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INTERNAL AUDIT DEPARTMENT

Report Number 2014-004

FINAL REPORT – Survey of the Cobb County Medical Examiner's Office Operations

October 2, 2014

Latona Thomas, CPA, Director
Steven Harper, Staff Auditor I
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COBB COUNTY INTERNAL AUDIT

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October 2, 2014

MEMORANDUM

TO: Board of Commissioners
David Hankerson, County Manager

FROM: Latona Thomas, CPA, Director

SUBJECT: **FINAL REPORT**–Survey of the Cobb County Medical Examiner's Office Operations

Attached for your review is the subject final survey report. The objective of our survey was to determine if the Cobb County Medical Examiner's Office (MEO) operations are effectively administered and maintained to ensure compliance with current laws and regulations. We evaluated whether the current County oversight and organizational structure, contract management and monitoring practices, and operational procedures were adequate, and whether best practices and professional standards were appropriate for implementation.

Impact on the Governance of Cobb County

The number of deaths reported to the Cobb County (the County) MEO averaged approximately 1,200 annually for each of the last five calendar years 2009 through 2013, of which approximately 550 were accepted for jurisdiction under the Georgia Death Investigation Act each year. The findings in this report will strengthen controls over the MEO operations and monitoring functions. In addition, citizens and the County's Board of Commissioners (BOC) can be assured the MEO is performing its duties to the highest standards and in accordance with the current laws and regulations.

Executive Summary

At the request of the BOC and County Manager, we conducted a survey of the MEO operations. Our survey results revealed that MEO duties are performed in accordance with the Georgia Death Investigation Act,[1] as referenced and contracted medical examiner service agreement. Our survey also revealed weaknesses and opportunities for improvement to strengthen the County's oversight of the MEO, establish monitoring of the Chief Medical Examiner (ME) contract, and enhance other operational procedures. There were also no performance indicators to measure the MEO's efficiency or case progression.

[1] The Official Code of Georgia Annotated Title 45, Chapter 16, Article 2 (§ 45-16-2).

In addition, implementing industry standards and other best practices will provide even greater controls and assurance of the effectiveness and efficiency of MEO operations.

Subsequent to issuing the interim report, the Chief ME resigned his position effective September 30, 2014. On September 23, 2014, the BOC approved the creation two contract employee positions: Chief and Deputy Chief ME, to be filled at the County's earliest convenience. The BOC also approved the use of outside forensic pathologists on a temporary basis, to maintain continuity of MEO operations. See 'Costing Model' and the BOC's response to Recommendation #23 in the Results of Survey section of this report for additional details.

Recommendations

We made recommendations to address the issues noted, including:

- Change the MEO reporting hierarchy and assess whether MEO staff should be classified under the Civil Service system.
- Require periodic reports on MEO operations and activities and additional County supervisory training.
- Modify the MEO letterhead and develop written agreements between the ME and Associate MEs.
- Cease from using County employees in the ME's private practice or obtain the required written approval from an appropriate level of County management.
- Designate a position responsible for the ongoing contract monitoring function.
- Seek the County Attorney's guidance on the ME's use of County facilities for private practice at no cost.
- Assess the appropriateness of the current exemptions for professional services and consider competitively bidding the ME services.
- Determine if the ME's lack of forensic pathology subspecialty certification warrants a change in the current or future ME selections.
- Develop a comprehensive guidelines and procedures manual.
- Establish an initial and ongoing training program for each MEO position.
- Evaluate the need for having Forensic Technicians on standby for holidays and weekends.
- Automate the investigation report process and develop a process to track and measure case completion.
- Enhance the physical security and access controls over property, evidence, and prescription drug medications and complete a physical inventory at least annually.
- Explore the use of an alternative case management system.
- Consider alternative options for employing the services of an ME and Associate MEs.
- Develop a department webpage and implement a process for tracking performance feedback and stakeholder complaint resolution.
- Explore the possibility of applying for a Coverdale Grant and its applicability and uses.

- Complete the self-assessment checklist for professional accreditation and develop a plan for attaining full accreditation.

Medical Examiner Office Responses to This Report

The ME provided a response to our draft report and concurred with 18 of the 19 recommendations directed to the MEO. The ME disagreed with Recommendation #16 regarding the Forensic Technicians being on standby during weekends and holidays. His contention is the ME requires the assistance of a Technician should an examination need to be performed due to a family's request. While we don't take exception to the ME's comments, we believe further discussion and review of the MEO's approach to weekend cases is warranted. The complete responses to the draft report are included in Appendix VI.

BOC Responses to This Report

In addition to the recommendations directed to the MEO, we made eight recommendations that require BOC responses and actions. For BOC consideration, the ME provided comments to those recommendations. The ME's complete comments to the BOC are included in Appendix VII and are exclusively those of the ME on behalf of the MEO. Internal Audit provides no assurance as to the accuracy of the information presented in the statements provided.

The BOC provided a response to our interim report and concurred with the eight recommendations directed to the BOC. Corrective actions for all recommendations will be implemented by December 31, 2014. The complete BOC responses to the interim report are included in Appendix VIII.

We will perform a follow-up on the implementation of corrective actions three months after the issuance of the final report. Please contact me at (770) 528-2559 if you have questions or Steven Harper, Auditor-in-Charge, at (770) 528-2557.

Background

The Cobb County Medical Examiner's Office (MEO) provides investigations and examinations focused on determining the cause and manner of death as directed by The Georgia Death Investigation Act. This requires the responsible ME to make determinations based on investigative information and any necessary examination of the deceased. The findings are available to the judicial system on criminal and civil proceedings and the general public under the rules of the Open Records Act. The MEO also provides expert advice and opinions to other investigative agencies on procedures and methods to follow during the investigation of deaths and/or injuries occurring within Cobb County.

Georgia Death Investigation Act

The Cobb County MEO performs its services under the provisions of the Georgia Death Investigation Act, which establishes the powers and duties of coroners and medical examiners. O.C.G.A. § 45-16-24 specifically addresses the required notification of certain deaths to ME offices. Under this Code section, "it is the duty of any law enforcement officer or other person having knowledge of such death to notify immediately the coroner or County medical examiner of the County in which the acts or events resulting in the death occurred or the body is found." Notification to the MEO is required when any person dies in any County in the State of Georgia under the following circumstances:

1. As a result of violence;
2. By suicide or casualty;
3. Suddenly when in apparent good health;
4. When unattended by a physician;
5. In any suspicious manner, with particular attention to those persons 16 years of age and under;
6. After birth but before seven years of age if the death is unexpected or unexplained;
7. As a result of an execution carried out pursuant to the imposition of the death penalty under O.C.G.A. Article 2 of Chapter 10 of Title 17;
8. When an inmate of a state hospital or a state, county, or city penal institution; or
9. After having been admitted to the hospital in an unconscious state and without regaining consciousness within 24 hours of admission.

The coroner or ME who is notified of a death shall order an ME's inquiry of that death and shall complete and maintain a report of each.

Coroner versus Medical Examiner

A coroner is an elected or commissioned official who is not required to be a physician and does not perform forensic pathological services. Coroners have the authority to take charge of a deceased body, pronounce death at an investigation scene under certain conditions, summon an ME, and impanel a jury to hold inquests[2] into the manner of death. A coroner must also meet the minimum qualifications stated under O.C.G.A. § 45-16-1, including County residency.

[2] An official inquiry before a coroner and coroner's jury for the purpose of determining the cause of death.

O.C.G.A. § 45-16-80 gives any County in the State of Georgia the authority to abolish the office of coroner and replace it with the office of medical examiner. It also requires that a County ME must:

1. Have a doctor of medicine degree and be licensed to practice medicine under the provisions of Chapter 34 of Title 43;
2. Be eligible for certification by the American Board of Pathology (ABP); and
3. Have at least one year of medico-legal[3] training or one year of active experience in a scientific field in which legal or judicial procedures are involved at the county, state, or federal level.

The County ME must be appointed by the governing authority of the County and assumes all functions, powers, rights and duties under the Georgia Death Investigation Act except the authority to summon and impanel a jury to hold inquests. In addition, there are no County residency requirements.

Currently five counties in Georgia have abolished the office of coroner: Cobb, Fulton, DeKalb, Gwinnett, and Clayton. All Counties except Clayton, which currently contracts with the Georgia Bureau of Investigation (GBI), have an appointed ME. The remaining 154 Georgia counties maintain the coroner function and utilize the GBI for forensic pathology services or contract with other local forensic pathologists.

History of Cobb County Medical Examiner System

Prior to establishing the MEO, Cobb County's coroner relied upon a local hospital pathologist, and later, the Fulton County Medical Examiner to provide autopsy services. Cobb County originally had autopsies performed in Kennestone Hospital, but in the mid-1980s, a free standing medical examiner complex was constructed near the police department in Marietta. In 1973, the County abolished the coroner system and established a medical examiner system. Dr. Robert Stivers was appointed as the first ME, initially on a case-by-case basis, and later, via an annual contract. We were unable to locate specific documents for calendar years 1975 and 1976; however, in 1977, an ME contract was renegotiated under the name of Dr. William Anderson. Later, Dr. Joseph Burton entered into a contract agreement to serve as the Cobb County ME effective October 1978. He remained in that role until February of 1999, when his associate, Dr. Brian Frist, assumed and currently retains the contract to provide ME services.

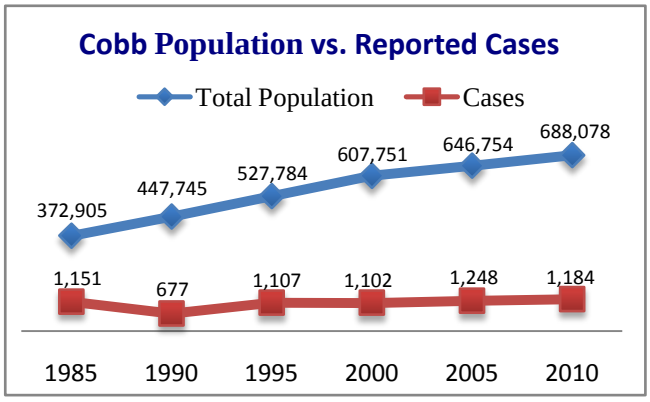

Chart 1 - Source: United States Census Bureau and Cobb County Budget Books

The chart to the left highlights the number of reported cases to the MEO compared to the County's population growth. Between the 1985 and 2010 census numbers, the population has increased by approximately 85%, while the number of cases has remained relatively flat. There was no information available to substantiate the drop in cases reported in 1990.

[3] Pertaining to medicine and law or to forensic medicine. (Source: www.dictionary.com)

History of Medical Examiner Contracted Services

The contract with the prior ME, Dr. Burton, became effective in October of 1978 at a cost of $49,508 annually. The contract established the ME as the Department Head and indicated, "the yearly contract sum shall represent the departmental budget for the year" and "he shall pay all salaries and other expenses of the Office from the contract payment." Specific obligations of the doctor and County were not itemized in the contract.

A new contract with Dr. Burton was executed in October 1983 at a cost of $150,000 annually. This contract retained the ME as the Department Head and stipulated the ME was to furnish 1) pathological services; 2) personnel for operating the office; 3) operating supplies; and 4) transportation of bodies. The County agreed to supply 1) maintenance of the physical structure, grounds, and utilities; 2) office furnishings and equipment; 3) maintenance and cost of vehicles; and 4) establish a Chief Forensic Investigator-Administrator position. The current ME, Dr. Frist, assumed this contract in February 1999, without any changes, at a cost of $355,000.

In October 2007, the agreement was revised to accurately reflect changes in contractual responsibilities. The ME was retained as the Department Head and was required to provide additional services such as histology, toxicology and lab services not provided by the Georgia State Crime Lab, and an after-hours answering service. Personnel and the transportation of bodies were eliminated from the ME's responsibilities. The County agreed to assume the responsibility for supplying staff, exhumation costs, uniforms and training for BOC employees, and disposal fees of biohazard waste. In addition, the contract allows the ME to perform private pathology services at the Cobb County Forensic Science Center[4] at no cost. The contract amount for FY2008 was $426,615 and included a clause for 3% and 2% increases in the first and second years of each biennial budget in perpetuity. The contract value for FY2013 was $475,497.

Medical Examiner's Office Operating Budget

The expenditures for the MEO in FY2013 totaled $1,127,115. Personnel services accounts for roughly 54% and the ME contract for 42% of the annual budget with the remaining 4% spent on other operating expenses. Other operating expenses primarily include utilities, fuel for vehicles, medicine and first-aid supplies, and hazardous waste disposal. The MEO also operates four County vehicles. The purchase and maintenance costs of the vehicles are charged to and managed by the County's Fleet department. The chart to the right represents the FY2013 spending of the MEO and is indicative of the expenditure breakdown for the last five years.

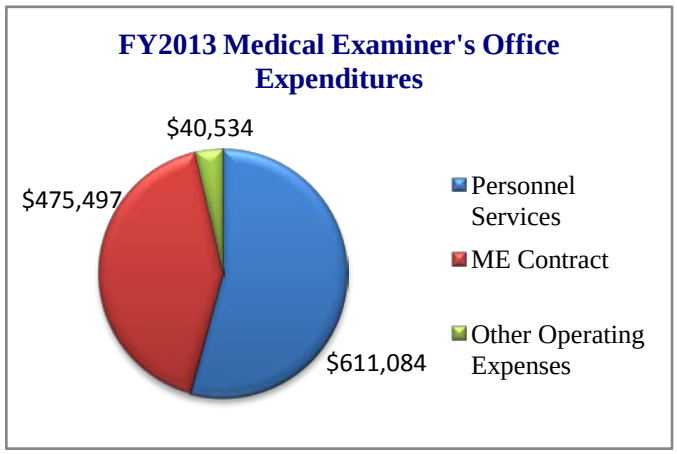

Chart 2 - Source: County's Advantage Financial System

For further breakdown and discussion of the ME contract, see 'Contract Management and Monitoring Controls are Needed' in the Results of Survey section of this report.

[4] ME autopsy suites and morgue located at 150 North Marietta Parkway, Marietta, GA 30060.

Occasionally, the MEO may incur capital expenditures for facility maintenance, renovation, and expansion. In 2007, the County spent $14,211 on an additional storage room. In 2010 – 2011, $104,795 was spent on renovations to the building and replacement of the heating, ventilation, and air-conditioning (HVAC) system. The most recent capital outlay, totaling $154,846 in 2012, was charged and funded through the 2011 Special Local Option Sales Tax (SPLOST) and included the purchase of additional equipment, installation of a garage for privacy, and expansion of the cold storage area.

Current Organizational Structure/Staffing

Per the 2007 contract, the ME is the Department Head and reports to the Board of Commissioners (BOC) and County Manager for administrative purposes. The MEO is comprised of one contractor, the ME, and eight County employees. County employees include an Operations Manager, Senior Forensic Investigator, three Forensic Investigators, two Forensic Technicians, and an Administrative Specialist. In addition, the ME subcontracts out to three Associate MEs, as needed, to provide coverage in his absence. Two of the Associates are employees of the GBI and are paid $750 per day[5] by the ME. The third Associate is the former County ME and is compensated by reciprocal pathology services performed by the current ME. No written contracts exist between the ME and Associate MEs.

The MEO maintains normal business hours at their facilities Monday through Friday. However, operations run 24 hours a day, 7 days a week, including all holidays. As such, a Forensic Investigator (Investigator) is on standby for cases occurring after-hours during the work week, and all day on weekends and holidays and a Forensic Technician (Technician) is on standby on weekends and holidays. The ME, or an Associate in his absence, is available on call for questions regarding cases outside normal business hours.

Medical Examiner Office Responsibilities

An Investigator is the first point of contact when a death occurs. The initial discussion includes completing a form to determine whether to accept or decline jurisdiction[6] over the death. In some instances, it may be necessary for the Investigator to visit the death scene[7] to determine jurisdiction. If the Investigator has any questions whether a case should be accepted or not, the case is escalated to the Senior Forensic Investigator. If questions still remain, the case is then escalated to the Operations Manager and ultimately to the ME for determination of acceptance or denial.

Accepted Jurisdiction Cases

Accepted jurisdiction cases involve an investigation to determine and certify the cause and manner of death. Cause[8] of death is defined as the underlying disease or injury responsible for setting in motion a series of physiologic events culminating in death. Manner of death is a classification into the circumstances surrounding a death. The five acceptable manners of death are: natural, accident, suicide, homicide, and undetermined. Undetermined is only used when the MEO cannot conclusively determine which of the other four manners applies.

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[5] Based solely on information provided by the ME. No additional tests performed and no assurance provided.
[6] An assessment of the legal authority and duty to investigate a death in accordance with the Georgia Death Investigation Act.
[7] The scene can be where the decedent was physically found and pronounced dead or a hospital if the death occurred en route or subsequent to arrival at the hospital.
[8] Definition per National Association of Medical Examiners.

Investigations or medical inquiries involving accepted jurisdiction cases may include, but are not required to include, a scene investigation, medical record review, postmortem examinations, and autopsies.[9] O.C.G.A. § 45-16-25 references that: upon receipt of the notice required by Code Section 45-16-24, the coroner or county medical examiner shall immediately take charge of the body; however, when present at the scene of death, the peace officer[10] shall have jurisdiction over the scene of death. As such, the Investigator transports the deceased to the Forensic Science Center and logs the details of the case on a dry erase board in the autopsy suite. Each case is discussed with the ME, immediately if during normal business hours or the next morning if overnight, to determine the level of investigation and procedures that need to be performed. The Forensic Technician performs the external exam, draws fluids, takes x-rays, dissects the body, and removes the organs as instructed. Fluid samples are sent to the GBI or a private lab for toxicology tests. If the Technician encounters anything unusual or unexpected, dissection is ceased immediately for further consultation with the ME. The ME is the only person qualified to section and analyze organs and make assessments as to the cause of death. Concurrently with the Technician and ME procedures, the Investigator will issue subpoenas to obtain medical records, and gather any other information deemed necessary. The scene report is dictated and typed for review by the Senior Investigator or Operations Manager and provided to the ME for his review and inclusion with the autopsy report. The information gathered from the external exams, autopsy, toxicology tests, medical record review, and Investigator's scene report are utilized to determine the cause and manner of death. Death certificates are prepared and the findings are summarized in an autopsy report and filed by case number. For cases involving criminal matters, a copy of the report is distributed to the respective law enforcement agency. Bodies or remains are released upon completion of ME procedures.

Other Accepted Cases

Sign-out cases

Accepted jurisdiction cases where there is sufficient evidence to rule the death as natural, but there is not a doctor who can certify so or is willing to sign the death certificate, are considered 'sign-out cases.' These cases require the MEO to certify the death as natural and prepare/sign the death certificate. No further investigation is required, and the deceased body is released directly from the scene to the family/funeral home.

Kick-back cases

When a medical doctor signs a death certificate and classifies the death as unnatural or includes questionable information, the Georgia Department of Public Health Vital Records office will reject the certificate and forward it directly to the MEO. These accepted cases are called 'kick-back' cases because only the ME has the authority to certify a death as unnatural. In these instances, the MEO was not notified or involved at the time of death but must perform research to determine and certify the manner of death or have the physician modify the death certificate.

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[9] O.C.G.A. § 45-16-21: Definition of Medical Examiner's inquiry.

[10] O.C.G.A. § 45-16-21: "Peace officer in charge" means any peace officer of the Georgia State Patrol or agent of the Georgia Bureau of Investigation, sheriff or sheriff's deputy, peace officer assigned to the coroner's office, county policeman, city policeman, or city detective.

Declined Jurisdiction Cases

Declined jurisdiction cases are typically natural deaths where the decedent had a medical history consistent with the cause of death and their doctor is willing to certify such on the death certificate. Other declined cases include those that should have been reported to another county.

Below is a table detailing the MEO caseload history for the past five years. Accepted jurisdiction cases averaged approximately 46% of the total cases reported to the MEO over the five-year history reflected. See 'Results of Survey' section for comparative analysis to other local jurisdictions.

MEO Caseload Five-Year History

Category	CY2013*	CY2012	CY2011	CY2010	CY2009
Cases reported to the ME	1,103	1,180	1,251	1,279	1,225
Cases accepted by the ME for investigation[11]	534	577	545	557	558
External examinations only (no autopsy)[12]	131	120	112	95	117
Number of total autopsies[13]	238	231	251	270	250

Table 1 - Source: MEO tracking database
*2013 is year-to-date as of 11/19/2013

A further breakdown of the manner of deaths reported to Cobb County's MEO for CY2013, as of November 19, 2013, is reflected in the following chart:

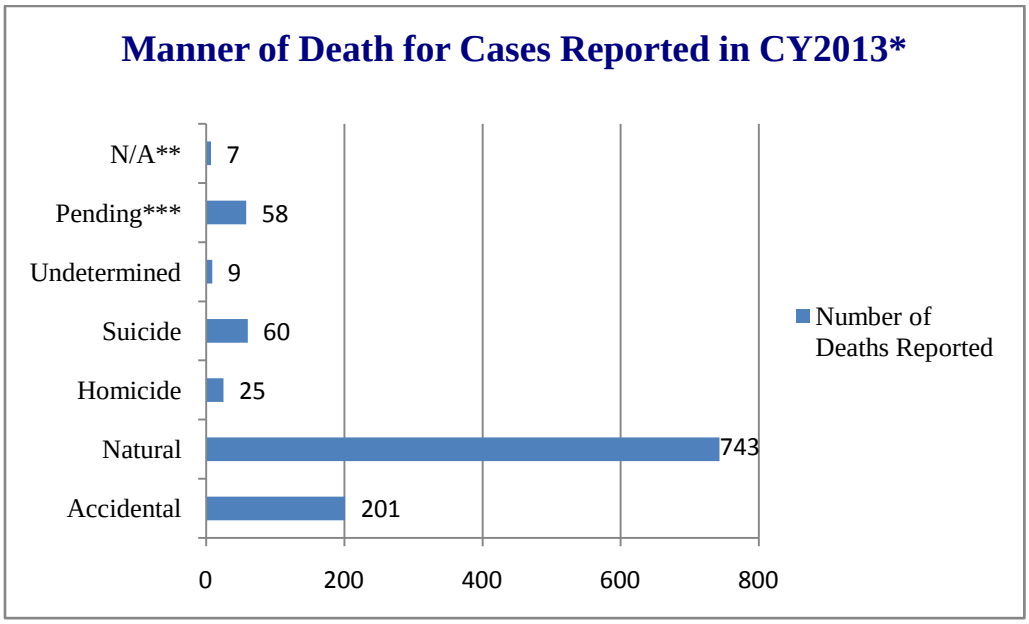

Chart 3 - Source: MEO Microsoft Access Database
*2013 is year-to-date as of 11/19/2013; ** N/A (not applicable) is used for cases where non-human remains are reported and for non-death consultations; *** Pending is for cases that were still in process at the time the data was obtained.

[11] Includes all types of accepted jurisdiction cases, including those requiring investigation, sign-out, and kick-back cases.
[12] No dissection of the body or examination of organs.
[13] Limited or full dissection of the body and internal organs. Includes an external exam prior to dissection.

Case Tracking Process

Reported deaths are assigned a chronological case number based on the order received in the calendar year the death occurred. Hard copy log books and a Microsoft Access database are used to track all cases. Basic information such as name, age, race, and sex is initially input in an Investigator log book. Subsequently, each case is input into the Access database along with additional fields such as medication lists, medical history, and lab reports. A subpoena log book is also maintained to track subpoenas that are issued from the MEO and corresponding response receipt dates. A death certificate log book is used to track and maintain the status of death certificates in and out of the MEO. Lastly, a separate log book is used to track when proof of death letters are issued, for insurance purposes, in lieu of pending death certificates.

Every reported death the MEO receives is unique and the complexity of each can vary. There is not a standard or target amount of time to close cases and, oftentimes, cases are prioritized based on the needs of the judicial system.

Other MEO Duties

In addition to the duties outlined above, the ME provides testimony regarding his findings when called upon by the judicial system. Investigators are often subpoenaed as well but are rarely called on to testify. The ME also consults with law enforcement agencies on issues of non-lethal injury that occur within the County. As part of public outreach, presentations are given at local area schools and other organizations in an effort to educate the community on the MEO's role and duties.

Citizen Assertions

During various BOC meetings, a concerned citizen made a number of assertions regarding the MEO's operations. In a subsequent meeting with Internal Audit and the County Attorney, the citizen addressed additional concerns. We reviewed these assertions, but our survey was performed independent of those assertions. See the 'Results of Survey' section beginning on the next page for the results of our independent analyses, work performed, and corresponding recommendations.

Results of Survey

At the request of the Board of Commissioners (BOC) and County Manager, we performed a survey of the MEO's operations. Our objective was to determine if the MEO operations were effectively administered and maintained to ensure compliance with current laws and regulations. We performed a series of steps to include, but not limited to: researched the Georgia State laws regarding coroner and ME responsibilities, analyzed current and past budget, financial, and staffing history, consulted with the County Attorney, interviewed County and other metro Atlanta MEO staff, toured the County and another MEO operation, reviewed a sample of County MEO case files, compared the County MEO contract and organizational structure to other metro Atlanta counties, and consulted with two ME professional accreditation agencies. The complete audit cycle was not followed due to the time-sensitive nature; however, our independent survey procedures and analyses provide sufficient evidence to support our results.

Based on our survey procedures, we noted that significant professional judgment is required to carry out the functions of the MEO. Forensic Investigators must determine whether to accept or decline jurisdiction based on the circumstances and/or evidence available at the time of notification. Scene and subsequent case research and investigations require great attention to detail. Extensive medical knowledge, judgment, and training are required to assess laboratory and autopsy results and determine the overall cause and manner of death. Overall, MEO staff must collectively determine the level of investigative efforts required for each individual case. As such, we did not assess the level of investigative efforts performed but rather evaluated the approach and consistency in the steps taken and documentation in accordance with established procedures and/or practices.

Our survey results did reveal weaknesses or opportunities for improvement to strengthen the controls over MEO operations. Areas needing improvement or consideration include:

- Oversight and organizational structure;
- Contract management and monitoring;
- Operational procedures and analysis;
- Best practices and professional standards; and
- Comparative analysis.

The specific opportunities for improvement and corresponding recommendations are discussed extensively in the accompanying pages.

Additional Oversight and Improvements to the Organizational Structure are Needed

IA reviewed and evaluated the MEO organizational structure since its inception in 1973. We analyzed changes in personnel, ME contracted service agreements, and financial activities. We compared our current structure and reporting hierarchy to other metro Atlanta counties and the County's internal structure. Effective management and oversight are necessary controls to ensure County functions are meeting the desired goals and objectives of the BOC, adequately meeting the needs of County citizens, and adhering to County policies.

Oversight/Organizational Structure

Per the most recent contract effective 2007, the ME is considered the head of the department and reports to the BOC and County Manager for administrative purposes. He is responsible for ensuring County policies are adhered to by MEO staff; however, we found that the ME had limited knowledge or training on County policies. Instead, the ME relies on the Operations Manager and Administrative Specialist to receive and disseminate information to other employees. The Operations Manager directs the daily operations of the MEO with assistance from the Senior Forensic Investigator. He manages schedules, monitors time-keeping, orders supplies, and manages the MEO budget. The Operations Manager is also the final signatory on all performance appraisals with the exception of his own, which is signed by the ME. Except for countywide budgetary discussions, there was no evidence of periodic reporting to the BOC or County Manager or any face-to-face meetings for ongoing issues or status of departmental goals by either the ME or Operations Manager. In addition, the MEO is not reflected on the County's organizational chart as a department with reporting responsibilities and is not reflected on the County's website under the department listing.

By comparison, DeKalb County's MEO is under the Public Safety Group and has a County employed Director of the MEO as the department head. The contracted ME reports to the Director. Gwinnett County's MEO is a fully privatized office who reports to the BOC and County Administrator. The ME is the owner/operator of the privatized company and all MEO staff are employed solely by the privatized function. Fulton County's MEO is grouped with the Judicial system but reports to the BOC and County Manager directly. The ME is contracted as the head of the department and is responsible for all administrative functions of the MEO, including personnel decisions. In each of the other county MEO operations, the departments are reflected on the organizational charts and include direct oversight within the reporting hierarchy.

Performance Appraisals

We reviewed the performance appraisals for 2012 and 2013 and found the Senior Investigator performed the employee appraisals for the Investigators, Technicians, and Administrative Specialist. All were subsequently signed by the Operations Manager as the department head. The Operations Manager signed the Senior Investigator's review and the ME signed the Operations Manager's appraisal. No performance appraisal included signatures or approvals other than indicated. In addition, there was no evidence of the ME's input into the employee appraisals or subsequent review and approval of results. We also found that some ratings justification, accomplishments, and goals were inconsistent with the County's performance appraisal instructions.

Recommendations

The Board of Commissioners should:

Recommendation 1: Change the reporting hierarchy to have the Medical Examiner's Office report functionally to the County Manager or Public Safety Agency and update the organizational chart accordingly.

***ME Comment for BOC consideration*:** While I agree with the need for the MEO to report to an agency within the county, I disagree with reporting to Public Safety. Our office has a very good working relationship with each Department under Public Safety. However, it is accepted practice that the operation of the MEO should remain separate from the DA offices, Public Defenders Offices and even Public Safety offices as this marriage creates more issues then it resolves. Medical Examiner Offices represent the citizen who can no longer represent themselves. Having to report to an Agency that may have also caused the death is a significant conflict. The Cobb County Administration places importance on reducing conflicting interests. This change in structure has the potential to create conflicting interests.

***BOC Response*:** **Concur**
The Medical Examiner's Office will report functionally to the County Manager. The Department will be led by the Chief Medical Examiner as a contracted county employee, whose responsibilities will include, but not be limited to, administrative oversight of the Medical Examiner's Office operations and personnel. The Chief Medical Examiner will be assisted by an Associate Medical Examiner, also a contracted county employee. Effective Date: October 1, 2014. Responsibility: County Manager.

Recommendation 2: Assess if Medical Examiner's Office employees should be covered under the Civil Service System if a change in reporting structure occurs and proceed accordingly.

***ME Comment for BOC consideration*:** If this implementation is made I would appreciate an opportunity to be involved in the discussion prior to implementation.

***BOC Response*:** **Concur**
The Medical Examiner employees initiated the process of requesting coverage under the Civil Service System. Effective June 6, 2014 all existing employees, except the Operations Manager as an unclassified employee, are covered under the Civil Service System. All new employees to the Medical Examiner's Office eligible for Civil Service will be covered.

The Medical Examiner should:

Recommendation 3: Provide periodic reports to the Board of Commissioners and County Manager on Medical Examiner Office operations and activities. These reports should include a status of goals as reflected in the County's biennial budget book.

***Medical Examiner Response*:** **Concur**
Monthly and Quarterly reports were submitted regularly to the BOC, County Manager and several other County departments including various other City and State Departments. The reduction from monthly to quarterly and eventually yearly was not questioned by any of these departments. Monthly and Quarterly Status updates will be submitted as of April 30, 2014 to the previous departments.

Recommendation 4: Attend all required supervisory training, including performance appraisal, and approve each Medical Examiner's Office staff appraisal.

***Medical Examiner Response*:** **Concur**
As the Chief Medical Examiner I am expected to oversee the office and its staff. I have been doing this since 1999. Per your recommendation, I will attend the courses provided by the County. I will attend the county's May 14th Performance Appraisal course. I will attend the supervisory Training Courses provided by Cobb County once the courses become available on the Training website.

> **Additional Auditor Comment:** The ME also needs to contact the Human Resources Department regarding any other required training and develop a schedule to track progress and completion dates. This schedule should be made available by a designated timeframe, discussed with, and monitored periodically by the designated reporting agency.
>
> **Additional Auditor Comment *(final report)*:** The Chief ME resigned subsequent to providing the above response to our recommendation; however, the recommendation applies to all future Chief and Deputy MEs for the County.

Medical Examiner Office Letterhead and Associate MEs

The current County MEO letterhead reflects the previous ME as Senior Consulting Forensic Pathologist. The County's contractual relationship with Dr. Joseph Burton ended when Dr. Brian Frist assumed all duties and responsibilities of the ME contract. During our interview, Dr. Frist indicated that Dr. Burton serves as the primary backup Associate ME in Dr. Frist's absence. However, Dr. Frist contracts with two other Associate MEs during his absence and they are not reflected on the MEO letterhead. On an as-needed basis, Associate MEs are on call for questions that may arise from MEO staff, directs the level of examinations, and performs autopsies that occur during his/her coverage period. In addition to these services, it is our understanding that Dr. Burton serves as a consultant to Dr. Frist for discussions on difficult or unusual cases.

In lieu of monetary payments, as is the case with other Associate MEs, Dr. Burton receives reciprocal in-kind services from Dr. Frist. Those services include writing reports, reviewing microscope slides, etc. We were unable to validate this relationship as there was no written documentation readily available for review. Dr. Frist was unable to provide documentation to indicate the total number of days coverage was provided by the Associate MEs during calendar year 2013. We analyzed the MEO's case database for the last five years and found cases attributed to each Associate ME other than Dr. Burton. We also noted no written agreements between the ME and any of the Associate MEs. Documenting the context of relationships with Associate MEs can assist the County in its ongoing monitoring of the MEO operations, including periodic cost analysis for future budgetary decisions.

Recommendations

The Medical Examiner should:

Recommendation 5: Remove Dr. Burton from the County's letterhead.

***Medical Examiner Response*:** **Concur**
Completed

Recommendation 6: Develop a written agreement or memorandum of understanding explaining the expectations and requirements for each of the Associate MEs. The coverage provided by Associate MEs should also be maintained and included in a periodic reporting tool to the BOC and/or County Manager for review and discussion.

***Medical Examiner Response*:** **Concur**
I will establish an MOU for Associate MEs to show duties, responsibilities and expectations. Periodic reporting will be provided to the Board of Commissioner's designee.

> **Additional Auditor Comment:** Anticipated completion date remains outstanding.
>
> **Additional Auditor Comment *(final report)*:** See BOC response to Recommendation #23 on Page 32 for future organizational changes.

Secondary Employment of Medical Examiner Office Staff

The ME's contract allows him to perform private pathology services (investigations and consultations) at the County's Forensic Science Center for cases unrelated to the Georgia Death Investigation Act. These services are performed in connection with his private practice. Oftentimes, County employees (Investigators, Technicians, and Administrative staff) are utilized to assist with these cases during off County time. These employees are compensated directly by the ME for their work.

The County's Conduct and Performance Policy Section III.C.(c) states, "No employee shall have or hold any employment or contractual relationship with any business entity or agency which is subject to the regulation of, or doing business with, the County and which creates an actual or apparent conflict of interest between the employee's private interests and the performance of his/her public duties or which might impede the full and faithful discharge of the employee's public duties." Section III.D. of the same policy states, "Prior to engaging in outside employment, including consulting or other self-employment, employees must obtain prior written approval each year to engage in and/or to continue such employment." We discussed this matter with the ME and Operations Manager, and no documentation was available to support the written approval required. Although the ME indicated these services were minimal and did not conflict with County business or on County time, the inability to produce documentation to justify dates, times, and synopsis of services performed by County staff increases the risk that such conflict of interest could exist and go unnoticed. The lack of written approval for secondary employment is a direct conflict with County policy.

Recommendation

The Medical Examiner should:

Recommendation 7: Cease using County employees in the ME's private practice or obtain the required written approval for County employees' secondary employment. Any written approval should include an approved time frame and a discussion of whether a conflict of interest exists for County staff performing these services.

***Medical Examiner Response*:** **Concur with alternate solution**
I utilize the Forensic technicians, Operations Manager and Administrative staff because they are trained with the specific skills needed to assist me. Approval will be sought immediately.

> **Additional Auditor Comment *(final report)*:** The BOC's response to Recommendation #9 discontinues the practice of using the County facilities and its employees for the ME's private practice.

Contract Management and Monitoring Controls are Needed

Every department in the County is responsible for establishing effective contract management practices, including maintaining a copy of the contract, designating staff responsible for overseeing contract compliance, and maintaining a contract-tracking database. The procedures should include, but are not limited to the following:

- Understanding the mutual obligations of the contract;
- Ensuring the proper implementation of all contract specifications;
- Ensuring the timely and accurate payment of the vendor's invoice; and
- Maintaining contract documentation.

The current ME assumed the duties and responsibilities in February 1999; and we were unable to find evidence of any contract monitoring. A revised contract was executed in 2007, but documentation to support the changes was not available. As indicated previously, there is no functional oversight of the ME's contract nor the MEO operations. Oversight of the contract and compliance to the terms and conditions contained within is critical to ensuring the obligations of both parties are adhered to and performance measures are met.

Recommendation

The Board of Commissioners should:

Recommendation 8: Designate a position responsible for the ongoing monitoring of the Medical Examiner contract and its provisions. This monitoring should also include a periodic reporting of Medical Examiner Office operations and activities, including personnel actions.

> ***ME Comment for BOC consideration*:** I agree oversight is a positive and required aspect of government.

***BOC Response*:** **Concur**
The County Manager will be responsible for the ongoing monitoring of the Medical Examiner's contract and its provisions, in addition to the periodic reporting of the Medical Examiner's Office operations, activities and personnel actions. Monitoring will include written bi-weekly and/or monthly status reports during regularly scheduled meetings with the County Manager. Additional monitoring efforts will require verbal discussion and presentations of operational reports. Effective Date: October 1, 2014. Responsibility: County Manager.

Summary of Medical Examiner Contract Analyses

Prior Years Contract Analyses and MEO Staff Growth

In addition to overall contract management and monitoring, we reviewed all ME contracts available and performed several analyses to further assess the adequacy of specific contract provisions. We reviewed the three ME contracts that were executed in 1978, 1983 (assumed by the current ME in 1999), and 2007. The 1978 contract required that all MEO salaries and office expenses be paid directly from the contractor's annual total of $49,508, and further indicated that "the yearly contract sum shall represent the departmental budget for the year." The 1983 contract modified the language with a clause that stated, "except as otherwise specified with this agreement." The exception addressed the creation of the County position of Chief Forensic Investigator-Administrator at a salary of $22,000. The annual contract amount in 1983 was $150,000.

The County had assumed an additional four employees, prior to the current ME acquiring the contract, while the ME contract grew to $355,000 when assumed in 1999. Two additional County employees were added before the contract was revised in 2007. The amended contract, at an amount of $426,615, clarified that all Investigators, Technicians, and Administrative staff were County employees. We were unable to determine the justification for the County assuming personnel previously paid out of the contract without a corresponding reduction to the ME contract. The chart to the right reflects the changes in County staff in the MEO since 1985. There have been no changes since 2009.

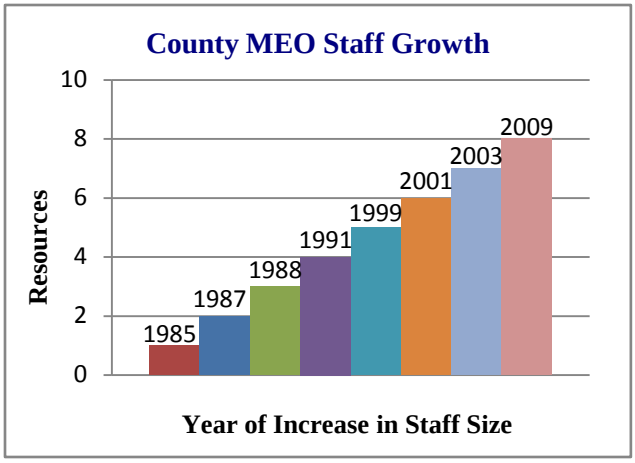

Chart 4 – Source: Commissioner minute books.

We also charted the annual expenditures from the MEO from FY1995[14] through FY2013. During that time, the contract payments to the ME increased by an average of 2.5% in all but three of those years. The current contract, effective October 2007, provides for an increase of 3% and 2% in the first and second years of each biennial budget, with FY2012 being the only year where an increase did not occur. Again, the ME's contract accounted for roughly 42% of the overall budget since the 2007 contract was executed.

[14] Available financial information at County Administrative offices. Prior years' information only available via archives.

Current Medical Examiner Contract Analysis

We reviewed the ME's expense history of services and supplies paid from the contract dollars for the past five years and found that the expenses paid were consistent each year. The chart below is a breakdown of the calendar year 2013 contract spending, but it is representative of the average costs over the past five years. The Associate ME amount does not include the costs of reciprocal services provided by the former ME as the actual costs were not readily available. See 'Additional Operational Procedures and Analyses are Needed' section of this report for recommendations regarding proposed alternative costing models.

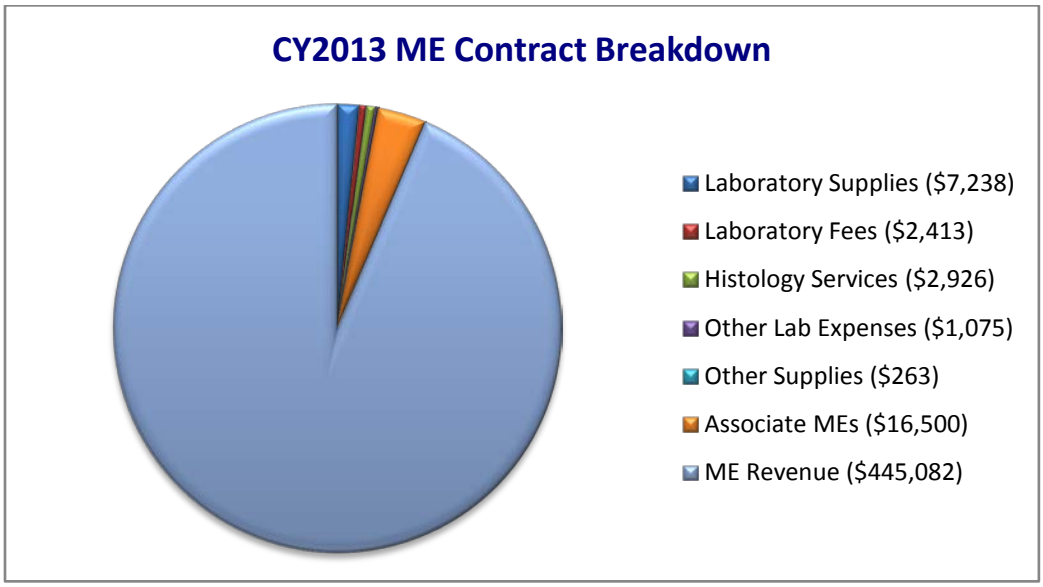

Chart 5 - Source: Annualized expense data provided by the ME. Note: Associate ME cost does not include the services provided by the former ME.

Contractor Use of County Facility at No Cost

As indicated previously, the current contract includes a clause which allows the ME to perform investigations and consultations at the Cobb County Forensic Science Center for cases unrelated to the Georgia Death Investigation Act, as long as they do not conflict with the business of Cobb County or its political subdivisions. These private services are in addition to the ME's duties to the County and include all pathological services up to and including autopsies. The use of the County's facility and equipment is currently at no charge. The use of County employees to assist in the performance of these services is addressed in a prior section of this report.

In comparison, there was no such clause in either Fulton or Gwinnett County MEO contracts. However, discussions with personnel of those Counties indicated private use of the facilities by their Chief and Associate MEs is allowed but costing was not available. DeKalb County's MEO contract included a clause which allows the ME to use its facilities for private forensic pathology services at a rate of $1,485 per month.

The private use of the County facilities for profit could expose the County to liabilities in connection with performing those services. Legal guidance is needed to determine the level of exposure to the County.

In addition, without proper monitoring controls, the County cannot be assured that its cases are prioritized. According to professional accreditation agencies, the effectiveness of an ME's work could be impacted if the total number of autopsies performed in one year, County and private, exceed an established annual limit.

Recommendation

The Board of Commissioners should:

Recommendation 9: Seek County Attorney guidance on the ME's private use of Cobb County's facility for profit. Based on the results, consider implementing a fee or reduce the amount of the contract for use of County facilities.

> ***ME Comment for BOC consideration:*** In the Metro Atlanta area, autopsies are only performed in a Hospital setting or Medical Examiner's Office. When families have questions about a death or want second opinions about a previous autopsy, they can elect to have a privately funded autopsy. Hospital pathologists do not routinely perform private autopsies because of time constraints and/or Hospital policies. Therefore, it is common for families to seek assistance from a Medical Examiner. These autopsies are not solicited. The family of the deceased has freedom of choice in selecting any Medical Examiner to perform the autopsy.
>
> I only accept private cases if the death does not meet the reportable requirements set forth by the Georgia Death Investigation Act and/or the decedent comes from jurisdictions outside Cobb County. Dekalb and Gwinnett MEOs accept private cases. GBI Crime lab Medical Examiners perform private cases. The Audit showed that Dekalb MEO reimburses the Dekalb County government $1,481.00 per month. Dekalb County Government is responsible for all office and laboratory expenditures including autopsy supplies, histology, utilities, etc. The Dekalb Chief ME is financially responsible for Associate MEs salaries, various insurance and decedent transport.
>
> The Dekalb Chief ME performs family requested autopsies and also provides Medical Examiner services to five additional neighboring counties. The Chief is directly compensated by each of these counties and families. The reimbursements to Dekalb County Government are most likely for the use of the supplies, not just the building. The reimbursements to Dekalb County can easily be funded by the contracts for services with the five other counties.
>
> I do not have contracts with any other county. I performed 20 family requested autopsies last year. I pay for all laboratory supplies needed to perform county and private autopsies, including histology. For Private cases, Cobb County provides the Laboratory, utilities and misc paperwork. I provide the autopsy supplies and autopsy services.
>
> > **Additional Auditor Comment:** Internal Audit provides no assurance regarding the DeKalb County MEO other than those explicitly included in the content of our report.

***BOC Response*:** **Concur**

The private use of Cobb County's facility and related use of county employees in the Medical Examiner's private business has been discontinued indefinitely. Effective Date: October 1, 2014.

Purchasing Exemption/No Term-End

Since inception, the ME contract has not been competitively bid. Per the County's Policy for the Procurement of Professional Services, Section III – Applicability of Policy "exempts the professional services of physicians, nurses, and other professional medical services." We were unable to locate the source or intent of the exemption. A committee to revise the policy in 2011 reduced the exemption list but no previous information was available. Both Gwinnett and DeKalb Counties utilize a bid process for contracting ME services. Fulton County does not utilize a bid process but approves a new contract every six years.

In addition to the purchasing exemption, the ME's contract does not include renewal terms or a term ending date. The contract does include a termination clause requiring written notice. By comparison, DeKalb, Gwinnett, and Fulton Counties have term ending dates of four, five, and six years, respectively, inclusive of all annual renewals.

Not utilizing a competitive bid process could result in the County not obtaining the most qualified and best value for ME services. However, we do acknowledge that there is the risk of increased costs due to the limited population of certified ME professionals. We believe the potential risk of increased costs can be minimized using the additional knowledge, information, and results provided in this report.

Recommendations

The Board of Commissioners should:

Recommendation 10: Appoint a committee, including the County Attorney, to assess the appropriateness of the current exemption list included in the County's Policy for the Procurement of Professional Services. Based on the results, amend the County policy as deemed necessary.

***ME Comment for BOC consideration*:** See #11

***BOC Response*:** **Concur**

The County Manager will appoint a committee led by the Purchasing Director and inclusive of the County Attorney or designee to review the appropriateness of the current exemption list included in the County's Policy for the Procurement of Professional Services. Based on the results, an amended policy will be submitted for Board of Commissioner approval, if deemed necessary. Completion Date: December 31, 2104. Responsibility: Purchasing Director/County Attorney.

Recommendation 11: Based on the results of our survey, consider competitively bidding the Medical Examiner services. Also, require that all future Medical Examiner contracts include renewal options and term-end dates.

> ***ME Comment for BOC consideration*:** I agree with the County's current policy regarding review of Professionals by a selected group.
>
> Professional personnel contracts should be awarded to individuals based on their expertise, experience and performance, not the lowest bid. ME contracts submitted for open bidding in Georgia are typically uncontested. A quick review of the bid process for Dekalb and Gwinnett County ME services will show each time the bid has been reviewed there were no competitive bids offered.
>
> Due to a remarkable rise in interest for this profession since 2001, the number of MEs nationally will increase over the coming years. Any county using a bid process will begin to see significant problems with turnover, case investigation consistency, unfamiliarity with DA offices, Public defender's office and the services provided to the citizens. There are five Medical Examiner's Offices in Georgia. As of this date Cobb, Gwinnett and Dekalb MEOs have not received accreditation. The only two MEOs, in Georgia, with accreditation are Fulton County and the G.B.I Crime Lab. The Chief ME of Fulton County is contracted through Emory. The Chief ME for the State of Georgia is a State employee. Neither accredited county utilizes a bid process to select the Chief ME.
>
> > **Additional Auditor Comment:** See Internal Audit's information previously provided for further clarification.

***BOC Response*:** **Concur**

See response to Recommendation #10 above. All future Medical Examiner contracts will include renewal options and term-end dates. Effective Date: October 1, 2014. Responsibility: County Manager/County Attorney.

Contractor Performance Measures/Reporting

There are currently no performance measures or periodic reporting requirements in connection with the ME's contract. The County's biennial budget book includes various performance measures for the MEO operations, but we noted no follow-up monitoring on the status of projected versus actual results. The implementation of proper oversight and monitoring controls and a requirement of periodic monitoring will yield significant improvements in this area. See Recommendation 8 on Page 13.

Contractor Qualifications

As stated in the background section of this report, O.C.G.A. § 45-16-80 requires that a County ME have a doctor of medicine degree and license to practice medicine under the stated provisions; **be eligible** for certification by the American Board of Pathology (ABP); and have at least one year of medico-legal training or one year of active experience in a scientific field in which legal or judicial procedures are involved at the county, state, or federal level. It also requires that the County ME be appointed by the governing authority of the County and assumes all functions, powers, rights and duties under the Georgia Death Investigation Act.

Based on our interpretation and survey procedures performed, the current ME meets these requirements. He has an active license to practice medicine which was issued by the Georgia Composite Medical Board on June 13, 1977. He has a primary specialty certification from the ABP in anatomic and clinical pathology (AP/CP), issued on November 21, 1977. He worked for approximately ten years as an Associate ME under the County's prior ME before assuming the ME contract in 1999. In addition, the ME was appointed by the GBI Division of Forensic Sciences as a Local Medical Examiner in Forensic Pathology for Cobb County, most recently renewed effective March 28, 2010. Also, the current ME's appointment from County's BOC occurred with the approval of his assumption agreement effective February 23, 1999.

The County's ME holds the primary AP/CP, but not the subspecialty certification. According to its website,[15] the ABP issues primary certificates in the field of AP/CP. Subspecialty certificates are issued in various areas, including forensic pathology and require additional training. To further clarify the subspecialty certification, the ABP states, "Pathology is a broad discipline; therefore, it is appropriate that some certified pathologists seek greater knowledge and expertise in one of the component areas of pathology.

Pathologists with subspecialty certification may choose to limit their activities entirely or in part to a specific area of competence or they may place special emphasis on it in their practices. The achievement of subspecialty certification does not reflect on the ability of other pathologists to practice in that area."

During our discussions with two professional accreditation agencies, and based on review of their requirements, an ME is required to have a primary certification and the subspecialty certification in forensic pathology in order to receive full accreditation status. Having the subspecialty certification is widely viewed as the minimum industry standard in the ME field. Fulton, Gwinnett, and DeKalb Counties' Chief MEs are all certified with the forensic pathology subspecialty certification.

Recommendation

The Board of Commissioners should:

> ***Recommendation 12***: Determine if the lack of forensic pathology subspecialty certification warrants a change in the current Medical Examiner and if it should be a requirement in the selection of future Medical Examiners.
>
> ***ME Comment for BOC consideration:*** Currently, in Georgia, there is no requirement for Forensic Board certification to practice as a Medical Examiner. While I do not have forensic subspecialty certification, I have training in Forensic Pathology and 25 years experience. The only requirement in the State of Georgia is that the Medical Examiner be appointed or approved by the Chief Medical Examiner of Georgia. I am certified every five years to serve as a local Medical Examiner in the State of Georgia by the Chief Medical Examiner of Georgia. I have been certified for the last 25 years. I have been qualified numerous times in local, state, and federal court as a Forensic Pathologist. I have never been disqualified by the judicial system in civil or criminal court as a Forensic Pathologist.

[15] http://www.abpath.org/BofICert.htm

When I joined Cobb County as an Associate Medical Examiner in 1989, the majority of Medical Examiners received training in forensics but not necessarily board certification. I am a Board Certified Anatomic and Clinical Pathologist and have served as a Medical Examiner for the past 25 years. I have served as the Chief Medical Examiner since 1999. Although I do not have the sub-specialty certification, my qualifications and abilities have never come into question until the recent comments of one citizen.

While certification has become common for new Medical Examiners, it does not guarantee competency nor is it mandatory. It would be inappropriate to discount experience and performance of those who attained their position before sub-specialty certification was common.

***BOC Response*:** **Concur**

With the resignation of the current Medical Examiner, all future Medical Examiners will be required to have the subspecialty certification in forensic pathology. Effective Date: October 1, 2014.

Contractor Occupation Tax Certificate

During an interview with the ME, we discovered he did not possess a current occupation tax certificate/business license. Per the City of Marietta's Business License Division, "Every business located within the city shall apply for and obtain a business license prior to conducting business. This requirement shall apply to businesses whether profit or non-profit. Generally, all licenses or occupation tax certificates are valid for the calendar year in which they are obtained. A penalty shall be assessed on any business working in the city without first obtaining a city business license or occupation tax certificate. A penalty of 10% of the license fee or occupation tax shall be assessed per year plus 1.5% per month, or portion thereof, from the time the business began in the city until all fees are paid." As such, the ME's business is located within the city of Marietta and was required to obtain this occupation tax certificate/business license.

We made the ME aware of this requirement and subsequent to our discussion, the ME rectified the situation with the City of Marietta; paid the applicable fees and penalties since assuming the ME contract in 1999; and obtained a current occupational tax certificate/business license. The current license expiration date is December 31, 2014.

Additional Operational Procedures and Analyses are Needed

Internal Audit interviewed the ME and Operations Manager to gain an in-depth understanding of the MEO's operational procedures. We then performed various measures to ensure that operational procedures were adequate and determine if resources were being used effectively and efficiently. Although some operational procedures are adequate and resources are being used effectively, additional procedures and analyses are needed to increase the MEO's efficiency. Changes are recommended in the areas of staffing and training, case review/progression, data file management tools, citizen interaction and communication, and the ME costing model.

The MEO was able to provide written operational procedures for investigations, autopsies, and Forensic Science Center operations; however, a formal manual that covers all aspects of the program was not available. Basic internal control procedures require that all internal controls, transactions and other significant events need to be clearly documented, and the documentation should be readily available for examination. The documentation should appear in management directives, administrative policies, or operating manuals and may be in paper or electronic form. All documentation and records should be properly managed and maintained in accordance with the County's retention policy. In addition, formal written procedures are a requirement for professional accreditation.

Recommendation

The Medical Examiner should:

Recommendation 13: Complete a comprehensive guidelines and procedures manual. These guidelines and/or modifications should address all operational and fiscal policies of the MEO. Orient all employees to the guidelines in the manual.

***Medical Examiner Response*:** **Concur**

Verbal and written Policy and Procedures have always been in place at the Cobb MEO. I have instituted a program for the Operations Manager to put them all in written form. To acquire accreditation, policies and guidelines must be in writing. This constitutes the majority of the accreditation checklist. This program is ongoing and began prior to initiation of the audit. This was listed as a goal for the office with a completion date prior to September 30, 2014.

Staffing and Training

Staffing

As mentioned in the Background section of this report, the MEO operates around the clock. As such, Investigators are assigned in 24-hour shifts. All cases that are reported during the 24-hour shift become the responsibility of the Investigator assigned during that time. The shifts are rotated among the four Investigators with additional coverage provided by the Operations Manager as needed. During the time of our survey procedures, the Senior Investigator had ceased taking new cases pending his retirement at the end of 2013, and there was an Investigator on an extended leave of absence. The situation necessitated the Operations Manager to carry a full investigative caseload in addition to his MEO administrative duties. Per MEO staff, operating with reduced staffing levels impacts the Investigator's ability to complete case documentation on a timely basis. Prioritizing case completions during this time also became critical to ensure cases involving criminal prosecution were not impacted. Subsequent to our survey fieldwork, the Investigator on leave returned, another Investigator was promoted to Senior Investigator, and a Technician was promoted to Investigator. It is our understanding the open Technician position is in the process of being filled.

Training

There is no documented evidence of completion of initial and continuing education training for MEO staff. Although the MEO prefers job candidates with prior experience in the funeral industry and/or law enforcement investigation areas, there are no documented initial training requirements.

MEO staff training occurs on the job from other staff members and work products are reviewed by the Senior Investigator and Operations Manager. Feedback for improvement is provided to staff when warranted based on the work product reviews. Investigators are provided a copy of *Death Investigation: A Guide for the Scene Investigator*, published by the National Institute of Justice.[16] Procedures and job functions of the Technicians in the Forensic Science Center were documented. However, there is no documented evidence of specific training received upon hiring. There was also not a requirement for continuing education training.
Because the MEO positions require significant professional judgment and attention to detail, inadequately trained individuals could lead to mistakes and critical evidence key to determining cause and manner of death being overlooked or lost. In addition, ongoing continuing education training would ensure that employees are aware of changes in techniques and technology in the ME field as it evolves.

Recommendations

The Medical Examiner should:

Recommendation 14: Develop and document a training program for each position. Include in the program a requirement for both the trainer and trainee to attest to completion of each step.

***Medical Examiner Response*:** **Concur**
The Operation Manager will develop this for my approval and it will be included in the policy, procedure, guidelines by September 30, 2014.

Recommendation 15: Establish a minimum training requirement for all employees to attend continuing education courses periodically, in accordance with budgetary approval. The minimum training requirements should also include exploring various no or low-cost options.

***Medical Examiner Response*:** **Concur**
The Operation Manager will develop this for my approval and it will be included in the policy, procedure, guidelines by FY15.

> **Additional Auditor Comment:** It is our understanding this recommendation will be accomplished by September 30, 2014 when the policy and procedures manual is completed as stated in the response to recommendation #13.

[16] The National Institute of Justice is the research, development, and evaluation agency of the U.S. Department of Justice.

Standby Hours

The use of standby hours for Technicians should be evaluated. Investigators rotate being on standby (on call) in twenty-four hour shifts each day of the year outside of regular business hours. Technicians are on standby on weekends and holidays only. Per the County's Personnel Payroll Policy, "employees assigned to "Standby" status will be paid two (2) hours compensation for each specified period of time or designated shift for which status is assigned. If an employee is called out, he or she will not be paid the standby pay, but shall be paid on a portal to portal basis for all hours worked. However, if the employee works less than the two-hour minimum, the hours worked will be paid as time worked and the remaining portion of the two (2) hour minimum will be standby pay."

The Operations Manager and Senior Investigator monitor the number of hours worked in order to make adjustments to employees' schedules due to standby and other hours worked. We analyzed the MEO staff timesheets for CY2013 to determine if the standby pay is being used appropriately. We determined the number of days of standby coverage for both Investigators and Technicians were under the days available and noted that overtime was held to a minimum.

We also noted that autopsy procedures for cases occurring during weekends or holidays were typically held until the next business day, questioning the need to have Technicians on standby during those times. Technicians are only needed to assist the ME in the performance of post-mortem examinations, limited autopsies, and autopsies; however, if these cases are being held until the next business day, this coverage could possibly be eliminated. In cases where the family requests the remains during weekends and holidays, the ME could perform the tasks normally handled by the Technicians. The potential savings of $4,428 is based on 228[17] hours of standby time annually for this position.

Recommendation

The Medical Examiner should:

Recommendation 16: Evaluate the need for having Forensic Technicians on standby during holidays and weekends.

Medical Examiner Response: **Disagree**

According to the Georgia Death Investigation Act:

(45-16-25.1. Remains of deceased to be released to next of kin within 24 hours; exception in cases where foul play suspected.)

When cases are reported on weekends or holidays, the examination may be required based on the family's request. In addition, police may require examinations be performed to assist in their investigation.

In 2011, the BOC required significant budget cuts from all county departments. As a result, efforts were made to reduce the MEO overhead. By working with families and funeral homes we have slowly reduced the amount of time needed to perform cases on the weekend. My staff has shown great diligence in explaining to grieving families the need to delay the examination. If the family cannot wait, we come in.

[17] (104 weekend days plus ten holidays times two hours per day) multiplied by the mid-point pay for a Forensic Technician.

Our overtime budget was reduced from **$25,000.00** to **$3,000.00** after 2010. Changes had to be made. Working with families to delay the examination on the weekend was necessary to meet these budgetary constraints for overtime. We have worked within this stringent overtime budget without going over primarily because of our reduction in weekend examinations. Our overtime budget was increased to $5,920.00 for FY13/14. The last two years have shown a significant reduction in the amount of cases examined on the weekend. We performed examinations an average of four weekends per year. Before 2011, we came in every weekend there were cases, regardless of the family's request. Reviewing previous years, we averaged two examinations per weekend. The On-Call Investigator is also required to be present to discuss the case, but may be required to leave to respond to an additional death call.

The auditor's suggestion to have the Chief Medical Examiner work alone on the weekends, performing all aspects of the examination including preparation and cleaning, to save $4,428.00 is without merit. There are no MEOs in the country, with Techs on staff, that would require the ME to perform every task associated with the examination alone. A minimum of two people are needed to manipulate the body during the external and internal examination as well as photographing the body. The technician position, also known as autopsy assistant or diener has been a part of the autopsy process since autopsies were first conducted.

Considering the aforementioned budget cuts, any further action to reduce staff on weekends and holidays would not be in line with the "standard of care" for Medical Examiners.

> **Additional Auditor Comment:** While we do not take exception to the MEO's disagreement with the recommendation, we believe the current weekend examination and autopsy practice should be further evaluated for continued appropriateness to ensure it is meeting the needs of the County.

Case Review/Progression

We sampled MEO case files and walked through the investigation steps from initial report of a death through final reporting and closure of the case. While the investigation level varies for each case depending on the circumstances and whether it is accepted or declined jurisdiction, there are standard reports that are required. Every case starts with the completion of the Field Investigation Report worksheet (gray sheet) which contains information on the deceased, when the MEO is notified, scene details, and Investigator's notes. The information from this sheet is subsequently input into the database.[18] For denied cases, the gray sheet is the only document produced and is reviewed by the Senior Investigator or Operations Manager. For accepted[19] cases, the scene and autopsy reports are generated, in addition to the gray sheet. These reports are dictated to tape for the Administrative Specialist to type and print. Automating the investigation documentation process would greatly increase the MEO efficiency. Investigators could type their notes directly into the system and attach supporting documentation as needed. Automation would also eliminate the need for the Administrative Specialist to type investigation and autopsy reports. At the time of the survey, the MEO was working with Information Services (IS) to modify its existing case database so scene reports could be typed directly by the Investigator.

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[18] See Data File Management section on subsequent pages.
[19] This scenario does not include sign-out and kick-back cases.

We also noted that the timeframe from open to close cases was not tracked. Cases involving criminal prosecution are required to be completed within 90 days, but all other case completions are not tracked. Some cases are dependent on information from outside organizations such as toxicology reports from the GBI Crime Lab; however, all other internal MEO reports and documentation can be completed, tracked, and measured. The turnaround time for external labs and agencies could be tracked separately and included for overall case completion timeframe.

Tracking the average case completion time and measuring the MEO's progress accordingly will provide reliable information to make future decisions to improve the department's efficiency. Cases that fall outside the average case completion time can be individually evaluated for efficiency areas and used during ongoing training. Monitoring average case completion time would also identify specific employees who are not meeting the target and might require additional training or coaching.

Recommendations

The Medical Examiner should:

Recommendation 17: Consult with the Information Services Department regarding various options for automating the investigation report process.

***Medical Examiner Response*:** **Concur**
This has been ongoing. Recent talks with IS regarding a new database system have suggested implementation may not be until 2016. Alternative databases are being considered in the short-term. Cost analysis and technical information for various systems will be shared with Cobb County IS for their recommendation as it becomes available. See Recommendation 22.

Recommendation 18: Develop a process to track and measure case completion time for each MEO case type; establish corresponding average target case completion timeframes; and develop periodic reporting tools to document monitoring. Incorporate the monitoring process into the annual employee performances.

***Medical Examiner Response*:** **Concur**
With a proper database system the need to have ancillary tracking can be eliminated. There are systems in place now to track cases. However, this process involves a computer spread sheet and paperwork in the file. The Operations Manager and Investigative staff will develop a system to track and monitor case load and close rates by September 30, 2014.

Property, Evidence, and Prescription Medications Handling

As Investigators bring a body to the Forensic Science Center, any property on the body or retained from the scene is transported and stored physically with the body. The Technician documents all property using a property sheet while performing the post-mortem examinations. The property sheets have pre-formatted places for describing each article of clothing, different types of jewelry, description of wallet, and contents of the wallet by bills and coins, etc. All property is placed in a bag which is stapled and remains with the body when the autopsy is completed. The property list is then written on the sign-in/sign-out sheet and released to the funeral home along with the body. The signatures of both MEO staff and funeral home representatives are included on the document upon release.

In instances where a family member asks for the property to be released to them instead of the funeral home, a property and evidence chain of custody form is completed. Again, the items are listed on this form and both parties are required to sign upon release.

Property that is considered evidence in a criminal investigation is handled in the same manner by the Technician except the evidence is placed in bags and stored in the MEO evidence room in numerical order by case number. The property and evidence chain of custody form is completed and kept with the evidence. When the evidence is sent to a lab for testing or released to a law enforcement agency, the form is annotated as such and signed by the accepting party.

The evidence room is kept locked at all times and the responsibility of managing the key and access to the room is handled by a designated Investigator. There is a camera in the room and three other cameras at the facility with a television monitor and recording device; however, there is not ongoing monitoring of the camera system. The Investigator had recently developed a sign-in sheet to log access to the room anytime it is opened; however, the practice had not been implemented as of the date of our tour of the facility.

In addition to property evidence, the room also houses prescription drugs that are retained by the MEO in connection with cases. The chain of custody regarding prescription medications follows the same process as cases involving criminal investigations. The medication is held in evidence bags, labeled by case number, and stored pending disposition.

Once the decision is made to discard the medications, the evidence bags are opened and the contents dumped into a gallon-size bin. The bin is taken to the Marietta Police Department, who maintains a facility for citizens to drop off unused medications, for final disposal. Medications are not released to families or funeral homes. Even though medications are documented, there is not a process to verify the quantity of medications originally retained to the quantity dumped into the bin, and subsequently received by the Marietta Police Department.

Adequate controls over property, evidence, and prescription medications are essential to prevent theft and misuse. Improper physical security increases the risk that these items can be misappropriated. In addition, with the recent increased awareness regarding the abuse of prescription drugs, the County needs to strengthen the controls in this area.

Recommendations

The Medical Examiner should:

Recommendation 19: Evaluate the current physical security and access over the property and evidence room and ensure adequate security exists. This process should result in the development, documentation, and implementation of a process to track access to the room and to monitor the camera system.

***Medical Examiner Response*:** **Concur**
Current written policies are in place and an “In/Out” log exists. Further policies to expand the requirements will be included by the Operations Manager, with my approval, in the policy and procedure manual with a target completion of September 30, 2014.

Recommendation 20: Develop and implement procedures to strengthen the controls over prescription medications. If necessary, consult with other County Public Safety departments or MEOs for best practices in this area.

***Medical Examiner Response*:** **Concur with alternate solution**

The policy of taking the medications to a local facility for destruction has already been changed. The medications are inventoried describing specific information like; fill date, dosage rate, amount remaining, etc. The medications are maintained in the "Vault" evidence room which has controlled access and is monitored by a camera. The Medications are saved until the Medical Examiner or Case Investigator determines probative value no longer exists. Two people are required to be present during inventory, consolidation and destruction of the meds. The pills are emptied from their bottles into a red biohazard bag. Just enough water is then placed in the bag to dissolve the meds. The red bag is secured and placed in the Biohazard trash bin for incineration. The Medication Inventory logs for each case is updated with the destroyed date and filed. Two people are required to be present during this entire process and verified by their signatures. The written policy and procedure will be included with all other policies.

> **Additional Auditor Comment:** The ME needs to ensure additional details are included in its revised written procedures to include, but not limited to quantity of drugs, who is responsible for monitoring the camera system, and how often the system will be monitored. These revised procedures should also include an evaluation of whether the camera monitor needs to be relocated to the administrative offices for ease of monitoring.

Recommendation 21: Complete a physical inventory of the MEO property and evidence room by numerical case file number. The results should be reconciled to any perpetual inventory records available, with any differences researched, resolved, and updated accordingly. The prescription medications should also be included. This overall inventory process should be reviewed and approved by the ME or Operations Manager via signature. Moving forward, a physical inventory should be performed at least annually, and all additions or dispositions properly documented and maintained.

***Medical Examiner Response*:** **Concur**

Implementation will begin within FY14 with a completion date before September 30, 2014.

> **Additional Auditor Comment:** Based on our discussion with the MEO, the Operations Manager is the delegated responsible party.

Case File Management

Changes to the case file management database are needed to increase MEO efficiency. The Microsoft Access database described in the case review/progression section of this report is the main system used by the MEO to log cases; however, the database was designed many years ago, has limited functionality, and does not manage all aspects of the case. Changes to the database are made by Information Services staff as requested by the MEO, but often are delayed due to other priorities within the County. In addition to the database, case file details, including evidence room information, are tracked utilizing other software applications (i.e. Excel, Word, etc.) on the desktop computers of the respective Investigators.

The MEO is currently exploring the expanded use of OnBase, an enterprise content management software system utilized by other County departments. The Operations Manager has attended available informational sessions, but a complete needs assessment and additional discussions are needed to ensure the system can be configured to meet the unique needs of the MEO. Funding approval also has to be included in the additional discussions.

Internal Audit observed the Medical Examiner Access database system utilized by Fulton County's MEO that allows all aspects of case file management, including the upload capability of pictures and other information. The system was designed by the Chief ME of Fulton County and is owned by his employer, Emory Clinic, Inc. The ME indicated the database could be purchased for approximately $2,000, but there is no ongoing support/maintenance included. The full possibility of using this system needs to be explored further.

The MEO needs a system which incorporates all aspects of investigation, from initial notification through completed autopsy and final report, so all data is housed in one location and management can better monitor case progression. Also, greater efficiency can be gained by allowing MEO staff to complete forms using a wireless computing device that could be uploaded directly to the database. This would eliminate the duplication of entering the data manually and reduce the chance of errors.

Recommendation

The Medical Examiner should:

Recommendation 22: Explore the use of alternative case management systems including the County's enterprise OnBase solution, the Emory Clinic, Inc. database, and any other available systems. The function of utilizing wireless devices that capture case data for direct upload in the database system should also be explored. The results should be captured in a cost comparison report for presentation to County management.

***Medical Examiner Response*:** **Concur with alternate solution**

The MEO has been researching different types of databases which include web-based programs, software downloads and updating our current system. Several Cobb County departments use Onbase. We have an outdated OnBase system used specifically for data share with other County departments. Recent talks with IS showed a MEO database could be developed for $75,000 to $125,000. Development would not begin until this budget was approved. The Emory Database used by Fulton County MEO costs significantly less and could certainly be used either temporarily, until other cost and benefit analysis is complete, or as a long-term solution with some modifications. The disadvantage of the Fulton system would be its lack of updates, expansions or service/technical support. As for wireless devices used in the field, that is impractical for MEO Investigators. It does have practical application in the Lab. However, I am unaware of any software for MEO lab data which enables our office to merge databases with a wireless device. There is a wireless device utilizing a barcode to track the body and evidence. This device may become available through a disaster preparedness grant. Updates on the progress of the database will be made to the BOC designee.

> **Additional Auditor Comment:** An anticipated completion date for the cost comparison and delegated responsible party remains outstanding.

Costing Model

The current ME costing model could be revised to meet current and future needs of the MEO operations. As indicated previously in this report, we analyzed the prior and current year's costs and value of the ME's contract to the County. We utilized a variety of tools, including County budget, financial, and personnel information, ME history of expenses, and comparative analysis from other jurisdictions. The ME indicated that his reliance on Associate MEs is greater than the cost breakdown reflected in Chart 5 on Page 15. We also determined that the use of an Associate ME is warranted to meet the current and future needs of the MEO.

Since the true costs of Associate ME services was not readily available, we utilized an assumption to determine the true costs of the ME's contract (Scenario 1). We assumed an Associate ME would be needed in the ME's absence, to include all weekends,[20] thirteen sick leave days,[21] and ten annual leave days,[22] for a total of 127 days. The cost of coverage for contracted MEs at $750 per day totaled $95,250. When this amount plus $13,915 for autopsy supplies were deducted from the total contract amount of $475,497, the current ME net revenue equals $365,582.

This amount is above the current rate for a Chief ME in the metro-Atlanta area based on our research and information presented later in this report. On the next few pages are additional costing model scenarios that could be used to employ the services of an ME with an Associate ME.

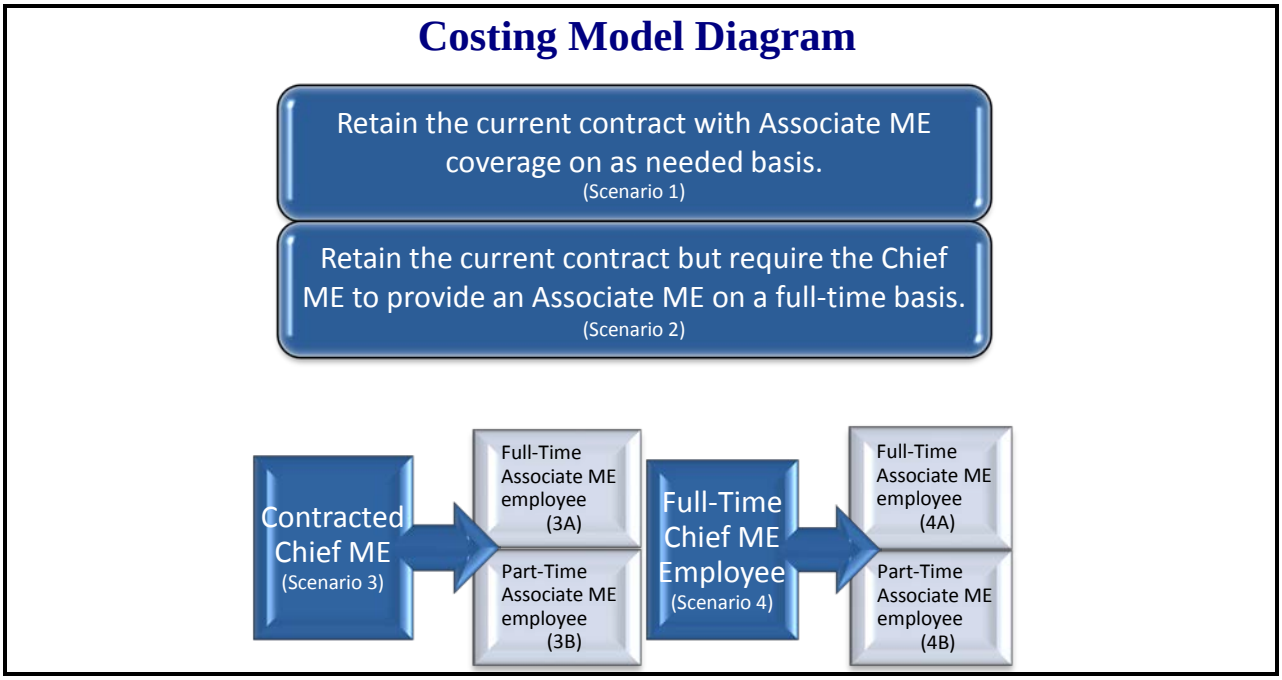

Diagram 1 – Source: Internal Audit costing options

[20] 52 weeks per year at 2 days per weekend for a total of 104.
[21] Based on the sick leave available to a 40-hour County employee.
[22] Based on the annual leave available to a County employee with one to five years of service.

In addition to Scenario 1, which reflects our analysis of the current situation based on the assumptions stated, we are providing three additional cost comparison models. With Scenario 2, the County could require the ME to provide an Associate ME on a full-time basis at no additional cost to the County. As stated previously, the County has assumed staff positions with no corresponding reduction in the ME's contract costs, and our analysis indicates a full-time Associate ME could be absorbed in the current contract cost amount. In this scenario, the ME and Associate could establish a schedule that ensures proper coverage, allow adequate days off for each, and eliminate the need for the Associate ME costs of $95,250, as detailed in Scenario 1. Scenario 2 would also provide the required peer review function required by professional accreditation agencies (See 'Best Practices' section on Page 34).

For each of the two remaining cost comparisons, we explored the option of adding either a full-time or part-time Associate ME position, as a County employee, while modifying the current ME structure. First, we obtained a position costing model from the Human Resources Department and calculated the total cost to the County for an Associate ME employee position. The model was fully burdened and included the cost of employment taxes, medical and dental benefits, disability and life insurance, and retirement benefits.

Scenario 3 includes retaining the ME as a contractor with a reduction in the rate, based on data, and the County assuming the cost of all supplies, and hiring an Associate ME:

3A. Assumption: The ME contract was reduced to $275,000. We used a full-time salary amount of $146,250[23] for the Associate, which resulted in a total personal services cost of $204,373 for the position. The total cost to the County, with the additional $13,915 of autopsy supplies, would be $493,288. This represents an additional expense of $17,791 when compared to the current contract amount of $475,497.

Contracted ME and Employed Associate ME

	Full-Time Associate	Part-Time Associate
ME Cost	$ 275,000	$ 275,000
Associate ME Cost	$ 204,373	$ 115,534
Additional Supplies	$ 13,915	$ 13,915
Total	$ 493,288	$ 404,449
Current Contract	$ 475,497	$ 475,497
Expense / (Savings)	$ 17,791	$ (71,048)

Table 2 - Source: HR costing model and other market data

3B. Assumption: The ME contract was reduced to $275,000. We used a part-time salary amount of $106,031[24] for the Associate, which resulted in a total personal services cost of $115,534 for the position, with only employment taxes and workers' compensation insurance included. The total cost to the County, with the additional $13,915 of autopsy supplies, in this scenario would be $404,449. This represents a potential savings of $71,048 compared to the current contract amount of $475,497.

Scenario 4 includes the option of the ME as an employee instead of a contractor. We used the model to generate different scenarios for comparison to the contract amount. All scenarios assumed an ME salary of $195,000[25] for the ME, which resulted in a total personal services cost of $266,823, and $13,915 for additional operating supplies currently provided under the contract. Using the same figures for a full-time and part-time Associate ME from Scenario 3, we are providing the following:

[23] Seventy-five percent (75%) of the rate of an ME.
[24] Based on the average maximum number of hours a part-time employee is allowed to work per week using the rate in Scenario 3A.
[25] Average rate of a Chief ME in the metro-Atlanta area.

4A. Assumption: The current ME contract terminated and both the ME and Associate ME created as full-time County positions. The total cost to the County would be $485,111, which is an additional $9,614 expense compared to the current contract.

4B. Assumption: The current ME contract terminated and ME created as a full-time position with an Associate ME as a part-time position. The total cost to the County would be $396,272, which yields a potential savings of $79,225 compared to the current contract.

Employed ME and Associate ME

	Full-Time Associate	Part-Time Associate
ME Cost	$ 266,823	$ 266,823
Associate ME Cost	$ 204,373	$ 115,534
Additional Supplies	$ 13,915	$ 13,915
Total	$ 485,111	$ 396,272
Current Contract	$ 475,497	$ 475,497
Expense / (Savings)	$ 9,614	$ (79,225)

Table 3 - Source: HR costing model and other market data

Subsequent to issuing the draft report, two additional models were discussed for consideration:

1. Revise the current ME contract structure and rate similar to what is employed with the County Manager and County Attorney; or
2. Privatize the entire MEO operation.

These scenarios are provided for informational purposes only. Additional analyses and discussions would be needed prior to finalizing any decision regarding the existing ME contract, including the contract clause for 3% and 2% increases in the first and second years of each biennial budget. In addition, below are additional advantages of having an Associate ME on staff:

- There is another professional readily available on-site to confer with on difficult and unusual cases.
- Allows for immediate peer review of autopsy findings and reports.
- Professional accreditation agencies require a certified forensic pathologist.
- Provides assurance on the number of autopsies per physician. (Professional standards limited to no more than 325 and ideally recommends no more than 250 per ME.)

Recommendation

The Board of Commissioners should:

Recommendation 23: Consider alternate options for employing the services of a Medical Examiner and Associate Medical Examiner that would best suit the County's needs and goals for accreditation, if applicable.

ME Comment for BOC consideration: Per the Audit's recommendation I concur with Scenario #1. I will continue to fund all current obligations including Associate MEs. The Associate MEs will be board certified in Forensic Pathology. The Associate MEs will still be employed on a part-time basis, but I will significantly increase their work schedule. The amount of increased coverage will be proportionate with national accreditation standards.

The audit used a costing model of $150,000 for a full time Associate ME. At this time the case load for Cobb MEO does not require a full-time Associate ME.

Each Medical Examiner Office in Georgia has a unique financial and governance structure. I agree direct comparisons are subjective and sometimes incompatible.

Upon my appointment to Chief Medical Examiner in 1999, I met with the BOC Chairman to discuss initiating my contract. I did not propose any changes to the original Medical Examiner contract. The original contract, developed for Dr. Joseph Burton, was modified for my appointment by changing the name and effective date. I am not aware of the County policies in 1999 regarding which departments were responsible for reviewing the contract before the Board voted its approval. No major changes were requested by the BOC or any other County department in 1999 and the Contract was approved.

The contract was reviewed by Cobb County in 2007. Again, no County department or agency discussed any requested changes with me.

I have served the citizens of Cobb County as Medical Examiner since 1989. I have performed all the duties required of the Chief Medical Examiner since my appointment in 1999. I am proud of the service I have provided to the citizens of this county as well as to law enforcement agencies, hospitals, and various social services.

Additional Auditor Comment: Internal Audit's recommendation did not emphasize the implementation of one costing scenario over another. In addition, further discussions regarding the scenarios and contract/salary rates are needed prior to making a decision.

***BOC Response*:** **Concur**

With the resignation of the current Medical Examiner, Chief and Associate Medical Examiners' positions will be created and hired as contract county employees under the oversight of the County Manager. Market analyses will be performed by the Human Resources Department and those results will be used to negotiate contract amounts. Completion Date: October 1, 2014. Responsibility: Human Resources Director.

Additional Auditor Comment: The BOC's approval to create and staff a Chief and Deputy Chief ME position, included the County absorbing the cost of autopsy supplies previously included in the prior ME's contract. As such, the MEO will be required to follow the County's procurement policies and guidelines when purchasing said supplies.

Other Operational Areas of Improvement Needed

Public Accessibility and Complaint Resolution

Public accessibility to the MEO operations could be improved and a complaint resolution process needs to be documented and tracked. The MEO contact information was not easily accessible to the public. We researched the County's internet site for information on the MEO and found the site excluded the MEO from the site map/departmental listings.

We were also unable to locate an MEO webpage that includes basic contact or other information needed by decedent families and other stakeholders. During our initial interview with MEO staff, it was communicated the development of a website was currently in process; however, no expected completion date was provided. We discussed possible webpage content, including a description of the MEO function, frequently asked questions, available presentations, and other citizen interaction options. Annual statistical information on MEO activities could also be made available on its webpage. Access to all County departments should always be readily available to ensure citizens and other stakeholders can find what they need with ease.

We also discussed the MEO's process for logging performance feedback and resolving stakeholder complaints. Although an internal practice is followed for handling complaints, the process was not documented, tracked, and evaluated for possible changes and/or future training opportunities. Initial stakeholder concerns are handled by the assigned Investigator for the specific case in reference. If the matter is not resolved, it is escalated to the Senior Investigator. From there, it is escalated to the Operations Manager and ultimately the ME, as needed. A tracking system for performance feedback and stakeholder complaints will allow for management analysis of trends in order to identify areas for improvement needed to better serve citizens and other stakeholders.

Recommendations

The Medical Examiner should:

Recommendation 24: Develop a basic department webpage that, at a minimum, contains a description of the Medical Examiner's Office function, contact information, frequently asked questions, and a performance feedback process. Also, consider coordinating with the County's six cities for a possible MEO link on their websites.

***Medical Examiner Response*:** **Concur**
Completed. The website was added to the Cobb Web on March 31, 2014.

Recommendation 25: Develop, document, and implement a process for tracking and reporting performance feedback and stakeholder complaint resolution. For stakeholder complaints, this process should include when received, steps taken to resolve, and when closed. These results should be summarized, monitored, and communicated to the Board of Commissioners and/or County Manager.

***Medical Examiner Response*:** **Concur**
The Medical Examiner's Office interacts daily with families suffering from a sudden or unexpected loss. Since denial and anger are the first two stages of grief, it is not uncommon for family and friends to express harsh attitudes or comments during our first interactions. This is most often replaced later with their appreciation and understanding after we have provided them service, direction and certainty. The recent complaints by one family member to the BOC are the first to my knowledge. A written policy for complaints exists; however, I will update the procedure by including a tracking system of each complaint showing the presentation of a complaint to the resolution by September 30, 2014. The update and complaint resolutions will be reported regularly to the BOC designee.

Additional Auditor Comment: All performance feedback should be tracked and reported and not just complaints.

Grand Jury Presentments

The Superior Court Jury Administration Office is responsible for summoning Cobb County citizens to serve as jurors on petit and grand jury panels. Petit jurors can serve on either criminal or civil juries, while grand jurors hand down indictments in criminal actions and perform other types of investigatory functions. Periodically, the Grand Jury has toured MEO operations and received presentations from the MEO Operations Manager and/or other MEO staff. Over the years the Grand Jury has made several recommendations for improvement, which included increasing the size of the MEO facilities, upgrading ventilation systems, building a privacy garage, and hiring additional staff. Since 2007, improvements totaling $273,852 have been made to the MEO facilities (see Page 4 of the 'Background' section of this report). In addition, a Forensic Investigator position was added in 2009. In its most recent Grand Jury presentment, dated November/December 2013, there were no recommendations made for the MEO operations.

Best Practices Need to be Considered

Effective administration of the MEO should include the implementation of industry best practices in its processes. We researched the Coverdale Grant program and its use for funding enhancements to the MEO. We also reviewed and assessed the process and costs for two professional organizations that offer accreditation to MEOs. Both organizations utilize a similar process and would further attest to the effectiveness of the MEO's operations and its level of investigative efforts.

Coverdale Grant[26]

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 services. Funds may be used to eliminate a backlog in the analysis of forensic evidence and to train and employ forensic laboratory personnel, as needed, to eliminate such a backlog. Units of local government may apply for competitive funds. A state or unit of local government that receives a Coverdell grant must use the grant for one or more of these three purposes:

1. To carry out all or a substantial part of a program intended to improve the quality and timeliness of forensic science or medical examiner services in the State, including those services provided by laboratories operated by the State and those operated by units of local government within the State.

[26] Source: http://www.nij.gov/topics/forensics/lab-operations/capacity/nfsia/#rtc

2. To eliminate a backlog in the analysis of forensic science evidence, including, among other things, a backlog with respect to firearms examination, latent prints, toxicology, controlled substances, forensic pathology, questioned documents, and trace evidence.
3. To train, assist and employ forensic laboratory personnel, as needed, to eliminate such a backlog.

Funds may also be used for personnel, computerization, laboratory equipment, supplies, accreditation, education, training and certification, and facilities. Cobb County's MEO could use a grant as a source of funding for items needed to help attain accreditation; however, caution should be used for projects that extend beyond a year as annual renewal of the grant is not guaranteed.

Recommendation

The Medical Examiner should:

Recommendation 26: Explore the possibility of applying for a Coverdale Grant and what the funds could be used to accomplish. The findings should be communicated in a monitoring report to the Board of Commissioners and/or County Manager.

Medical Examiner Response: **Concur**
Our past research into the Coverdale grant showed monies were distributed only to Organizations who either met accreditation standards or were already accredited. We will be close to meeting standards for accreditation before the end of this calendar year. While going through the accreditation checklist, evaluations will be made to determine if the Coverdale grant can be utilized to help complete our goal.

Accreditation

National Association of Medical Examiners (NAME)

NAME is a national professional organization of medical examiners, death investigators, and death investigation system administrators who perform official investigations of deaths of public interest. As part of its mission to improve the quality of death investigations, NAME offers a voluntary accreditation program for MEOs. Accreditation applies to offices and systems, not individual practitioners, and represents minimum standards for an adequate medico-legal system. The accreditation program is a peer review system that checks the following eight key categories of an effective and efficient MEO:

1. General
2. Investigations
3. Morgue Operations
4. Histology
5. Toxicology
6. Reports and Record Keeping
7. Personnel and Staffing
8. Support Services and Consultants

International Association of Coroners and Medical Examiners (IAC&ME)

Like NAME, the IAC&ME is another professional organization that provides accreditation to coroner offices and MEOs. A review of the following five areas is performed:

1. Medico-legal Office Practices
2. Investigative Practices
3. Morgue Facilities
4. Laboratory Services
5. Forensic Specialists

Both organizations use a similar process for accrediting an MEO. Each includes a self-assessment checklist that the MEO has to complete and submit to the agency along with the application for accreditation and other supporting documents. Afterward, an onsite inspection is scheduled to review the facilities and additional documentation for each key area.

The medical professionals will possess the skills to assess the level of investigative efforts regarding cases, as well. The accreditation process can result in a full accreditation, provisional accreditation with one year to rectify, or a failed inspection. The accreditation period remains in effect for five years, and a re-inspection must occur at the end of the five years to retain future accreditation. Cost for accreditation is dependent on the population of the MEOs jurisdiction, which for Cobb County, the initial fee to apply is $3,500, with an annual fee of $1,000.

Obtaining accreditation would assure County leadership and citizens of Cobb County the MEO is performing its duties in accordance to minimum industry standards. At a minimum, the MEO should perform the self-assessment process and provide a report of their status to the Board of Commissioners and/or County Manager along with their recommendations for improvement.

Recommendation

The Medical Examiner should:

Recommendation 27: Complete the self-assessment checklist for professional accreditation, assess and identify Medical Examiner Office deficiencies, present the results to the Board of Commissioners and/or County Manager, develop a plan to correct deficiencies, and obtain full accreditation.

***Medical Examiner Response*:** **Concur**

Our policies and procedures are similar to the "checklists" provided by N.A.M.E. and I.A.C.M.E. As stated above, we are currently in the process of complying with the accreditation standards of N.A.M.E. and I.A.C.M.E. A corrective plan and completion goal will be made for all deficiencies as the checklist is completed. The completion goal for all written policies is by September 30, 2014. Status updates will be provided to the BOC designee.

> **Additional Auditor Comment:** Anticipated completion date for the corrective action plan for deficiencies and the delegated responsible party remains outstanding.

Comparative Analysis

Over the course of our survey procedures, we performed or attempted to perform numerous analyses of the County's MEO operations versus those in other metro Atlanta counties. These comparisons are included for informational purposes only and provide a detailed view into differences between each of the metro Atlanta counties with an MEO.

Cobb County versus Other Jurisdictions

Medical Examiner Contract Comparison

We compared the ME contracts of all metro Atlanta counties with an MEO and found that each one is unique. Fulton only contracts the Chief ME position, whereas Gwinnett contracts its entire MEO operation. DeKalb contracts the services of a Chief ME who provides and funds the services of two Associate MEs, a histologist, a lab technician, and one administrative staff. In each instance, the morgue and autopsy facilities are provided by the respective county. The chart below is a comparison of the contracts.

FY2013 ME Contract Comparison

	Cobb	Gwinnett	DeKalb	Fulton
Annual Amount (FY2013)	$ 475,497	$ 1,191,293	$ 800,000	$ 202,536
Term	10/1/2007 - OPEN	2/7/2011 - 12/31/2015	10/9/2012 - 12/31/2016	1/1/2010 - 12/31/2015
Contracted with	Dr. Brian Frist	Forensic Pathology Services, P.C.	Forensic Medicine Associates, Inc.	The Emory Clinic, Inc.
RFP	No	Yes	Yes	No
Contracted Staffing *	Yes - Associate MEs as needed	Yes - entire operation	Yes - five staff	No
Equipment	County	County	County	County
Supplies	Included in contract & County	Included in contract	County	County

Table 4 - Source: Contracts effective: 10/1/2007 for Cobb, 2/7/2011 for Gwinnett, 10/9/2012 for DeKalb, and 1/1/2010 for Fulton

* Contracted staff are paid out of the ME contract and not by the counties. Cobb County MEO staffing includes the use of Associate MEs in the Chief ME's absence.

Medical Examiner Office Statistics Comparison

Internal Audit obtained the CY2012 statistics and budget for each of the metro Atlanta Counties with an MEO for comparison. We attempted to perform various analyses but found the results to be skewed by the differences in contract and staffing models. The professional judgment involved in determining the level of case investigation and examination also impacted our inability to sufficiently analyze the data.

We did find the County is the only MEO that does not have, or is not in the process of, obtaining professional accreditation. They are in the process of compiling written policies as required but have not formally applied for accreditation. Despite the difficulty in analyzing the data, the comparison chart on the next page is presented because the individual County information is critical and should be included in any discussions regarding the MEO operations.

CY2012 County Medical Examiner Office Statistics

	Cobb	Gwinnett	DeKalb	Fulton
Cases Reported to Medical Examiner (ME)	1,180	1,221	1,635	2,241
ME Investigations (accepted jurisdiction)	580	444	1,405	1,315
Autopsies	230	156	105	830
External Exams	123	94	71	391
Scene Investigations	343	282	502	825
FY2012 Expenditures *	$ 1,061,703	$ 1,119,544	$ 2,226,228	$ 3,701,085
County Staff	8	0	18	35
Contracted Staff **	1	11	5	1
Total Resources/Staffing	9	11	23	36
Accreditation (by whom) ***	No - in process of creating written policies for IAC&ME or NAME	No - in process for IAC&ME and NAME	No - in process for NAME	NAME

Table 5 - Source: Cobb – MEO staff and County financial system; Gwinnett and DeKalb – MEO staff, Fulton – MEO website http://fultoncountyga.gov/fcme-home

* Expenditures are for fiscal year 2012, whereas, statistical data is for calendar year 2012.

** Contracted staff are paid out of the ME contract and not by the counties. Cobb County MEO staffing includes the use of Associate MEs in the Chief ME's absence.

*** Accreditation status is presented as received directly from the respective Counties. Internal Audit did not perform any additional testing as to how far along each County is in the accreditation process.

Appendix I

Detailed Objectives, Scope, and Methodology

We conducted this survey at the request of the BOC and County Manager. The objective of our survey was to determine if the Cobb County Medical Examiner's Office (MEO) operations are effectively administered and maintained to ensure compliance with current laws and regulations. We evaluated whether the current County oversight and organizational structure, contract management and monitoring practices, and operational procedures were adequate, and whether best practices and professional standards were appropriate for implementation.

The survey period included a combination of analyses of calendar year 2013 statistical data, fiscal year 2013 budget and financial information, and a review of MEO case files for deaths reported in calendar year 2013. Our survey also included a review of the five-year histories, where applicable.

In order to accomplish our objectives, we performed the following steps:

I. Determined if the MEO operations are effectively administered and maintained to ensure compliance with current laws and regulations.
   - A. Consulted with the County Attorney's office.
   - B. Researched current laws regarding Coroner and ME responsibilities and applicability to the County's MEO operations.
   - C. Compared the results to current MEO operations and practices.

II. Evaluated whether County oversight and organizational structure was adequate.
   - A. Researched the County's MEO oversight and structure since inception.
   - B. Analyzed the current and past budget, financial and staffing history.
   - C. Compared the current MEO structure to other County departments.
   - D. Researched and performed a comparative analysis of other County MEO structures.

III. Evaluated whether contract management and monitoring practices were adequate.
   - A. Analyzed the current and past ME contract history and monitoring practices.
   - B. Analyzed contract costs and expenditures.
   - C. Researched and performed a comparative analysis of other County MEO contracts.

IV. Evaluated whether operational procedures and analysis were adequate.
   - A. Analyzed MEO statistical data for current and previous five-year history.
   - B. Analyzed MEO operating expenditures for current and previous five-year history.
   - C. Reviewed a sample of accepted and declined jurisdiction cases.
   - D. Toured our County MEO facilities.

V. Evaluated whether best practices and professional standards were appropriate for implementation.

   A. Researched the accreditation requirements of professional ME organizations.
   B. Researched the requirements of the Coverdale Forensic Science Improvement Grant.
   C. Toured another metro Atlanta MEO facility and interviewed its ME.

VI. Prepared a comparative analysis of the metro-Atlanta counties with an MEO.

Appendix II

Abbreviations

ABP	American Board of Pathology
AP/CP	Anatomical and Clinical Pathology
BOC	Board of Commissioners
GBI	Georgia Bureau of Investigation
HVAC	Heating, Ventilation, and Air-Conditioning
IS	Information Services
ME	Medical Examiner
MEO	Medical Examiner's Office
SPLOST	Special Local Option Sales Tax

Appendix III

Major Contributors to This Report

Latona Thomas, CPA, Internal Audit Director
Steven Harper, Auditor-in-Charge

Appendix IV

Final Report Distribution List

Deborah Dance, County Attorney
D. Michael Gerhard, Operations Manager, Medical Examiner's Office
Tony Hagler, Human Resources Director
Robert Quigley, Communications Director
Cobb County Audit Committee
Internal Audit Department File

Appendix V

Outcome Measures

This appendix presents detailed information on the measurable impact that our recommended corrective actions will have on County governance. These benefits will be incorporated into our annual report to the Board of Commissioners, Audit Committee, and County Manager.

Type and Value of Outcome Measure:

- Reliability of Information – Recommendations, when implemented, will provide a more complete and accurate database with improved access to information for case management. (See pages 24-28)

Methodology Used to Measure the Reported Benefit:

Audit assessed the current database system and found it had limited functionality and did not encompass all investigative aspects associated with the average 1,200 reported deaths each year. Management cannot easily assess the status or progression of cases.

Appendix VI

Medical Examiner's Response

COBB COUNTY
OFFICE OF THE MEDICAL EXAMINER

150 North Marietta Parkway
Marietta, Georgia 30060
(770) 528-2200 • fax: (770) 528-2207

Brian S. Frist, M.D.
Chief Medical Examiner

D. Michael Gerhard.
Operations Manager

DATE: March 31, 2014

TO: Latona Thomas, CPA, Director, Internal Audit

FROM: Dr. Brian Frist, Chief Medical Examiner

SUBJECT: Response to the Internal Audit Department's Draft Report – Survey of the Cobb County Medical Examiner Operations

This memo is in response to the subject report dated March 11, 2014. The review determined there were improvements needed in the areas of oversight and organization structure, contract management and monitoring, operational procedures and analysis, and best practices. You made several recommendations and our response to those recommendations are provided below.

In addition, recommendations were made for the Board of Commissioners to address. I am providing my response below.

The Medical Examiner should:

***Recommendation 3*:** Provide periodic reports to the Board of Commissioners and County Manager on Medical Examiner Office operations and activities. These reports should include a status of goals as reflected in the County's biennial budget book.

Response: **Concur**

Monthly and Quarterly reports were submitted regularly to the BOC, County Manager and several other County departments including various other City and State Departments. The reduction from monthly to quarterly and eventually yearly was not questioned by any of these departments. Monthly and Quarterly Status updates will be submitted as of April 30, 2014 to the previous departments.

Recommendation 4: Attend all required supervisory training, including performance appraisal, and approve each Medical Examiner's Office staff appraisal.

Response: **Concur**

As the Chief Medical Examiner I am expected to oversee the office and its staff. I have been doing this since 1999. Per your recommendation, I will attend the courses provided by the County. I will attend the county's May 14th Performance Appraisal course. I will attend the supervisory Training Courses provided by Cobb County once the courses become available on the Training website.

Recommendation 5: Remove Dr. Burton from the County's letterhead.

Response: **Concur**

Completed

Recommendation 6: Develop a written agreement or memorandum of understanding explaining the expectations and requirements for each of the Associate MEs. The coverage provided by Associate MEs should also be maintained and included in a periodic reporting tool to the BOC and/or County Manager for review and discussion.

Response: **Concur**
I will establish an MOU for Associate MEs to show duties, responsibilities and expectations. Periodic reporting will be provided to the Board of Commissioner's designee.

Recommendation 7: Cease using County employees in the ME's private practice or obtain the required written approval for County employees' secondary employment. Any written approval should include an approved timeframe and a discussion of whether a conflict of interest exists for County staff performing these services.

Response: **Concur with alternate solution**
I utilize the Forensic technicians, Operations Manager and Administrative staff because they are trained with the specific skills needed to assist me. Approval will be sought immediately.

Recommendation 13: Develop a comprehensive guidelines and procedures manual. These guidelines and/or modifications should address all operational and fiscal policies of the MEO. Orient all employees to the guidelines in the manual.

Response: **Concur**
Verbal and written Policy and Procedures have always been in place at the Cobb MEO. I have instituted a program for the Operations Manager to put them all in written form. To acquire accreditation, policies and guidelines must be in writing. This constitutes the majority of the accreditation checklist. This program is ongoing and began prior to initiation of the audit. This was listed as a goal for the office with a completion date prior to September 30, 2014.

Recommendation 14: Develop and document a training program for each position. Include in the program a requirement for both the trainer and trainee to attest to completion of each step.

Response: **Concur**
The Operation Manager will develop this for my approval and it will be included in the policy, procedure, guidelines by September 30, 2014.

Recommendation 15: Establish a minimum training requirement for all employees to attend continuing education courses periodically, in accordance with budgetary approval. The minimum training requirements should also include exploring various no or low-cost options.

Response: **Concur**
The Operation Manager will develop this for my approval and it will be included in the policy, procedure, guidelines by FY15.

Recommendation 16: Evaluate the need for having Forensic Technicians on standby during holidays and weekends.

Response: **Disagree**
According to the Georgia Death Investigation Act:
(45-16-25.1. Remains of deceased to be released to next of kin within 24 hours; exception in cases where foul play suspected.)
When cases are reported on weekends or holidays, the examination may be required based on the family's request. In addition, police may require examinations be performed to assist in their investigation.

Recommendation 16:

Response Continued:
In 2011, the BOC required significant budget cuts from all county departments. As a result, efforts were made to reduce the MEO overhead. By working with families and funeral homes we have slowly reduced the amount of time needed to perform cases on the weekend. My staff has shown great diligence in explaining to grieving families the need to delay the examination. If the family cannot wait, we come in.

Our overtime budget was reduced from **$25,000.00** to **$3,000.00** after 2010. Changes had to be made. Working with families to delay the examination on the weekend was necessary to meet these budgetary constraints for overtime. We have worked within this stringent overtime budget without going over primarily because of our reduction in weekend examinations. Our overtime budget was increased to $5920.00 for FY13/14. The last two years have shown a significant reduction in the amount of cases examined on the weekend. We performed examinations an average of four weekends per year. Before 2011, we came in every weekend there were cases, regardless of the family's request. Reviewing previous years, we averaged two examinations per weekend. The On-Call Investigator is also required to be present to discuss the case, but may be required to leave to respond to an additional death call.

The auditor's suggestion to have the Chief Medical Examiner work alone on the weekends, performing all aspects of the examination including preparation and cleaning, to save $4428.00 is without merit. There are no MEOs in the country, with Techs on staff, that would require the ME to perform every task associated with the examination alone. A minimum of two people are needed to manipulate the body during the external and internal examination as well as photographing the body. The technician position, also known as autopsy assistant or diener has been a part of the autopsy process since autopsies were first conducted. Considering the aforementioned budget cuts, any further action to reduce staff on weekends and holidays would not be in line with the "standard of care" for Medical Examiners.

Recommendation 17: Consult with the Information Services Department regarding various options for automating the investigation report process.

Response: **Concur**
This has been ongoing. Recent talks with IS regarding a new database system have suggested implementation may not be until 2016. Alternative databases are being considered in the short-term. Cost analysis and technical information for various systems will be shared with Cobb County IS for their recommendation as it becomes available. See Recommendation 22

Recommendation 18: Develop a process to track and measure case completion time for each MEO case type; establish corresponding average target case completion timeframes; and develop periodic reporting tools to document monitoring. Incorporate the monitoring process into the annual employee performances.

Response: **Concur**
With a proper database system the need to have ancillary tracking can be eliminated. There are systems in place now to track cases. However, this process involves a computer spread sheet and paperwork in the file. The Operations Manager and Investigative staff will develop a system to track and monitor case load and close rates by September 30, 2014.

Recommendation 19: Evaluate the current physical security and access over the property and evidence room and ensure adequate security exists. This process should result in the development, documentation, and implementation of a process to track access to the room and to monitor the camera system.

Response: **Concur**
Current written policies are in place and an "In/Out" log exists. Further policies to expand the requirements will be included by the Operations Manger, with my approval, in the policy and procedure manual with a target completion September 30, 2014.

Recommendation 20: Develop and implement procedures to strengthen the controls over prescription drug medications. If necessary, consult with other Public Safety departments for best practices in this area.

Response: **Concur with alternate Solution**
The policy of taking the medications to a local facility for destruction has already been changed. The medications are inventoried describing specific information like; fill date, dosage rate, amount remaining, etc. The medications are maintained in the "Vault" evidence room which has controlled access and is monitored by a camera. The Medications are saved until the Medical Examiner or Case Investigator determines probative value no longer exists. Two people are required to be present during inventory, consolidation and destruction of the meds. The pills are emptied from their bottles into a red biohazard bag. Just enough water is then placed in the bag to dissolve the meds. The red bag is secured and placed in the Biohazard trash bin for incineration. The Medication Inventory logs for each case is updated with the destroyed date and filed. Two people are required to be present during this entire process and verified by their signatures. The written policy and procedure will be included with all other policies.

Recommendation 21: Complete a physical inventory of the MEO property and evidence room by numerical case file number. The results should be reconciled to any perpetual inventory records available, with any differences researched, resolved, and updated accordingly. The prescription drug medications should also be included. This overall inventory process should be reviewed and approved by the ME or Operations Manager via signature. Moving forward, a physical inventory should be performed at least annually, and all additions or dispositions properly documented and maintained.

Response: **Concur**
Implementation will begin within FY14 with a completion date before September 30, 2014.

Recommendation 22: Explore the use of alternative case management systems including the County's enterprise OnBase solution, the Emory Clinic, Inc. database, and any other available systems. The function of utilizing wireless devices that capture case data for direct upload in the database system should also be explored. The results should be captured in a cost comparison report for presentation to County management.

Response: **Concur with alternate solutions**
The MEO has been researching different types of databases which include web-based programs, software downloads and updating our current system. Several Cobb County departments use Onbase. We have an outdated Onbase system used specifically for data share with other County departments. Recent talks with IS showed a MEO database could be developed for $75,000 to $125,000. Development would not begin until this budget was approved. The Emory Database used by Fulton County MEO costs significantly less and could certainly be used either temporarily, until other cost and benefit analysis is complete, or as a long-term solution with some modifications. The disadvantage of the Fulton system would be its lack of updates, expansions or service/technical support. As for wireless devices used in the field, that is impractical for MEO Investigators. It does have practical application in the Lab. However, I am unaware of any software for MEO lab data which enables our office to merge databases with a wireless device. There is a wireless device utilizing a barcode to track the body and evidence. This device may become available through a disaster preparedness grant. Updates on the progress of the database will be made to the BOC designee.

Recommendation 24: Develop a basic department web page that, at a minimum, contains a description of the Medical Examiner's Office function, contact information, frequently asked questions, and a performance feedback process. Also, consider coordinating with the County's six cities for a possible MEO link on their websites.

Response: Concur
Completed. The website was added to the Cobb Web on March 31, 2014.

Recommendation 25: Develop, document, and implement a process for tracking and reporting performance feedback and stakeholder complaint resolution. For stakeholder complaints, this process should include when received, steps taken to resolve, and when closed. These results should be summarized, monitored, and communicated to the Board of Commissioners and/or County Manager.

Response: Concur
The Medical Examiner's Office interacts daily with families suffering from a sudden or unexpected loss. Since denial and anger are the first two stages of grief, it is not uncommon for family and friends to express harsh attitudes or comments during our first interactions. This is most often replaced later with their appreciation and understanding after we have provided them service, direction and certainty. The recent complaints by one family member to the BOC are the first to my knowledge. A written policy for complaints exists; however, I will update the procedure by including a tracking system of each complaint showing the presentation of a complaint to the resolution by September 30, 2014. The update and complaint resolutions will be reported regularly to the BOC designee.

Recommendation 26: Explore the possibility of applying for a Coverdale Grant and what the funds could be used to accomplish. The findings should be communicated in a monitoring report to the Board of Commissioners and/or County Manager.

Response: Concur
Our past research into the Coverdale grant showed monies were distributed only to Organizations who either met accreditation standards or were already accredited. We will be close to meeting standards for accreditation before the end of this calendar year. While going through the accreditation checklist, evaluations will be made to determine if the Coverdale grant can be utilized to help complete our goal.

Recommendation 27: Complete the self-assessment checklist for professional accreditation, assess and identify Medical Examiner Office deficiencies, present the results to the Board of Commissioners and/or County Manager, develop a plan to correct deficiencies, and obtain full accreditation.

Response: Concur
Our policies and procedures are similar to the "checklists" provided by N.A.M.E. and I.A.C.M.E. As stated above, we are currently in the process of complying with the accreditation standards of N.A.M.E. and I.A.C.M.E. A corrective plan and completion goal will be made for all deficiencies as the checklist is completed. The completion goal for all written policies is by September 30, 2014. Status updates will be provided to the BOC designee.

Appendix VII

Medical Examiner's Comments to the Board of Commissioners

COBB COUNTY
OFFICE OF THE MEDICAL EXAMINER

150 North Marietta Parkway
Marietta, Georgia 30060
(770) 528-2200 • fax: (770) 528-2207

Brian S. Frist, M.D.
Chief Medical Examiner

D. Michael Gerhard.
Operations Manager

DATE: March 31, 2014

TO: Cobb County Board of Commissioners

FROM: Dr. Brian Frist, Chief Medical Examiner

SUBJECT: Response to the Internal Audit Department's Draft Report – Survey of the Cobb County Medical Examiner Operations

This memo is in response to the subject report dated March 11, 2014. The review determined there were improvements needed in the areas of oversight and organization structure, contract management and monitoring, operational procedures and analysis, and best practices. The Auditors made several recommendations and our response to those recommendations are provided below. The responses to the recommendations made for the Board of Commissioners to address are provided below.

The Board of Commissioners should:

Recommendation 1: Change the reporting hierarchy to have the Medical Examiner's Office report functionally to the County Manager or Public Safety Agency and update the organizational chart accordingly.

MEO Comments:
While I agree with the need for the MEO to report to an agency within the county, I disagree with reporting to Public Safety. Our office has a very good working relationship with each Department under Public Safety. However, it is accepted practice that the operation of the MEO should remain separate from the DA offices, Public Defenders Offices and even Public Safety offices as this marriage creates more issues then it resolves. Medical Examiner Offices represent the citizen who can no longer represent themselves. Having to report to an Agency that may have also caused the death is a significant conflict. The Cobb County Administration places importance on reducing conflicting interests. This change in structure has the potential to create conflicting interests.

Recommendation 2: Assess if Medical Examiner's Office employees should be covered under the Civil Service System if a change in reporting structure occurs and proceed accordingly.

MEO Comments:
If this implementation is made I would appreciate an opportunity to be involved in the discussion prior to implementation.

Recommendation 8: Designate a position responsible for the ongoing monitoring of the Medical Examiner contract and its provisions. This monitoring should also include a periodic reporting of Medical Examiner Office operations and activities, including personnel actions.

MEO Comments:
I agree oversight is a positive and required aspect of government.

Recommendation 9: Seek County Attorney guidance on the ME's private use of Cobb County's facility for profit. Based on the results, consider implementing a fee or reduce the amount of the contract for use of County facilities.

MEO Comments:
In the Metro Atlanta area, autopsies are only performed in a Hospital setting or Medical Examiner's Office. When families have questions about a death or want second opinions about a previous autopsy, they can elect to have a privately funded autopsy. Hospital pathologists do not routinely perform private autopsies because of time constraints and/or Hospital policies. Therefore, it is common for families to seek assistance from a Medical Examiner. These autopsies are not solicited. The family of the deceased has freedom of choice in selecting any Medical Examiner to perform the autopsy.

I only accept private cases if the death does not meet the reportable requirements set forth by the Georgia Death Investigation Act and/or the decedent comes from jurisdictions outside Cobb County. Dekalb and Gwinnett MEOs accept private cases. GBI Crime lab Medical Examiners perform private cases. The Audit showed that Dekalb MEO reimburses the Dekalb County government 1481.00 per month. Dekalb County Government is responsible for all office and laboratory expenditures including autopsy supplies, histology, utilities, etc. The Dekalb Chief ME is financially responsible for Associate MEs salaries, various insurance and decedent transport.

The Dekalb Chief ME performs family requested autopsies and also provides Medical Examiner services to five additional neighboring counties. The Chief is directly compensated by each of these counties and families. The reimbursements to Dekalb County Government are most likely for the use of the supplies, not just the building. The reimbursements to Dekalb County can easily be funded by the contracts for services with the five other counties.

I do not have contracts with any other county. I performed 20 family requested autopsies last year. I pay for all laboratory supplies needed to perform county and private autopsies, including histology. For Private cases, Cobb County provides the Laboratory, utilities and misc paperwork. I provide the autopsy supplies and autopsy services.

Recommendation 10: Appoint a person or committee to assess the appropriateness of the current exemption list included in the County's Policy for the Procurement of Professional Services. Based on the results, amend the County policy as deemed necessary.

MEO Comments:
See #11

Recommendation 11: Based on the results of our survey, consider competitively bidding the Medical Examiner services. Also, require that all future Medical Examiner contracts include renewal options and term-end dates.
Recommendation 11:

MEO Comments:
I agree with the County's current policy regarding review of Professionals by a selected group.

Professional personnel contracts should be awarded to individuals based on their expertise, experience and performance, not the lowest bid. ME contracts submitted for open bidding in Georgia are typically uncontested. A quick review of the bid process for Dekalb and Gwinnett County ME services will show each time the bid has been reviewed there were no competitive bids offered.

Due to a remarkable rise in interest for this profession since 2001, the number of MEs nationally will increase over the coming years. Any county using a bid process will begin to see significant problems with turnover, case investigation consistency, unfamiliarity with DA offices, Public defender's office and the services provided to the citizens. There are five Medical Examiner's Offices in Georgia. As of this date Cobb, Gwinnett and Dekalb MEOs have not received accreditation. The only two MEOs, in Georgia, with accreditation are Fulton County and the G.B.I Crime Lab. The Chief ME of Fulton County is contracted through Emory. The Chief ME for the State of Georgia is a State employee. Neither accredited county utilizes a bid process to select the Chief ME.

Recommendation 12: Determine if the lack of forensic pathology subspecialty certification warrants a change in the current Medical Examiner and if it should be a requirement in the selection of future Medical Examiners.

MEO Comments:
Currently, in Georgia, there is no requirement for Forensic Board certification to practice as a Medical Examiner. While I do not have forensic subspecialty certification, I have training in Forensic Pathology and 25 years experience. The only requirement in the State of Georgia is that the Medical Examiner be appointed or approved by the Chief Medical Examiner of Georgia. I am certified every five years to serve as a local Medical Examiner in the State of Georgia by the Chief Medical Examiner of Georgia. I have been certified for the last 25 years. I have been qualified numerous times in local, state, and federal court as a Forensic Pathologist. I have never been disqualified by the judicial system in civil or criminal court as a Forensic Pathologist.

When I joined Cobb County as an Associate Medical Examiner in 1989, the majority of Medical Examiners received training in forensics but not necessarily board certification. I am a Board Certified Anatomic and Clinical Pathologist and have served as a Medical Examiner for the past 25 years. I have served as the Chief Medical Examiner since 1999. Although I do not have the sub-specialty certification, my qualifications and abilities have never come into question until the recent comments of one citizen.

While certification has become common for new Medical Examiners, it does not guarantee competency nor is it mandatory. It would be inappropriate to discount experience and performance of those who attained their position before sub-specialty certification was common.

Recommendation 23: Consider alternate options for employing the services of a Medical Examiner and Associate Medical Examiner that would best suit the County's needs and goals for accreditation, if applicable.

Recommendation 23:

MEO Comments:
Per the Audit's recommendation I concur with Scenario #1. I will continue to fund all current obligations including Associate MEs. The Associate MEs will be board certified in Forensic Pathology. The Associate MEs will still be employed on a part-time basis, but I will significantly increase their work schedule. The amount of increased coverage will be proportionate with national accreditation standards. The audit used a costing model of $150,000 for a full time Associate ME. At this time the case load for Cobb MEO does not require a full-time Associate ME.

Each Medical Examiner Office in Georgia has a unique financial and governance structure. I agree direct comparisons are subjective and sometimes incompatible.

Upon my appointment to Chief Medical Examiner in 1999, I met with the BOC Chairman to discuss initiating my contract. I did not propose any changes to the original Medical Examiner contract. The original contract, developed for Dr. Joseph Burton, was modified for my appointment by changing the name and effective date. I am not aware of the County policies in 1999 regarding which departments were responsible for reviewing the contract before the Board voted its approval. No major changes were requested by the BOC or any other County department in 1999 and the Contract was approved.

The contract was reviewed by Cobb County in 2007. Again, no County department or agency discussed any requested changes with me.

I have served the citizens of Cobb County as Medical Examiner since 1989. I have performed all the duties required of the Chief Medical Examiner since my appointment in 1999. I am proud of the service I have provided to the citizens of this county as well as to law enforcement agencies, hospitals, and various social services.

Appendix VIII

Board of Commissioners' Response

COBB COUNTY
BOARD OF COMMISSIONERS

Tim Lee
Chairman

100 Cherokee St., Suite 300
Marietta, GA 30090-7000
(770)-528-3305 • fax: (770)-528-2606
Email: TLee@cobbcounty.org

DATE: September 25, 2014

TO: Latona Thomas, CPA
Internal Audit Director

FROM: Chairman Tim Lee
Board of Commissioners

REF: **Response to the Internal Audit Department's Interim Report**
Survey of the Cobb County Medical Examiner Operations

This memo is in response to the subject report dated April 8, 2014. The survey determined there were improvements needed in the areas of oversight and organization structure, contract management and monitoring, operational procedures and analysis, and best practices. You made eight recommendations that require Board of Commissioners' (BOC) action and responses. Our collective responses to those recommendations are provided below.

The Board of Commissioners should:

Recommendation 1: Change the reporting hierarchy to have the Medical Examiner's Office report functionally to the County Manager or Public Safety Agency and update the organizational chart accordingly.

BOC Response: Concur - The Medical Examiner's office will report functionally to the County Manager. The Department will be lead by the Chief Medical Examiner as a contracted county employee, whose responsibilities will include, but not be limited to, administrative oversight of the Medical Examiner's Office operations and personnel. The Chief Medical Examiner will be assisted by an Associate Medical Examiner, also a contracted county employee. Effective Date: October 1, 2014. Responsibility: County Manager.

Recommendation 2: Assess if Medical Examiner's Office employees should be covered under the Civil Service System if a change in reporting structure occurs and proceed accordingly.

BOC Response: Concur - The Medical Examiner employees initiated the process of requesting coverage under the Civil Service System. Effective June 6, 2014 all existing employees, except the Operations Manager as an unclassified employee, are covered under the Civil Service System. All new employees to the Medical Examiner's Office eligible for Civil Service will be covered.

Recommendation 8: Designate a position responsible for the ongoing monitoring of the Medical Examiner contract and its provisions. This monitoring should also include a periodic reporting of Medical Examiner Office operations and activities, including personnel actions.

BOC Response: Concur - The County Manager will be responsible for the ongoing monitoring of the Medical Examiner's contract and its provisions, in addition to the periodic reporting of the Medical Examiner's Office operations, activities and personnel actions. Monitoring will include written bi-weekly and/or monthly status reports during regularly scheduled meetings with the County Manager. Additional monitoring efforts will require verbal discussions and presentations of operational reports. Effective Date: October 1, 2014. Responsibility: County Manager.

Recommendation 9: Seek County Attorney guidance on the Medical Examiner's private use of Cobb County's facility for profit. Based on the results, consider implementing a fee or reduce the amount of the contract for use of County facilities.

BOC Response: Concur - The private use of Cobb County's facility and related use of county employees in the Medical Examiner's private business has been discontinued indefinitely. Effective Date: October 1, 2014.

Recommendation 10: Appoint a person or committee to assess the appropriateness of the current exemption list included in the County's Policy for the Procurement of Professional Services. Based on the results, amend the County policy as deemed necessary.

BOC Response: Concur - The County Manager will appoint a committee led by the Purchasing Director and inclusive of the County Attorney or designee to review the appropriateness of the current exemption list included in the County's Policy for the Procurement of Professional Services. Based on the results, an amended policy will be submitted for Board of Commissioner approval, if deemed necessary. Completion Date: December 31, 2014. Responsibility: Purchasing Director/County Attorney

Recommendation 11: Based on the results of our survey, consider competitively bidding the Medical Examiner services. Also, require that all future Medical Examiner contracts include renewal options and term-end dates.

BOC Response: Concur - See response to Recommendation #10 above. All future Medical Examiner contracts will include renewal options and term-end dates. Effective Date: October 1, 2014. Responsibility: County Manager/County Attorney.

Recommendation 12: Determine if the lack of forensic pathology subspecialty certification warrants a change in the current Medical Examiner and if it should be a requirement in the selection of future Medical Examiners.

BOC Response: With the resignation of the current Medical Examiner, all future Medical Examiners will be required to have the subspecialty certification in forensic pathology. Effective: October 1, 2014.

Recommendation 23: Consider alternate options for employing the services of a Medical Examiner and Associate Medical Examiner that would best suit the County's needs and goals for accreditation, if applicable.

BOC Response: Concur - With the resignation of the current Medical Examiner, Chief and Associate Medical Examiners' positions will be created and hired as contract county employees under the oversight of the County Manager. Market analyses will be performed by the Human Resources Department and those results will be used to negotiate contract amounts. Completion Date: October 1, 2014. Responsibility: Human Resources Director.

If you have any questions or need additional information, please let me know.

cc: Board of Commissioners
County Manager, David Hankerson
County Attorney, Deborah Dance
Human Resources Director, Tony Hagler
Purchasing Director, Joe Tommie
Finance Director, Jim Pehrson