,¹⁵ up significantly from 2004.¹⁶ However, MEC offices still need more funding to adequately meet all accreditation expenses.

MEC offices compete with other more visible government agencies (e.g., first responders, public works departments) for a share of the state, county, or municipal budget. Accreditation may be viewed as a luxury or an unnecessary expense by the funding authorities despite the standards being fundamental best practices. Making a compelling and convincing case to government officials to fund MEC accreditation is often the only tool available for offices seeking funding. Offices must demonstrate the benefits of accreditation in a manner that enables funding authorities and the public to clearly understand the return on investment. Offices need to show that accreditation is more than just meeting a standard but a system to ensure and sustain quality for the betterment of the community. Using language that speaks to the public benefit can go a long way toward convincing officials to invest in accreditation. Following are some talking points to consider when requesting funds for accreditation:

- **Improved Quality of Service:** Emphasize that accreditation ensures a higher standard of service delivery and professionalism. Accredited offices follow best practices, adhere to rigorous protocols, and maintain accurate records, leading to better outcomes for families, public health, and law enforcement.
- **Trust and Confidence:** Highlight that accreditation instills public trust and confidence in the MEC office's capabilities and findings. Accredited status demonstrates a commitment to transparency, accountability, and impartiality, reinforcing the office's role as an independent and reliable authority.

- **Enhanced Investigations:** Explain how accreditation leads to improved investigative procedures and practices. By adhering to established standards, the office can conduct more thorough and objective investigations, leading to more accurate determinations of cause and manner of death. Enhanced investigations will improve the quality of data used to inform local public health and public safety efforts.
- **Professional Development and Training:** Describe how accredited offices prioritize ongoing professional development and training for their staff. This commitment to continuous improvement enhances the office's knowledge and expertise, leading to better-informed decisions and conclusions.
- **Efficiency and Resource Optimization:** Explain how accreditation drives operational efficiency and resource optimization. By streamlining processes and aligning practices with standards, the office can operate more effectively, potentially saving costs in the long run.
- **Emergency Preparedness and Response:** Highlight how accredited offices are better prepared to respond to mass casualty incidents and disasters. Their adherence to established protocols ensures a swift and organized response during critical situations.
- **Collaboration and Networking Opportunities:** Highlight that accreditation opens doors to collaborate with other accredited agencies, facilitating information sharing and fostering a supportive network of peers and experts.
- **Stakeholder Support:** Present endorsements and letters of support from stakeholders, such as law enforcement agencies, prosecutors, public health departments, and community leaders. These testimonials to value MDI for their role in public service can bolster the case for funding.
- **Long-Term Impact and Return on Investment:** Provide a clear vision of the long-term impact of achieving accreditation, showcasing how it aligns with the overall strategic goals of the office and the broader community.

Additional talking points and insight from accredited offices can be found in the IACME accreditation webinar ([Appendix H](#)) and in a case study ([Appendix I](#)).

Aside from funding from state and local government budgets, MEC offices may be able to obtain financial assistance for accreditation from federally funded programs at BJA. The Paul Coverdell Forensic Science Improvement Grants Program, the Missing and Unidentified Human Remains Program, and the Strengthening the Medical Examiner-Coroner System Program are three of the bigger grant programs. The last program is specific to supporting accreditation and re-accreditation, but the others can be used to address certain issues impeding an office's ability to meet accreditation standards. Program awardees in FY 2023 included offices that needed new case management systems (CMS), funding for enhanced toxicology testing, and updated morgue facilities.

CMS play a crucial role in supporting MEC accreditation by providing a structured and efficient framework for managing and documenting accreditation-related documents. CMS assist with recording keeping and workflow management and provide organization to quality assurance and compliance documentation. Reporting and analytics are additional aspects of CMS that help support accreditation through the identification of trends and tracking of timelines and other important metrics.

In FY 2023, the Strengthening the Medical Examiner-Coroner System Program grant awarded 14 grants totaling just over \$2 million to support forensic pathology fellowships and provide resources necessary for MEC offices to achieve and maintain accreditation.¹⁷ This grant program began in 2017 and has since awarded \$14.4 million to 38 offices across 25 states and the District of Columbia.¹⁸ As of October 2023, 11 organizations have achieved accreditation using program funds (however, note that these numbers do not include offices that achieved accreditation after the close of the award).¹⁸

Other federal funding sources may include the Federal Emergency Management Agency, the American Rescue Plan Act of 2021 (ARPA), and CDC, whose funds may be administered by another entity like the CDC Foundation or the National Network of Public Health Institutes (Appendix E). Over the last 6 years, funding opportunities have become increasingly available to help MEC offices improve operations and assist with accreditation and re-accreditation. Grant funds are limited and may be competitive but provide an additional funding source that offices should explore. Over the years, IACME and NAME have shared information on available grant opportunities with their members. Additionally, some state attorneys general have been successful in obtaining substantial settlements related to the opioid crisis and have provided some of these funds to MEC offices to offset costs.¹⁹

Grants can provide a readily accessible funding solution but can sometimes be difficult to acquire. Time is needed to prepare the grant proposal and navigate the complexities associated with the federal requirements. Few offices have the staff or expertise needed to complete the process. Offices can leverage resources such as webinars hosted by BJA, which provide detailed information on how to work through the [grant application process](#). The BJA website also includes copies of past winning MEC grant proposals that can be modified to an office's specific needs and requirements. The IACME website also maintains a repository of successful grant submissions, but access is restricted to members. In addition, grant recipients are generally willing to share their proposal with other offices, thus allowing offices to tailor their proposals without starting from scratch. Examples of successful grant proposals can be found in Appendix E. Some offices have found that hiring a grant writer may ease the burden of writing. Grant writers can be cost efficient and are a good return on investment because they bring specialized knowledge and understanding of the process. The [American Grant Writers' Association](#) offers access to professional grant writers in a variety of specialty areas. A detailed list of grant opportunities and additional resources to assist offices with federal grants can be found in Appendix E. Offices should also identify their state grant agency, which may be able assist and provide resource to MECs.

Board-Certified Forensic Pathologists

Another frequently cited challenge to accreditation is a lack of board-certified forensic pathologists.^{10, 11, 20} Without access to a board-certified pathologist, an MEC office cannot become accredited. Access to board-certified forensic pathologists remains a struggle for small and large MEC jurisdictions. Smaller offices interested in pursuing accreditation have partnered with larger MEC offices that employ board-certified forensic pathologists to meet this requirement. However, the COVID-19 pandemic and opioid epidemic have pushed MEC offices to capacity, and larger offices are less able to take on the additional caseload from smaller offices while still maintaining their own accreditation requirements (currently 90% report turnaround times of 60 or 90 days and a cap of 325 cases per year per pathologist).^{21, 22}

Some U.S. regions lack forensic pathologists in the vicinity of the office altogether. A locum tenens or traveling forensic pathologists have been used in these areas to address regional forensic pathologist shortages. An awardee of the BJA Strengthening the Medical Examiner-Coroner System Program used the grant funds to hire locum tenens forensic pathologists.²³ This enabled the office to address workload numbers and maintain turnaround times to allow for accreditation. Other offices have used Paul Coverdell Forensic Science Improvement Grants Program funds to hire locum tenens pathologists.²⁴ Offices have also contracted directly with board-certified forensic pathologists who operate privately. Although this approach is effective, it can be expensive because contract pathologists may request reimbursement for transportation fees or overnight accommodations to travel to MEC offices.

Multiple companies can provide supplemental staffing for MEC offices. [Forensic Pathology Staffing](#), [American Forensics Services](#), [1-800-Autopsy](#), and [Dead Man's Hand Forensics](#) are a few examples of consultants who provide services in multiple states. Consultants include board-certified forensic pathologists, medicolegal death investigators, pathologist assistants, autopsy technicians, and transcriptionists.

Offices may also consider transporting decedents awaiting autopsy to other parts of the state or out of state to private or public MEC facilities to perform the examination. MEC offices, including justices of the peace in Texas, regularly rely on other MEC offices or private forensic pathology providers within their state to perform the autopsy.^{25, 26} Other states, like Wyoming, currently rely on neighboring states to provide this service.^{27, 28} The Wyoming Board of Medicine lists just two active forensic pathologists licensed and living in the state. Transporting decedents does come with its own challenges, such as transportation costs and staff time needed. Nevertheless, transportation is an option that offices have used to find forensic pathologists with whom they can work to meet accreditation requirements.

Another possible solution is to integrate pathologist's assistants into MEC offices to extend the services of an office's board-certified forensic pathologists.²⁹⁻³¹ Although this novel practice is not yet recognized by the accrediting bodies, it is in place in certain offices and could reduce the burden on certified forensic pathologists.³⁰

Toxicology screening tools and postmortem imaging (e.g., full body x-ray or computed tomography) to triage cases in MEC offices are other tools that may help eliminate the need for some autopsies and can extend the capacity of forensic pathologists.³²⁻³⁵ Both of these tools can assist the forensic pathologist by lessening the workload, by determining a cause of death without having to complete a full evisceration of a decedent, or could assist the MEC from needing to engage their services for an autopsy. Rapid toxicology testing can help inform the decision-making process in cases by ruling out substance-related causes of death, where a full autopsy would otherwise be indicated, including waiting for traditional toxicology testing results. For other cases, a forensic pathologist may be able to complete an external examination, which takes less time and resources than a full autopsy, when postmortem imaging results indicate a cause of death. In this scenario, the forensic pathologist would then be available to complete other autopsies for which these tools do not aid in confirming or excluding a cause of death. Even if a forensic pathologist needs to be more involved in review of records for a decedent, some may be comfortable using toxicology screening tools and postmortem imaging to help focus and direct autopsies and ancillary testing, thus increasing capacity.

Sharing resources is another potential solution to the lack of available forensic pathologists. Regional autopsy centers, first recommended by the Scientific Working Group for Medicolegal Death Investigation (SWGMDI), are one way to accomplish this goal. They are being developed in eastern Idaho.^{36, 37} Some states, like Arkansas and Montana, have accomplished this goal by developing a state medical examiner's office while maintaining a coroner system at the local county level.^{38, 39} The level of authority of a regional office could vary by jurisdictional practice and laws. A regional office allows pooling of resources and potentially eases the burden on forensic pathologists by minimizing their need to travel between offices and by having them work in a centralized location. By centralizing autopsy services, regional autopsy centers can optimize resource allocation and streamline operations. This can lead to reduced travel times and increased efficiency in conducting postmortem examinations by having a singular familiar location and not having to adapt to different practices, customs, and staff that different autopsy facilities require.

Depending on complexity, a hospital autopsy can take anywhere from 2 to 5 hours. The length of a forensic autopsy from start to finish is similar but can take more or less time based on the circumstances of death. Reviewing a pathologist's assistant's findings takes about 20–30 minutes.

Staffing and Personnel

Sufficient staffing remains an impediment to accreditation. Although the cost of the accreditation and maintenance fee is a concern, many offices noted the time and effort needed to write, review, and maintain the required SOPs, policies, and annual reports are challenges to pursuing accreditation. Many smaller offices have only part-time staff who must dedicate their time to investigations, reports, and case documentation and do not have time to accommodate additional administrative responsibilities. Some MEC offices may have budget constraints that prevent them from hiring an adequate number of qualified personnel needed to prepare and meet accreditation requirements. MEC offices should consider the following actions to address staffing shortages:

- **Apply for grants to augment existing funding for staff.** Grant funds can be used to pay additional wages to existing staff or to bring back a former employee on a part-time or contract basis to dedicate to the accreditation process. Of course, this is only a temporary solution until grant funds expire.
- **Contract with a consultant experienced in quality management and accreditation.** Some offices have enlisted services from law enforcement accreditation consultants who apply their background to helping with MEC office accreditation.^{40, 41} MECs can work with consultants to submit grant requests to include funding for the consultant's services and other funding needed to correct deficiencies identified by the consultant. Once the grant funds are received, the consultant can work with the office to develop appropriate policies and SOPs. The consultant can also assist the office in navigating the websites of the accrediting bodies to acquire documents associated with the accreditation program. Several recent grant recipients of the BJA Strengthening the Medical Examiner-Coroner System Program use consultants in this manner; one office was awarded over \$125,000 to hire a retired employee to direct and guide the accreditation process.⁴² Another office used funds to hire a part-time project coordinator to work on policies and procedures, upload accreditation documents, and prepare the required annual reports.⁴³ Two other offices received grant funds for a consultant to assist with preparing for accreditation, including writing policies.^{40, 41}
- **Modify existing SOPs, annual reports, and other required accreditation documents to meet your office's specific needs.** Using example SOPs saves time and may provide opportunities to improve internal policies and procedures. Ideally, example policies from an office of a similar size or with a comparable workload should be used. Both accrediting bodies can provide sample policies, and additional examples of these documents can be found in **Appendix F**. Accrediting bodies can also provide exemplars of other documents, such as mass fatality plans and family brochures. NAME provides these documents on request, and IACME provides them via the restricted member section of their website. Additionally, **Appendices C** and **D** provide a list of accredited offices, and an office looking to develop policies could reach out to offices with similar demographics or structure to see about obtaining their documents.
- **Use interns or volunteers to assist with the accreditation process.** Interns and volunteers typically work for little or no pay, making them a cost-effective option for MEC offices with limited budgets. By using the skills and enthusiasm of interns and volunteers, MEC offices can reduce labor costs associated with accreditation preparations. Interns and volunteers often bring fresh perspectives and innovative ideas to the table. Their unique experiences and backgrounds can lead to creative solutions for meeting accreditation requirements without the need for expensive consultants or experts while also allowing them an opportunity to gain work experience and an introduction to the MDI field. It is important to recognize that although interns and volunteers offer cost-effective solutions, they do require proper management, supervision, and mentoring.
- **A staffing challenge unique to coroners elected to their positions is staff turnover that accompanies their election to office.** Newly elected officials may not retain staff from the previous administration, hindering a smooth continuation of operations. If the office was previously accredited, the current administration must review its policies and procedures, and case and office audits must reflect those policies and procedures in practice. A newly elected or appointed coroner, especially one without prior experience in that office or in MDI in general, will need time to develop and implement policies and procedures for the office. An office undergoing re-accreditation shortly after an administration change creates further challenges because staff are transitioning in and out. Incoming MECs must have a plan of action to work with the outgoing MECs to make the transition as smooth as possible. County administrators should be supportive of the transition and provide resources as needed. If policies do need to be created, using model SOPs or implementing one or more of the staffing shortage solutions noted earlier can be useful.

American Board of Medicolegal Death Investigators Certification Requirements

American Board of Medicolegal Death Investigators (ABMDI)-credentialed staff are a requirement of accreditation, and obtaining the experience for ABMDI certification is a lengthy process; therefore, many offices lack certified investigative personnel.¹² Offices must dedicate time and resources to prepare personnel for certification, which takes time away from investigations and other responsibilities and may even require staff to travel to other jurisdictions to gain experience. In jurisdictions with elected coroners, the problem is amplified due to possible leadership turnover during an election cycle. Even a well-run office led by trained and experienced ABMDI-credentialed staff may have those staff replaced by someone lacking the required credentials, thus jeopardizing the office's accreditation. Several options are available for MEC offices struggling to meet the ABMDI certification requirement:

- **Employ ABMDI-certified staff through a regional MDI concept.** Parts of Michigan have taken the concept of privatization and regionalization of a regional autopsy center and applied it to investigations.⁴⁴ Services for death investigations are contracted out to a private company that serves multiple counties, thus allowing a new investigator to amass enough experience to attain ABMDI certification quickly, with training and testing costs shared among all serviced jurisdictions. Similarly, in Missouri, there is a publicly operated regional MEC office that serves three counties and all their MDI needs, from investigation to autopsy and all other functions.⁴⁵
- **Develop a new level of certification.** ABMDI is responding to some of the challenges with accreditation and will offer a new level of certification beginning in January 2024. This certification is targeted at investigators who do not respond to scenes.
- **Partner with neighboring offices.** Obtaining the experience for ABMDI certification is a lengthy process, and a certain amount of hands-on experience is needed. One way to obtain this experience could be to partner with a neighboring agency to spend time training at their facility or responding to death scene calls alongside their staff, like an apprenticeship or an internship.
- **Participate in training.** Many of the hours of training needed to take the ABMDI test can be filled via online courses and webinars. ABMDI maintains a list of approved trainings, some of which are free to MEC offices. Many trainings are available on demand, providing flexibility to MEC personnel. Examples of these resources include NIJ's FTCOE (see Appendix G for additional training resources).

Continuing Education and Training

Accreditation requires staff members to engage in continuing education, professional development, training, and memberships in organizations. Given the restricted budgets on which many MEC offices operate, maintaining continuing education requirements can be a challenge. Solutions include the following:

- **Leverage online resources, webinars, and partnerships with academic institutions to offer affordable and accessible learning opportunities.**
- **Utilize training offered by the MEC community.** Some states have MEC associations that offer trainings, and associations like those in Michigan are open to MEC offices outside the state. (See Appendix G for more information.)
- **Research free or low-cost training opportunities.** NAME and IACME are also training organizations and occasionally share opportunities with their members; opportunities are also shared through ABMDI. NIJ's FTCOE and CDC's Collaborating Office for Medical Examiners and Coroners also have free or low-cost opportunities available. Additionally, training organizations may be aware of scholarship opportunities to attend their trainings. In 2023, IACME directly provided scholarship opportunities to members, and the Council of State and Territorial Epidemiologists' Forensic Epidemiology Working Group provided scholarships to attend the NAME Annual Meeting.

- **Work with state associations to obtain and manage funding to train investigators within the state, as is done in California and Washington.**^{46, 47} Some states have implemented a fee associated with death certificates to help fund this training, which could be another funding source to pursue.⁴⁸
- **Use grant funding for training and professional development.** Past grant recipients have been given funding for investigator certification and training, as well as hiring of medicolegal death investigators, as part of the award.
- **Use honorariums from books for training.** Professionals can donate honorariums for presenting or contributing to books to their office for use in training.

For a complete list of training resources, see [Appendix G](#).

Infrastructure

Infrastructure challenges, specifically the requirements regarding cold storage space, odor-free family meeting areas, and separate clean areas of the morgue space were identified as common reasons why offices are unable to meet accreditation requirements.¹² Smaller offices may lack space, computers, and other equipment designated for administrative use as specified in accreditation standards.⁴⁹ Often, smaller MEC offices employ part-time employees who may use their own supplies and materials (or those of another business, like a funeral home) to support their work. These offices may use mortuary-owned transport vans and equipment or personal vehicles to respond to an MDI scene. Some use their personal finances to support their equipment needs, such as purchasing gloves or cameras. With budgets stretched, space modifications and investments in technology cannot be prioritized over purchasing essential equipment, like personal protective equipment (e.g., masks, gloves), and retaining staff.

Infrastructure issues may be difficult to overcome because the MEC office's physical location or space may prevent expansion or modification to meet accreditation requirements. In these cases, elected officials must be engaged in developing plans to relocate MEC offices to adequate facilities. This requires the MEC office to make a compelling case against the backdrop of competing government interests.

Despite the challenges associated with infrastructure issues, creative solutions have proven successful with elected official support. For example, some MEC offices in need of renovation or relocation have been successful working with other county offices to identify opportunities for co-location.⁵⁰ One common co-location partner is the sheriff's office, which often has the necessary accreditation requirements in place, such as a locked and monitored facility with secured entrances. Co-location with a crime laboratory is another option, and if the laboratory is already accredited, it likely meets similar requirements.

Funding is again a key factor when deciding if a new or modified facility is needed, and the talking points listed earlier may be useful to MECs in "making the case." Additionally, federal grants can be used to aid in building and equipping new facilities. The Strengthening the Medical Examiner-Coroner System Program will not directly pay for construction costs but can be used for building design or supplies and equipment.^{51, 52}

ARPA funds may also be used to assist in acquiring supplies for a new or renovated building. Although the Strengthening the Medical Examiner-Coroner System Program will not pay for direct construction, it can pay for building design or for necessary supplies and internal infrastructure (e.g., refrigerated storage facilities) to make a new building functional to MECs' needs. Past grantees have used award funds to improve or acquire equipment and facilities such as lighting, toxicology equipment, morgue coolers, and keyless security systems.^{40, 53} The Paul Coverdell Forensic Science Improvement Grants Program has also been used to update specialized equipment in an office and autopsy space.^{54, 55}

The establishment of regional centers is another concept that MEC offices should explore when seeking to upgrade their facilities. Regional centers allow for multiple counties to pool resources to meet the needs of a larger community. Constructing one new centrally located facility that multiple counties contribute to can ultimately save individual costs to counties. Examples of jurisdictions that have done this include Washoe County, NV, with the 18 other counties to which they provide services, and St. Charles, Jefferson, and Franklin Counties, MO.

In 2012, SWGMDI produced a document related to facilities and recommendations for space requirements, budgeting for facilities, staffing facilities, and additional considerations for constructing a new facility. Although this document is designed to be scaled to populations in increments of 500,000 and cannot necessarily be scaled down in the same vein, it can serve as a useful resource for information about building needs and costs for an MEC office.³⁶

Offices considering building a new facility should contact other offices that have recently done the same to seek their guidance and counsel. To find these offices, MECs can contact state associations for contracts or inquire on ABMDI or other electronic mailing lists. Offices recently involved in building a facility may be able to provide suggestions, perhaps even allowing MECs to take a tour and talk about lessons learned. Although some offices, like one in Skagit County, WA, have had success working with a local architecture firm, several groups of architects who have experience designing crime laboratories and MEC offices could provide referrals to offices that have recently completed facilities.

Counties that have built a new MEC facility in the last few years include Johnson County, KS; Travis County, TX; Skagit County, WA; Hennepin County, MN; Montgomery County, TX; Ada County, ID; Marion County, IN; and Butte County, CA.

Toxicology Analysis and Case Turnaround Times

The achievement and maintenance of accreditation by an MEC office can be hindered by challenges related to toxicology analysis and case turnaround times.^{56, 57} The primary issue revolves around the toxicology laboratories to which MEC offices are required to send samples. MEC offices utilizing public toxicology laboratories, such as state toxicology laboratories, are directly affected by these laboratories' turnaround times. Delays in testing can adversely impact an MEC office's ability to meet accreditation standards. It is crucial for MEC offices to communicate with these laboratories, emphasizing the impact of turnaround times on accreditation and the need for efficient testing.

To address this challenge, MEC offices should engage with state officials and advocate for the necessary resources to expedite case processing, aiming to meet the accreditation standard benchmark of a 90-day turnaround time for MEC cases. Collaboration with state-level organizations, like the state coroner's association, can provide a unified approach to addressing the issue, benefiting all MEC offices in the state.

Another viable solution involves outsourcing specific toxicology testing, especially for cases pending toxicology results without other identified causes of death. Some MEC offices have successfully met the 90-day benchmark by outsourcing a portion of toxicology testing to private laboratories while using state or local laboratories for other cases.⁵⁸ However, limited funding may constrain MEC offices from outsourcing to private laboratories. In such cases, seeking grant funding or external financial support becomes essential to fulfilling the turnaround time requirement.⁵⁹

A recent study highlighted that the national average turnaround time for all offices was 58 days, suggesting that many offices have implemented effective solutions to address this potential issue.⁶⁰ This underscores the importance of proactive measures and collaborative efforts to optimize toxicology analysis and case processing within MEC offices.

Legislative Incentives

A 2004 NIJ report identified a key obstacle to the accreditation of MEC offices—namely, the absence of compelling incentives for seeking accreditation.⁶² At present, accreditation within the MEC community is primarily voluntary, with only a few counties and states mandating this process. Consequently, many MEC offices lack tangible motivation to pursue accreditation. In a noteworthy development, the state of Washington enacted legislation in 2021–2022 mandating that all MEC offices within the state achieve accreditation by 2025. This legislation includes provisions allowing the withholding of a portion of autopsy fee reimbursements for non-accredited offices, providing a financial impetus for compliance.⁶³

Similarly, Pennsylvania, with support from the Center for Rural Pennsylvania, recently conducted a survey of its MEC offices, emphasizing the importance of accreditation. The survey acknowledged existing barriers and proposed recommendations to enhance systems, making accreditation more accessible and appealing to additional offices.¹² Notably, the report highlighted that Pennsylvania currently lacks any mandatory accreditation of MEC offices by an external entity. Of the state's 67 MEC offices, only six are accredited—five by IACME and one by NAME. The report underscored that this lack of accreditation contributes to operational disparities.

Although the survey focused on Pennsylvania, the identified issues extend beyond the state's borders. Consequently, MEC offices and their supporting associations should consider collaborating with legislators to formulate laws that actively promote accreditation. This collaborative effort ensures that any accreditation-related legislation serves the mutual interests of MEC offices, counties, citizens, and public health and safety systems—a departure from merely imposing unfunded mandates.

Summary

This guide serves as a resource to support the MEC community in their journey toward accreditation. It offers valuable insights and practical strategies to enhance office practices, ultimately aiming to bolster the number of accredited MEC offices across the United States while elevating service quality.

One key aspect addressed in the guide is the challenge of securing adequate funding. The guide provides proactive approaches such as optimizing budgets, seeking grants, and fostering partnerships. Additionally, to tackle the shortage of board-certified forensic pathologists, the guide encourages collaborative efforts with neighboring offices or the utilization of locum tenens. Highlighting the significance of proper staffing, certification, and infrastructure, the guide advocates for tapping into regional or local resources to meet accreditation standards effectively.

Despite ongoing efforts and a rise in the number of accredited offices, the statistics reveal that only a small percentage of MEC offices in the United States are currently accredited. This underscores the importance of striving for accreditation as it not only instills public confidence and trust in the legal system but also assures stakeholders of adherence to globally recognized standards.

By embracing the accreditation process, government officials can pave the way for enhanced professionalism, standardized practices, and greater transparency within MEC offices, ultimately contributing to a stronger and more reliable system of death investigation across the nation.

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Appendix A. Frequently Asked Questions

How much does accreditation cost? The basic costs are \$5,000 (\$8,500 for offices serving populations over 2 million) for the National Association of Medical Examiners (NAME) (inclusive of auditor travel) and \$2,000 to \$4,000 (depending on the size of the population served) for the International Association of Coroners & Medical Examiners (IACME), plus the direct cost of auditor travel, but some offices do incur additional infrastructure costs or labor costs to prepare for the visit of the accreditation auditors. Additionally, there are ongoing maintenance fees between \$2,500 and \$3,500 for NAME and between \$300 and \$1,200 for IACME.

How much effort will I have to put into it? This really depends on the baseline at which you start the process. If you already have a facility in good working order and a comprehensive policy and procedure manual, the effort should be minimal. However, if you must build infrastructure or need to develop policy manuals, the effort can be substantial.

Are there people who can help me get accredited? Yes. If your office requires extensive work, such as writing policies and procedures, you can hire consultants (even with grant funding) to help. Other offices have hired part-time staff to assist with the accreditation process. Additionally, during the accreditation process, you are paired with an auditor, and their goal is for you to succeed in this process. The auditor can be a resource to help with questions and can share from their experiences in other offices.

I don't have a morgue. Can I still get accredited? Yes. You just need to ensure that you meet the related standards, such as having autopsies done by board-certified forensic pathologists and using a facility for autopsies that is accredited (or meets the standards related to morgue accreditation), be it a hospital or another medical examiner/coroner office. If you use a neighboring county for autopsies or storage of remains, the auditor(s) will inspect that facility if it is not already accredited. If you use an accredited hospital where your forensic pathologist performs your autopsies, that will be acceptable.

I don't have a facility. Can I still get accredited? Yes. There is no requirement for a standalone facility; however, you do have to have space within a facility that meets certain standards and is controlled by your office and can be locked and secured according to the standards.

I don't have any forensic pathologists. Can I get accredited? Yes. The standard requires that you use a board-certified forensic pathologist for all forensic autopsies. As long as you have a contract or agreement with a board-certified forensic pathologist to perform the autopsies, you will meet this requirement.

How do I know which accrediting body to choose? We have provided a list comparing the requirements for the two accrediting bodies to assist you in making an informed decision (**Appendix B**). Alternatively, you can schedule a call with both organizations to acquire more detailed information about the process and the standards.

My state medical examiner isn't accredited, so I can't get accredited. Is that going to be a problem? If you use them for your autopsy services, their facility will need to meet standards related to autopsies and autopsy facilities. If they meet these standards but have not gone through the process, it is possible that your accrediting body could inspect their facility as part of your accreditation process.

Are there any ways to do this for less money? There are federal grants available that cover not only the cost of accreditation, but also costs associated with the resources needed to prepare for accreditation, such as hiring consultants, finding time to write policies and procedures, and improving infrastructure. At least one of the accrediting bodies may be able to work with you to reduce travel costs if you and a neighboring county want to have the auditors come at the same time.

What happens when the auditor(s) visit? After you have completed your online checklist and provided all the supporting documentation and the auditor(s) have reviewed these items to ensure you are likely in compliance, the auditor(s) will schedule a visit to your office, or possibly a virtual visit, to verify your responses to the checklist. These visits are scheduled on a date agreed upon by the auditor(s) and the office, so you can be prepared when they arrive. Generally, the auditor(s) will talk with you, and possibly some staff or stakeholders identified by you or the auditor, about practices of, concerns with, and general information about your office. They will get a tour of the facilities, and they may review some cases that you select and provide for them. They are looking for indications that your facilities are in good repair as indicated in the standards checklist and that the things you indicate (such as emergency exit signs) are posted and available as described. They are also looking to see if you are following your procedures. For example, if your policy says a log of the cooler temperatures is maintained, they will ensure that this is in fact regularly happening. If there are identified issues, your auditor(s) may work with you to identify corrective actions and make a plan to get things corrected to allow for accreditation. The goal is to ensure that offices around the country are operating in accordance with practices that represent the profession in a positive light and to bring any subpar practices up to the standards, which ultimately improves MDI throughout the country. For re-accreditation, which is every 4 to 5 years, the auditor visit might be done virtually or require another on-site inspection. This is to continue to ensure that you have maintained your practices and continue to operate according to the identified standards.

Are offices really able to get cases turned around in these time frames and keep pathologist caseloads under these benchmarks? Yes—many do. According to a recently released report, the average turnaround time for an autopsy is 58 days, and the average turnaround time for toxicology testing following an autopsy is 50.8 days.⁶⁰ It can seem daunting, but it is achievable. Some offices have used accreditation to justify contracting with additional forensic pathologists (locum tenens) or toxicology laboratories on a small percentage of cases, which allows them to meet these standards.

Why is accreditation necessary? Accreditation involves a neutral and independent third party validating your operations and what you are doing but not necessarily specifics of how you are doing it. This proves to your community and stakeholders that you operate a well-run office that meets community-endorsed standards of practice. Being accredited can help you justify budgetary, staffing, and other needs and allow you to show community members and policymakers that they are getting appropriate return on their investment into the office and instill confidence in your operations. Additionally, being accredited can justify your practices to the legal community and establish that you are capable and your operations are in line with accepted practices. Last, when an outside body inspects your facilities and practices and deems the office to be meeting these standards, it exemplifies the professionalism of the office.

What is involved with the process? The first step is to decide which accrediting body you want to use (or both—a few offices are accredited by both organizations). This guide can help you compare the two. There are many similarities but some differences, and both organizations accredit coroner and medical examiner offices. Once you have chosen an organization, apply online and submit the fees. You then have a call with the organization to go over details and answer any questions. Auditor(s) are assigned. You fill out a checklist indicating your compliance with each standard, and attach a photo, PDF, or other document to prove compliance. Once that checklist is complete, the auditor(s) will schedule the on-site inspection, which involves them coming to your office to look at the facility and possibly some cases and talk with staff or stakeholders.

How do I convince my county government to support and pay for this? Many industries, colleges, and universities have used accreditation for many years to demonstrate compliance with industry-accepted standards. Many law enforcement agencies are accredited, with more and more states passing laws mandating law enforcement accreditation or forming state-level accrediting bodies. Hospitals are another industry in which accreditation is standard because they cannot qualify for federal reimbursement like Medicare if they are not accredited. If you were having surgery, you probably appreciate knowing that the hospital has cleaning practices and follow other procedures that have been evaluated and deemed acceptable by an independent source. The difference is that accreditation of MEC offices is newer and not yet as widely adopted, although the number of accredited MEC offices is growing annually. Many crime laboratories and toxicology laboratories have embraced accreditation, and just as with hospitals, it can be reassuring to know that the laboratories you are relying on for services are meeting established standards.

You must impress upon officials the value of the work you do and the need for it to be done in a professional manner to inform public health and public safety. Talking points such as those provided in this guide can help make your case. It certainly can be an uphill battle, but continuing to serve your community in a professional and ethical manner is one of the first steps. Some offices have had success in inviting county government officials to the office for tours or talks to explain all that is involved in MDI, which may include examples of cases where you have played an important role in informing public health or public safety. Other offices find that embracing the public health role and serving the community in regular ways can highlight the importance of the work and ensure that the only time they see you is not when you are asking for more funding at budget time. Some examples have included holding a missing persons day in collaboration with the sheriff's department, setting up a booth highlighting boating safety practices at a county fair, partnering with a safe sleep organization to provide information to new parents, partnering with the public health department to put signs on buses about harm reduction practices, or hosting a medication drop-off event with your local police department.

As far as funding, make sure government officials are aware of some of the resources covered in this guide that can help bring federal dollars into your jurisdiction to cover many related funding needs, as well as grants such as the Paul Coverdell Forensic Science Improvement Grants Program that require you to be accredited to qualify for funding. Other solutions can be to look for cost-saving measures such as partnering with a neighboring MEC office to share resources or developing partnerships with other local entities, like hospitals, emergency medical services, or fire departments, to share certain resources.

What's in it for me? It is a recognition that you can use to show others that you are doing a great job and that your practices, which can sometimes be called into question, are in accordance with industry standards. Some offices have reported that they have been asked about their accreditation status when testifying, and being able to say they are accredited established credibility in the courtroom. Others have found that being able to point to their accreditation gives law enforcement and other agencies more confidence in their performance and thus more cooperation and trust. Additionally, the process of obtaining and maintaining accreditation may allow you to justify receiving additional resources.

The process seems arbitrary to me. What gives these organizations the right to say if I'm doing a good job for my community or not? The accreditation standards are developed through a scientific process (called the Delphi process) to validate them through the community of practice; hence, they are community-endorsed standards and are therefore not arbitrary but weighed in on by members of the MEC community. As these standards are updated, the members of the two MEC associations have an opportunity to participate in the process. The accrediting organizations have developed policies and procedures related to their processes and have identified accreditation managers to oversee the process. For example, if you are assigned an auditor with whom you may have a conflict, you are usually welcome to request a substitution, and there are processes for appealing any decisions.

There are a lot of policies needed for accreditation. Do you have templates I can look at? The National Association of Medical Examiners and the International Association of Coroners & Medical Examiners have policy templates that they are willing to share with offices undergoing accreditation, and IACME even has them posted on the member section of their website. You can also find the names of other accredited offices online and consider reaching out to those with similar characteristics as yours, to ask if they are able to share theirs with you. Additionally, a few policy examples are provided in Appendix F.

Can I just copy my neighboring counties' policies? When the auditor visits, they are looking to see if you follow your policies, so policies directly copied from another jurisdiction will likely not exactly match your policies. However, beginning with their policies can be a good place to start, and you can then tailor them to align with your operations.

What are quality assurance practices in an MEC office? Quality assurance practices include peer reviews and other reviews by supervisors and management. These reviews can consist of a supervising investigator reviewing case reports, a daily post-autopsy conference where all forensic pathologists review and discuss cases from the day, or a forensic pathologist reviewing a selection of accepted and declined cases not brought in for autopsy or working with a group of pathologists from other communities to exchange selected cases for reviews. For a very small office, a quality assurance practice might include creating a case peer-review process through a state association.

Appendix B. Comparison of IACME and NAME Accreditation Programs

It should be noted that both organizations have indicated that their standards are being reviewed and evaluated, with potential changes expected after 2023.

This section provides a detailed comparison between the two accreditation programs. Information regarding the overall program requirements and program differences is provided. In addition, the differences and similarities between each specific program requirement are highlighted and explained. A link is also provided to a spreadsheet containing a comprehensive comparison of the two programs. The spreadsheet provides a side-by-side comparison of the requirements.

Overview of Program Similarities

- I. Both programs cover identified standards related to office practices, investigations, morgue operations, laboratory services, and forensic specialists. Each of these broader five categories has many subcategories.
- II. Each program has mandatory and non-mandatory standards. A certain number of both types of standards needs to be met, allowing flexibility when completing accreditation requirements. Although the actual number of standards varies, it is not necessarily an accurate count of total items addressed because the programs could combine items differently.
 - a. The International Association of Coroners & Medical Examiners (IACME) requires 100% of mandatory standards and 90% of non-mandatory standards.
 - b. The National Association of Medical Examiners (NAME) requires 100% of mandatory standards (Phase II) and allows up to 15 Phase I (non-mandatory) standards to not be met. NAME offers provisional accreditation, with time to correct deficiencies if the office has no more than 25 Phase I and three Phase 2 deficiencies.
- III. Many of the standards require a policy about a topic but do not specify the requirements of said policy, or they may go into details about what would be in the policy but do not specifically require a policy.
 - a. IACME tends to have fewer specific requirements of some policies, and NAME has more specifics on what should be in that policy. For example, IACME requires a policy on chain of custody, whereas NAME requires details (e.g. Are forms for chain of custody in use? Do the forms include certain details?).
 - b. For some standards, there is a difference in specificity. For example, NAME states, “Does the office have a written and implemented policy, signed within the last two years, covering the handling of objections made to the performance of autopsies on bodies falling under medical examiner/coroner jurisdiction based on personal, religious, or cultural grounds,” whereas IACME states, “The office shall have written policy for handling religious/cultural sensitivity and autopsy objections.”
 - c. For standards about records, NAME has more specifics (e.g., F1d, F1e, F1i, F1m, F1n), whereas IACME combines many of standards (and other comparable items) into just a few statements (e.g., A6a, A6c, A6i). Both organizations require the office to maintain records and for records to be searchable and archived securely.
 - d. In certain situations, these differences in specificity may be allowed to accommodate a wider array of MEC offices (i.e., those with a laboratory and those without, those performing autopsies, those performing autopsies at another location).
 - e. In both sets of requirements, there is some room for auditor discretion in evaluating policies, such as NAME calling for a mass disaster plan but IACME calling for a family assistance center plan within that mass disaster plan. It would be assumed that an auditor would look for these policies to ensure a comprehensive mass fatality plan to meet the NAME requirement, but this auditor responsibility is not as explicit.

Overview of Program Differences

Accreditation Program	IACME	NAME
Number of standards	288	353
Number of mandatory standards	166	229
Number of general standards required	122	124

I. Number

- a. IACME has 288 standards; 166 are required for all offices, and 122 are general, of which 90% must be met.
- b. NAME has 353 standards; 229 are required for all offices, and 124 are general—the office can opt out of up to 15.
- c. As follows, 93 substantive differences are identified and detailed.

II. Office Practices: 23 Total Differences

- a. IACME requires official office email addresses. They also require that computers and other technologies (e.g., fax), plus high-speed internet, be available to the staff. They also require a policy on internet use (A2b, A2c, A2d; A3i, A3l, A3m).
- b. NAME specifies that the pathologist office(s) shall have microscope(s) and dictation machine(s) (A3b).
- c. NAME requires access to legal advice (H6d).
- d. IACME requires access to county human resources guidelines (A5d).
- e. NAME requires a computerized case management system (F1r).
- f. IACME requires a policy about release of photos (A6n).
- g. NAME requires a designated primary person to release public information, whereas IACME requires a policy on media contact but not a specific person (F2e vs. A5g).
- h. IACME requires the office's annual report to be available to the public (A7u) and a few additional narrative details in that report (A7c, A7b).
- i. NAME requires death certificates to be filed in a timely manner in keeping with the legal requirements of the jurisdiction (F5e).
- j. NAME has more robust requirements of the quality assurance program (such as requiring that errors be brought to the attention of those responsible for them) (A8b, A8c, A8d), whereas IACME only requires a policy about quality assurance and office performance improvement (A8a/A8b).
- k. IACME requires a policy about case reviews (A8c).
- l. IACME requires participation in additional data collection efforts and multidisciplinary review teams, beyond child death review teams (A8q, A8r, A8g, A8h).
- m. IACME requires background or criminal checks for all employees (A8i).
- n. IACME requires a policy about reviewing all unidentified cases (A8j).
- o. IACME requires a policy about notifying next of kin (A8n).
- p. NAME has standards related to sufficient levels of non-technical staff to perform routine daily tasks like administration, medical transcription, data analysis, and record keeping (G5a, G5b, G5c, G5d, G5e, G5f, G5g).
- q. IACME has standards requiring employee training and documentation of such, beyond training for investigators only (A12c, A12e).
- r. NAME requires written qualifications for investigators (G3a).
- s. NAME has specific requirements for ongoing training and evaluation of forensic pathologists (G6c, G7a/G7b).

- t. NAME has requirements directing more hands-on supervision, whereas IACME broadly requires a quality assurance/quality control program.
- u. NAME requires licensed professional employees be given time and funding to participate in continuing education (G7a/G7b), whereas IACME requires only that they be required to participate in training (A12j).
- v. IACME requires an office to provide public education and education to community partners (e.g., law enforcement agencies, hospitals) (A9a, A9b).
- w. For the disaster or mass fatality plan, NAME requires alternate morgue sites (A7f) and promulgation of the plan with partners (e.g., fire department), whereas IACME requires memoranda of understanding or other agreements for access of equipment in case of a mass disaster (A11b), the lead investigator to have taken Federal Emergency Management Agency courses (A11c), and protocols specifically for the family assistance center (A11g, A11i).

III. Investigation: 18 Total Differences

- a. IACME requires a policy about acceptance and notification of cases (B1a), whereas NAME specifies that the office accept notification of a death from anyone (B1c).
- b. NAME requires at least 20% of deaths in the jurisdiction be reported to the office (B1f).
- c. IACME requires policies about communicating with next of kin about, interactions with, and keepsakes for child and infant deaths (B1g, B1i, B1j).
- d. IACME requires a policy about transfer of cases between shifts or supervisors (B1n).
- e. IACME requires body bags to be sealed on all cases as appropriate (B1p, C1e).
- f. IACME requires a policy about communication of findings with law enforcement agencies (B1q).
- g. IACME requires a signed statement when a visual identification is made (B2f).
- h. IACME requires a policy about use of resources for unidentified decedents (B2h), whereas NAME only requires access to these resources (B4d, B4e, B4f, B4g, B4h).
- i. IACME requires scientific identification to be established on all homicides when possible (B2o).
- j. IACME requires documentation of the next of kin notification (B3m).
- k. NAME specifically requires visits to follow-up scenes if a body was removed (B2g).
 - l. IACME requires a policy about release of photos, as well as retention and storage/security (A6n, B4j, B4a).
- m. NAME requires a designated person in charge of photo equipment (F6a).
- n. NAME requires labels to be used in photos (F6b).
- o. IACME requires photos to be available to the forensic pathologist before autopsy (B4c).
- p. IACME has a policy requiring scene photos (B4d).
- q. NAME requires photos be taken of evidence before processing (F6c).
- r. NAME has a requirement about redundancy for digital photography, both when taking photos on homicide cases (F6k) and storing those photos (F6m).

IV. Morgue Operations: 23 Total Differences

- a. IACME requires a policy about what remains will be transported (C1a).
- b. IACME requires the receiving area to be clean (C24).
- c. IACME requires access to policies in the autopsy area (C4a).
- d. IACME requires the autopsy facility to be accredited (if not part of this accreditation process) (C4b).
- e. NAME requires surfaces for preparation of documents to be separate from autopsy examination areas to prevent contamination (C3m).
- f. NAME has requirements about access to autopsy dictation equipment (C3o).

- g. NAME requires a separate space for autopsies on decomposed or contagious decedents (C3q).
- h. NAME has much more detailed requirements than the IACME standard for storage space for evidence and property (C3v).
- i. NAME requires space for examination of clothes, personal effects, or evidence in an area away from the body (C3w).
- j. NAME requires separate storage for chemicals (C3y).
- k. IACME requires DNA to be collected on all cases (C5g).
- l. IACME requires X-rays on all cases (C5i).
- m. IACME requires a specific chain-of-custody policy for biospecimens (C5l), whereas NAME requires only labeling and packaging (C7d).
- n. IACME requires autopsy photos to be taken on all cases (C5m).
- o. IACME requires identification photos to be taken (C5n).
- p. NAME has requirements for redundancy in recording autopsy results or findings (F4b).
- q. NAME has a standard specifying what should be included in an autopsy report (F4c).
- r. NAME has standards about time frames from acceptance of a case to performance of an autopsy (48 hours, Phase I; 72 hours, Phase II) (C6o/C6p).
- s. NAME requires clothing and personal effect to be examined on all cases brought in for postmortem examination (F4e), whereas IACME only requires a policy about these items.
- t. NAME requires a list of autopsy observers and participants to be kept (F4f).
- u. NAME has requirements about cataloging histology (F4g).
- v. NAME requires histology findings to be included in the autopsy report (F4h).
- w. NAME requires the forensic pathologist to sign the final autopsy report, after proofreading and corrections (F4j).

V. Laboratory Services: 24 Total Differences

- a. NAME has requirements related to a system in place to ensure quality of radiology images (C5a, C5c, C5g).
- b. NAME has a standard about labeling X-rays (C5b).
- c. NAME has a standard about filing X-rays (C5d).
- d. NAME has a standard about maintenance of X-ray machines (C5e, C5f, C5i), whereas IACME only requires that the machines be operational (D1e).
- e. IACME requires a toxicology report to be issued for each case (D2c).
- f. IACME requires a policy about storage of toxicology specimens (D2d).
- g. NAME has standards about in-house toxicology laboratories having suitable space, as well as standards related to toxicology laboratory functions (E1b, E1c, E1d; E2d, E2e, E2f; E3a, E3b, E3c), whereas IACME requires use of an accredited toxicology laboratory (D2b).
- h. NAME requires regular testing for ethanol and volatiles, carbon monoxide, major drugs of abuse, major acidic drugs, and major basic drugs (E2b).
- i. NAME requires access to state carbon monoxide testing (E2c).
- j. NAME requires that a case management system have security to prevent loss or alteration of data (E2i).
- k. NAME requires use of peripheral blood over central blood when possible (E4b).
- l. NAME requires specific documentation of the collection site of blood (E4c).
- m. NAME requires toxicology samples to be promptly delivered to the laboratory or stored securely (E4d).
- n. NAME requires toxicology results to be maintained for a specific time (E4f), whereas IACME only has requirements about storage and disposition (A6d).

- o. NAME requires the office to obtain blood from the earliest admission blood (E4g).
- p. NAME requires airway and lung specimens to be collected in cases of inhalation of gases (E4h).
- q. IACME requires a policy detailing crime laboratory roles and responsibilities (D3e).
- r. IACME has a standard indicating that histology must be done by a certified laboratory (D2e).
- s. NAME has policies about the specifics of histology performance (D1b, D1c).
- t. NAME requires microscopic slides be retained indefinitely (D2a) and blocks retained for 2 years (D2b), whereas IACME only requires a policy about retention (C5e).
- u. NAME has standards related to special staining and its availability (D2c, D2d, D2e).
- v. NAME has a standard about which cases require microscopic slides to be prepared or examined (D2f).
- w. NAME requires access to microbiology services (H3a).
- x. NAME requires access to diagnostic clinical chemistry testing (H4a).

VI. Forensic Specialists: 5 Total Differences

- a. NAME requires the “chief medical examiner” to be employed full time and office duties to be the primary responsibility (G2c).
- b. NAME requires a policy about forensic pathologists performing autopsies outside of the office or having consultations (G2l).
- c. IACME requires each forensic consultant to complete a written report (E2g).
- d. NAME requires tracking for consultations and laboratory tests (H7c).
- e. NAME requires the office to have enough staff (autopsy assistants, histology, photography, radiology, toxicology, and investigations) to handle the routine caseload (G4a, G4b, G4c, G4d, G4e, G4f, G4g).

VII. General

- a. NAME has several standards specifying that a “medical examiner” perform a task; in a coroner’s office, there would not be a medical examiner because those two systems are distinct, so an office would need clarification as to whether the corresponding person is the chief medicolegal officer (i.e., the coroner), or whether the task would be done by a forensic pathologist employed by the office (e.g., C8c, A9e, G6c).
- b. NAME has a lot more details about autopsy performance, including histology. This could be because many smaller coroner’s offices (of which IACME tends to accredit more) take cases elsewhere for autopsy. NAME standards do not seem to always fit an office that does not perform autopsies on site, but the NAME Policies and Procedures Manual 2017 has stipulations for inspection of satellite offices where autopsies are performed.

VIII. Miscellaneous

- a. NAME indicates that office contact information be easily found on the internet or in a telephone book (B1d), whereas IACME breaks the requirement about contact information into four items (number in the phone book, contact information posted on the county website, general email address, staff should have office email addresses) (A2a, A2b, A2c, A2d).
- b. IACME specifically addresses that heating, ventilation, and air conditioning shall be appropriate for the size of the office and caseload (A4k), whereas NAME requires that the heating, ventilation, and air conditioning; plumbing; and electrical systems of the physical plant be scheduled for routine inspection and preventive maintenance (A5e).

This [IACME/NAME Medicolegal Office Practices spreadsheet](#) contains comprehensive information regarding both programs’ requirements.

Appendix C. NAME-Accredited Offices (as of October 3, 2023)⁶¹

A current list of NAME-accredited Offices can be accessed through the [NAME Website](#).

[Ada County Coroner, ID](#)

[Alabama Department of Forensic Sciences Mobile Medical Facility and Mobile County Medical Examiner, AL](#)

[Alabama Department of Forensic Sciences Montgomery Medical Facility, AL](#)

[Allegheny County Office of the Medical Examiner, PA](#)

[American Forensics, TX](#)

[Arapahoe County Coroner's Office, CO](#)

[Arkansas State Medical Examiner's Office, AR](#)

[Armed Forces Medical Examiner System, DE](#)

[Bexar County Medical Examiner's Office, TX](#)

[Broward County Medical Examiner, FL](#)

[Clark County Medical Examiner, WA](#)

[Clark County Office of the Coroner/Medical Examiner, NV](#)

[Cobb County Medical Examiner, GA](#)

[Coconino County Health and Human Services Medical Examiner, AZ](#)

[Collin County Medical Examiner's Office, TX](#)

[Connecticut Office of the Chief Medical Examiner, CT](#)

[Cook County Medical Examiner's Office, IL](#)

[County of Los Angeles Medical Examiner, CA](#)

[Dallas County Medical Examiners Office, TX](#)

[Davidson County Medical@ Examiner, TN](#)

[DeKalb County Medical Examiner's Office, GA](#)

[Delaware Medical Examiner, DE](#)

[Denver Office of the Medical Examiner, CO](#)

[District 4 Medical Examiner, FL \(Jacksonville\)](#)

[Districts 5 & 24 Medical Examiner, FL \(Leesburg\)](#)

[District 6 Medical Examiner, FL \(Largo\)](#)

[District 9/25 Medical Examiner, FL \(Orlando\)](#)

[District 15 Medical Examiner, FL \(Palm Beach\)](#)

[District 19 Medical Examiner, FL \(Fort Pierce\)](#)

[District 21 Medical Examiner, FL \(Fort Myers\)](#)

[District 23 Medical Examiner, FL \(St. Augustine\)](#)

[District of Columbia Office of the Chief Medical Examiner, DC](#)

[El Paso County Coroner, CO](#)

[El Paso County Office of the Medical Examiner, TX](#)

[Forensic Pathology Associates, PA](#)

[Franklin County Forensic Science Center, OH](#)

[Fulton County Medical Examiner, GA](#)

[Georgia Bureau of Investigation Medical Examiner's Office, GA](#)

[Greene County Coroner's Office, OH](#)

[Greene County Medical Examiners Office, MO](#)

[Greenville County Coroner's Office, SC](#)

[Hamilton County Coroner, OH](#)

[Hamilton County Medical Examiner, TN](#)

[Harris County Institute of Forensic Sciences, TX](#)

[Hennepin County Medical Examiner, MN](#)

[Iowa Office of the State Medical Examiner, IA](#)

[Jackson County Medical Examiner, MO](#)

[Jefferson County Coroner/Medical Examiner, AL](#)

[Jefferson Parish Coroner's Office, LA](#)

[Johnson County Medical Examiner, IA](#)

[Johnson County Medical Examiner's Office, KS](#)

- [Kent County Office of the Medical Examiner, MI](#)
- [Kentucky Office of the Medical Examiner, KY](#)
- [King County Medical Examiner, WA](#)
- [Knox County Regional Forensic Center, TN](#)
- [Lucas County Coroner, OH](#)
- [Macomb County Medical Examiner, MI](#)
- [Maine Office of Chief Medical Examiner, ME](#)
- [Maricopa County Office of the Medical Examiner, AZ](#)
- [Maryland Office of the Chief Medical Examiner, MD](#)
- [Massachusetts Office of the Chief Medical Examiner, MA](#)
- [Miami-Dade Medical Examiner, FL](#)
- [Middlesex Office of the Medical Examiner, NJ](#)
- [Midwest Medical Examiner's Office, MN](#)
- [Milwaukee County Medical Examiner, WI](#)
- [Montana Medical Examiner's Office, MT](#)
- [Montgomery County Coroner, OH](#)
- [New Hampshire Office of the Chief Medical Examiner, NH](#)
- [New Mexico Office of the Medical Investigator, NM](#)
- [North Carolina Office of the Chief Medical Examiner, NC](#)
- [Oakland County Medical Examiner, MI](#)
- [Office of the Cuyahoga County Medical Examiner, OH](#)
- [Office of the Larimer County Coroner/Medical Examiner, CO](#)
- [Onondaga County Medical Examiner's Office, NY](#)
- [Pierce County Medical Examiner, WA](#)
- [Pima County Medical Examiner, AZ](#)
- [Polk County Medical Examiner, IA](#)
- [Puerto Rico Institute of Forensic Sciences, PR](#)
- [Ramsey County Medical Examiner, MN](#)
- [Rhode Island Office of the State Medical Examiner, RI](#)
- [San Diego County Department of the Medical Examiner, CA](#)
- [San Francisco Office of the Chief Medical Examiner, CA](#)
- [Sedgwick County Regional Forensic Science Center, KS](#)
- [Snohomish County Medical Examiner, WA](#)
- [Southern Minnesota Regional Medical Examiner's Office, MN](#)
- [Sparrow Forensic Pathology, MI \(Lansing\)](#)
- [Spokane County Medical Examiner's Office, WA](#)
- [State of Delaware Division of Forensic Science, DE](#)
- [Suffolk County Medical Examiner, NY](#)
- [Summit County Medical Examiner's Office, OH](#)
- [Tarrant County Medical Examiner's Office, TX](#)
- [The Pathology Group, PC, CO](#)
- [Travis County Medical Examiner, TX](#)
- [Union County Coroner, OH](#)
- [University of North Dakota School of Medicine and Health Sciences, ND](#)
- [Vermont Office of the Chief Medical Examiner, VT](#)
- [Virginia Office of the Chief Medical Examiner, Central Division/VCU, VA](#)
- [Virginia Office of the Chief Medical Examiner, Northern District, VA](#)
- [Virginia Office of the Chief Medical Examiner, Tidewater District, VA](#)
- [Virginia Office of the Chief Medical Examiner, Western District, VA](#)
- [Washtenaw County Medical Examiner, Ann Arbor, MI](#)
- [Wayne County Medical Examiner, MI](#)
- [West Tennessee Regional Forensic Center, TN](#)
- [Western Michigan University Homer Stryker MD School of Medicine, MI](#)
- [William L. Jenkins Forensic Center, TN](#)

Appendix D. IACME-Accredited Offices in the United States (as of October 3, 2023)⁶²

A current list of IACME-Accredited Offices can be accessed through the [IACME Website](#).

[Ada County Coroner, Boise, ID](#)

[Adams County Coroner's Office, Gettysburg, PA](#)

[Baldwin County Office of the Coroner, Robertsdale, AL](#)

[Beaufort County Coroner's Office, Port Royal, SC](#)

[Benton County Coroner's Office, Kennewick, WA](#)

[Cambria County Coroner's Office, Johnstown, PA](#)

[Charleston County Coroner's Office, North
Charleston, SC](#)

[Clark County Office of the Coroner/Medical Examiner, Las
Vegas, NV](#)

[Cowlitz County Coroner's Office, Longview, WA](#)

[Douglas County Coroner's Office, Castle Rock, CO](#)

[Franklin County Coroner's Office, Pasco, WA](#)

[Grant County Coroner's Office, Moses Lake, WA](#)

[Greenville County Coroner's Office, Greenville, SC](#)

[Greenwood County Coroner's Office, Greenwood, SC](#)

[Jefferson County Coroner's Office, Golden, CO](#)

[Kane County Coroner's Office, St. Charles, IL](#)

[Kitsap County Medical Examiner's Office, Port
Orchard, WA](#)

[Lake County Coroner's Office, Waukegan, IL](#)

[Lancaster County Coroner's Office, Lancaster, PA](#)

[Laramie County Coroner's Office, Cheyenne, WY](#)

[Lehigh County Coroner, Allentown, PA](#)

[Lewis County Coroner, Chehalis, WA](#)

[Lexington County Coroner's Office, Lexington, SC](#)

[Natrona County Coroner's Office, Casper, WY](#)

[Newberry County Coroner's Office, Newberry, SC](#)

[Oconee County Coroner's Office, Seneca, SC](#)

[Park County Coroner's Office, Fairplay, CO](#)

[Ramsey County Medical Examiner, St. Paul, MN](#)

[Ross County Coroner, Chillicothe, OH](#)

[San Mateo County Coroner's Office, San Mateo, CA](#)

[Santa Cruz County Sheriff—Coroner's Office, Santa Cruz,
CA](#)

[Shelby County Coroner's Office, Columbiana, AL](#)

[Spartanburg County Coroner's Office, Spartanburg, SC](#)

[Twin Falls County Coroner's Office, Twin Falls, ID](#)

[Washington County Coroner's Office, Washington, PA](#)

[York County Coroner's Office, Rock Hills, SC](#)

Appendix E. Grant Funding Opportunities and Resources

American Grant Writers' Association, Inc.

The American Grant Writers' Association (AGWA) is the national association of professional grant writers and grant managers. Their [AGWA website](#) provides online grant writing courses and grant consulting services.

American Rescue Plan Act of 2021

The [American Rescue Plan Act of 2021](#) provides emergency funding for state, local, territorial, and tribal governments to ensure they are in a position to keep frontline public workers employed.

Bureau of Justice Assistance

The Bureau of Justice Assistance (BJA) offers many grant programs that are applicable to the MEC community. Some grants are competitive, whereas others are awarded based on a formula. Regardless of the award type, those interested in receiving grant funding must submit an application. Following are tools to assist MEC offices in developing grant applications:

- [Successful BJA Grant Submissions](#)
- [BJA Funding Webinars](#)

Bureau of Justice Assistance Grant Programs

- **Strengthening the Medical Examiner-Coroner System Program**

This [assistance grant program](#) helps address the extreme shortage of board-certified forensic pathologists in the United States, as underscored in the 2019 Report to Congress: Needs Assessment of Forensic Laboratories and Medical Examiner/Coroner Offices, which focuses on strengthening forensic science in the United States. The program also provides MEC offices with the resources to become accredited and maintain that accreditation.

- **Successful Strengthening the Medical Examiner-Coroner System Program Proposals**

- [Program Narrative](#)—NAME, Western Michigan University Homer Stryker M.D. School of Medicine, Michigan, serving a population of 1,267,351
- [Proposal A](#)—NAME, medical examiner office serving a population of 734,323
- [Proposal B](#)—NAME, forensic services department serving a population of 620,443
- [Proposal C](#)—NAME, county coroner office serving a population of 950,082
- [Proposal D](#)—IACME, county coroner office serving a population of 163,327
- [Proposal E](#)—NAME, county coroner office serving a population of approximately 338,000
- [Proposal F](#)—IACME, county coroner office serving a population of 191,748
- [Proposal G](#)—IACME, county coroner office serving a population of 311,122

- **Missing and Unidentified Human Remains Program**

The [Missing and Unidentified Human Remains Program](#) provides funding to eligible entities to focus on reporting and identifying missing persons and unidentified human remains, including migrants, across the United States. Specifically, the program allows applicants to utilize funds to inventory cases, report information into national databases, transport cases, process cases using forensic technologies, and repatriate human remains.

- **Paul Coverdell Forensic Science Improvement Grants Program**

The [Paul Coverdell Forensic Science Improvement Grants Program](#) awards grants to states and units of local government to help improve the quality and timeliness of forensic science and medical examiner/coroner services, including services provided by laboratories operated by states and units of local government. Funds from the competitive program or the formula-based program may be used to address backlogs, train personnel, and support accreditation.

- **Forensics Training and Technical Assistance Program**

In collaboration with BJA, the Forensics Training and Technical Assistance (Forensics TTA) Program, led by RTI International, offers a team of subject matter experts who provide expertise and assistance to grantees in support of BJA's overall mission to strengthen America's criminal justice system. The [Forensics TTA website](#) is a rich source of information about the BJA grant programs.

- **Centers for Disease Control and Prevention**

The [Centers for Disease and Control and Prevention \(CDC\)](#) uses grants and cooperative agreements to fund research and non-research public health programs that advance the agency's public health mission domestically and abroad. Funding from CDC can be used to support medical examiner/coroner offices. Past grant opportunities have included funding related to overdose data (State Unintentional Drug Overdose Reporting System), infant death investigations (Sudden Unexpected Infant Death Investigation), and more.

- **CDC Foundation**

The [CDC Foundation](#) is an independent non-profit and the sole entity created by Congress to mobilize philanthropic and private-sector resources to support the CDC's critical health protection work.

- **Federal Emergency Management Agency**

Grants are the principal funding mechanism used by the [Federal Emergency Management Agency](#) to commit and award federal funding to eligible state, local, tribal, and territorial organizations; certain private non-profits; and individuals. Grant funds are available for pre- and post-emergency or disaster-related projects. These funds support critical recovery initiatives, innovative research, and many other programs.

- **Government Grant Search**

The [Government Grant Search website](#) is a workspace to assist in the application of a grant. It provides information on available grants as well as policies and tools to manage grants.

- **National Network of Public Health Institutes**

The [National Network of Public Health Institutes \(NNPHI\)](#) offers direct funding opportunities (as available) for NNPHI members, as well as public health system partners for national, state, and local public health system initiatives. NNPHI also promotes the funding opportunities of its national partners.

Appendix F. Sample Standard Operating Procedures, Manuals, and Annual Reports

Manuals and Standard Operating Procedures

- [Forensic Anthropology—Quality Manual](#) | New York City Office of Chief Medical Examiner, New York, serving a population of approximately 8,500,000
- [Forensic Biology Manuals](#) | New York City Office of Chief Medical Examiner, New York, serving a population of approximately 8,500,000
- [County Medical Examiner Handbook](#) | Tennessee Department of Health Office of the State Chief Medical Examiner, Tennessee, serving a population of approximately 6,975,000
- [Coroner Division Policy Manual](#) | Orange County Sheriff-Coroner, California, serving a population of 3,153,764
- [Policy and Procedure Manual](#) | Clark County Office of the Coroner/Medical Examiner, Nevada, serving a population of approximately 2,292,000
- [Employee Manual and Standard Operating Procedures](#) | Office of the Chief Medical Examiner, Washington, DC, serving a population of 599,657
- [Coroner's Manual](#) | Santa Barbara County Sheriff's Office, California, serving a population of 446,475
- [Coroner Manual](#) | Placer County Sheriff Coroner-Marshall, California, serving a population of approximately 412,300
- [Policy and Procedure Manual](#) | Coroner office serving a population of approximately 230,000
- [Policy and Procedure Manual](#) | Coroner office serving a population of approximately 210,000
- [Coroners Guidebook](#) | Indiana Coroners Training Board, Indiana, serving populations of 6,114 to 969,466
- [Sample Policy/Procedure Manual](#) | County Coroner's Office, Wisconsin, serving populations of 4,197 to 918,661

Annual Reports

- [2022 Annual Report](#) | Ada County Coroner's Office, Idaho
- [2022 Annual Report](#) | Benton County Office of the Coroner, Washington
- [2022 Annual Report](#) | Charleston County Coroner's Office, South Carolina
- [2022 Annual Report](#) | Montana Medical Examiner's Office, Montana
- [2022 Annual Report](#) | Park County Coroners Office, Colorado
- [2022 Annual Report](#) | Travis County Medical Examiner, Texas

Appendix G. Training and Professional Development Resources

American Academy of Forensic Sciences

The [American Academy of Forensic Sciences \(AAFS\)](#) is a multidisciplinary professional organization that provides leadership to advance science and its application to the legal system. Membership is composed of pathologists, attorneys, dentists, toxicologists, anthropologists, document examiners, digital evidence experts, psychiatrists, engineers, physicists, chemists, criminalists, educators, researchers, and others. AAFS holds an annual meeting with scientific presentations on many medicolegal death investigation topics.

Center for Forensic Science Research & Education

The [Center for Forensic Science Research & Education \(CFSRE\)](#) conducts research, development, and new technology assessment and delivers educational and training services for the forensic science community and beyond.

Cuyahoga County Medicolegal Death Investigation Training Course

This [3-day course](#) covers fundamental topics of forensic pathology; examination; photographing and documentation of death scenes; evidence recognition, preservation, and collection; and decedent identification. Participants will enhance their knowledge by conducting investigations of dynamic mock scenes. The mock scenes are interactive and require participants to role play.

Death Investigation Training Academy

The [Death Investigation Training Academy \(DITA\)](#) provides death investigation training. All courses are designed with “on-the-ground” thinking, making for a better investigator. All of DITA’s instructors are working experts in their fields.

Death Investigation Training Program

The [Death Investigation Training program](#) is based on scientific principles and established, nationally recognized standards of death investigation and forensic pathology. It addresses a critical need for training of medicolegal death investigators in the United States. Multiple online modules of death investigation training are available as separate courses through the University of North Dakota.

Forensic Anthropology Center at Texas State Workshops

The [Forensic Anthropology Center at Texas State](#) offers workshops and short courses in forensic anthropology, search and recovery methods, discrimination between human and non-human bone, histological methods, and advanced methods in forensic anthropology. Many of the courses are accredited by the American Board of Medicolegal Death Investigators and the Texas Commission on Law Enforcement.

Forensic Technology Center of Excellence American Board of Medicolegal Death Investigators Credit Events

The Forensic Technology Center of Excellence offers American Board of Medicolegal Death Investigators continuing education credits to those who attend the virtual events found on the [FTCOE website](#).

Forensic Technology Center of Excellence Medicolegal Death Investigation Webinar Series

This [Forensic Technology Center of Excellence webinar series](#) presents practices used, lessons learned, and challenges faced within the MDI community. Topics include drug-related fatalities, prescription drug monitoring programs, and forensic science data integration.

International Association of Coroners & Medical Examiners Training Opportunities

The International Association of Coroners & Medical Examiners was founded in 1927 as an international association that prides itself on the recognition it has acquired at the federal level regarding medicolegal death investigation matters. [IACME Training](#) is offered to members and non-members through online, on-demand, or live events.

National Association of Medical Examiners Educational Opportunities

The National Association of Medical Examiners (NAME) is the national professional organization of physician medical examiners, medicolegal death investigators, and death investigation system administrators who perform the official duties of the medicolegal investigation of deaths of public interest in the United States. NAME's [educational activities](#) are carried out at the weeklong annual meeting each fall, as well as online in spring.

Society of Medicolegal Death Investigators

The [Society of Medicolegal Death Investigators \(SOMDI\)](#) is the only professional organization created and designed exclusively for medicolegal death investigators. SOMDI's goals include providing training and education opportunities for its members.

Appendix H. Other Useful MDI Resources

American Board of Medicolegal Death Investigators

The [American Board of Medicolegal Death Investigators](#) is a voluntary national, not-for-profit, independent professional certification board that was established to promote the highest standards of practice for medicolegal death investigators. The goal of the Forensic Specialties Accreditation Board is to establish a mechanism whereby the forensic community can assess, recognize, and monitor organizations or professional boards that certify individual forensic scientists or other forensic specialists.

Collaborating Office for Medical Examiners and Coroners

The [Collaborating Office for Medical Examiners and Coroners](#) works to bring together resources from across the Centers for Disease Control and Prevention to support the work in the medical examiner and coroner community. Content is continuously updated as new materials are developed or identified.

Death Investigation: A Guide for the Scene Investigator

This [death investigation guide](#), developed by the National Institute of Justice, is intended to provide basic information regarding tasks to be performed at a death scene investigation.

International Association of Coroners & Medical Examiners Accreditation Webinar

This [International Association of Coroners video](#), is a detailed description of its accreditation program. It includes testimonials from medical examiners and coroners who share their experiences with accreditation.

National Association of Medical Examiners Blueprint for Accreditation

This [blueprint document](#) is provided by the National Association of Medical Examiners and includes hints and tips to aid an office as it goes through the accreditation process.

Office of Justice Programs/Centers for Disease Control and Prevention Federal Medicolegal Death Investigation Interagency Working Group Resource Page

The Department of Justice Office of Justice Programs and the U.S. Department of Health and Human Services Centers for Disease Control and Prevention established this [Federal Medicolegal Death Investigation \(MDI\) Interagency Working Group \(MDI-IWG\)](#) to coordinate federal initiatives to strengthen the MDI system and support death investigation services practiced by medical examiner and coroner offices across the United States. The mission of the MDI-IWG is to provide a forum for the discussion, conception, and sharing of information related to programmatic activities that support MDI systems.

Appendix I. Coroner's Office Accreditation Case Study

In this case study, we delve into the experiences of a small county coroner's office seeking accreditation. The coroner shares insights into the journey of garnering support, creating a robust quality management system, and undertaking the pursuit of accreditation by the International Association of Coroners & Medical Examiners.

Deciding to Become Accredited

When the current coroner assumed office, the initial focus was not on accreditation but rather on obtaining essential support from the county government. The aim was to secure basic equipment and appropriate office space to create a thorough death investigation process. Unknown to the coroner at the time, these efforts were laying the groundwork to meet accreditation standards, charting a course toward excellence.

The desire for accreditation went beyond mere affirmation to stakeholders. The coroner wanted to provide the public with tangible evidence of the office's commitment to the highest standards. The coroner viewed accreditation as verifiable confirmation of operating at an exemplary level.

Obtaining Support and Resources

The county government did not initially support providing the requested funding for necessary equipment and facilities to the coroner's office. When the coroner was newly elected, they made many presentations to the county government that the office would be unable to conduct appropriate examinations with the current infrastructure. The building was well over a century old, and there were three junk vehicles that they had to use, no actual equipment, and two occasional on-call staff. When the county government expressed reluctance to provide resources to the coroner's office, the coroner candidly communicated how the funding restrictions might impact their families if a death were to occur. The coroner continued to educate the county government and the citizens about the office's value in public meetings. Persistent efforts in educating and engaging county commissioners and officials eventually garnered their support.

When it was time to develop a plan for accreditation, the coroner engaged the public, emphasizing how a community's standing is judged by its treatment of the deceased. They communicated to the public that it was necessary to respect the deceased and their families and to investigate or tell the story of the deceased thoroughly and accurately. In turn, the county commission supported accreditation, the advancements that would be made to obtain accreditation, and the ability to serve citizens at the highest level. Upon reflection, the coroner recognized that advocating for equipment and facilities when they were newly elected was a step in the accreditation process.

Adjusting the Office to Prepare for Accreditation

The commitment to accreditation became a top priority during the inspection year, involving every staff member. Working cases was the only responsibility placed before accreditation. A part-time employee in a leadership role transitioned to a full-time position to develop the documentation for accreditation. The office obtained documents from other accredited offices as a starting point from which they wrote their guidelines. Writing the guidelines was the biggest challenge. To help with this challenge, the guidelines were separated into categories. Each staff member was assigned a category and reviewed the policies, highlighting the parts that applied to an accreditation requirement.

The office had been making advancements and improvements before it decided to apply for accreditation. When they conducted their self-assessment using the accreditation checklist, they realized they were better prepared for accreditation than they had thought. They were doing the work but needed to ensure everything was documented. The process from application to accreditation took a year. However, achieving accreditation by the International Association of Coroners & Medical Examiners marked the culmination of 4 years of dedicated advancements and improvements.

Impact of Accreditation

Accreditation has brought the coroner's office respect among the court system, the law enforcement community, and the citizens it serves. The community took pride in the office's accomplishments, supporting continuous efforts to excel in the field. Accreditation became an example, attracting quality staff and volunteers who recognized it as a testament to the office's commitment to excellence. The office increased its staff from one to two full-time positions and from two to three part-time positions because of accreditation. There are 17 volunteers in a Compassion, Awareness, Resources, and Education team that was developed to support families of decedents. Since accreditation, the office has also obtained four powered ambulance cots, and the county is negotiating the purchase of a standalone building with an autopsy suite.

Coroner's Message to the Medical Examiner and Coroner Community

To those hesitant about accreditation, the coroner dispels the myth that it is too challenging for small offices. Their advice is to conduct a self-assessment, establish relationships with those who have undergone the process, and focus on the benefits accreditation brings to the community. It is a pridesful goal—go for it!



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