



# MeckACTs

## Cabinet Member Workplan

Thomas D Owens, MD

Chief Forensic Pathologist/

MED Department Director



## Section 1: Annual Goals

# 1. Ensure Optimal Staffing

**Goal Alignment** List your goal or the strategic priority that this goal will help achieve.

National Best in Practice Organization

**Goal** Write a specific, measurable, attainable, relevant, and time-bound goal.

MED SBP Goal 1.1, 1.2, and 1.3. Ensure the Mecklenburg County Medical Examiners Department (MED) is optimally staffed with forensic pathologists (FP) and support staff to provide quality forensic services while operating within national guidelines established by the National Association of Medical examiners (NAME) and providing adequate coverage for Mecklenburg County and the surrounding region.

### Rationale

In order to provide professional quality forensic services to the community, MED must be appropriately staffed with a sufficient number of FPs to handle the current and future caseload for Mecklenburg County and regional counties. Caseload numbers were established during FY22 utilizing historical data and population growth projections for the next 5-10 years. MED must strike an optimum balance with the number of FPs and the associated salaries/costs with the 24/7/365 coverage, individual caseload, and revenue that can be generated while operating within NAME standards. Support staff is also based on 24/7/365 coverage and the overall caseload depending on the number of FPs along with the recommendations from County BPM study performed in FY21. This also entails that the department director, who is one of the fulltime FPs, only perform approximately 50% of a fulltime FP caseload in order to allow appropriate time to successfully attend to the administrative duties of the director position. The number of FPs needed was determined to be 3.5 (3 fulltime and 1 department director at 50%) through the detailed historical analysis of caseload growth correlated with population growth and future projections in order to provide coverage to Mecklenburg County and surrounding regional counties as well, without involving any major changes in facilities or other staff positions and optimizing costs.

NAME standards for caseload include a phase 1 deficiency for a fulltime FP performing more than 250 cases annually and a phase 2 deficiency for 325 or more cases per FP annually. While less than 250 cases annually per FP does not represent a deficiency by NAME standards, it is unrealistic to expect that a fulltime FP without other significant duties would perform this limited number of cases given the demand for services. A phase 1 deficiency is a "caution area" for caseload that does not present a risk to the organization, public, or the FP. A phase 2 deficiency is unacceptable by NAME standards and represents a very high caseload that increases risk to the public and the organization. MED has set 250-274 cases/FP/year as a low acceptable caseload, 275-299 cases/FP/year as a moderate acceptable caseload, and 300 or more cases/FP/year as unacceptable. Based on this, a fulltime FP in MED can successfully perform between 250-299 cases annually and the department director can successfully perform between 125-149 cases annually. For report completion purposes, NAME standards require that 90% of cases must be signed out/completed within 60 days to avoid a phase 1 deficiency and 90% of cases must be complete within 90 days to avoid a phase 2 deficiency. Cases not completed within 180 days are also considered delinquent by the NC State ME system and are

subject to withholding of the per case fee payment.

**Action Steps** List the actions/events that need to take place.

- Advertise for, interview, and hire a fulltime FP from either currently practicing FPs by end of Q2 or from the current FPs in fellowship training to start in July 2023
- Hire one additional fulltime death investigator during Q1 of FY23
- Reassess need for additional investigations or administrative staff based on changes in the caseload during FY23 for FY24 budget request
- Monitor FP caseload on a monthly basis to ensure individual caseload is trending within NAME standards and make adjustments in cases to keep director caseload at 50% of the caseload of the fulltime FPs in the office
- Monitor the case sign out times quarterly to ensure that toxicology results are returned in an acceptable time and 90% of cases are completed within 90 days
- Based on successfully obtaining 3.5 FPs, look at overall and individual caseload numbers and implement regional coverage changes for FY24 to optimize caseload and revenue

**Evaluation Criteria** What does success look like? How will you know when this goal is achieved?

- Fulltime FP successfully hired to start by July 2023
- Fulltime death investigator was hired during FY23
- Fulltime FP caseload is between 250-299 cases (average of 21-25 cases per month)
- Director's annual caseload is between 125-149 cases (average 10.5 to 12.5 per month)
- 90% of all autopsy cases completed in less than 90 days
- 98% of all autopsy cases completed in less than 180 days (unless an exception was granted by the State ME Office for unique situations)

## Section 1: Annual Goals

# 2. Improve Employee Climate Survey (ECS) Results

**Goal Alignment** List your goal or the strategic priority that this goal will help achieve.

Improving Organizational Effectiveness/Employee Satisfaction

**Goal** Write a specific, measurable, attainable, relevant, and time-bound goal.

MED Goal 1.1. Improve the results of the annual Employee Climate Survey (ECS) to specifically include achievement of higher positive ratings on the Employee Motivation & Satisfaction score, the Employee Development score, and on department director focused questions

### Rationale

The annual ECS measures items that are critical to ensuring that the County attracts, develops, and retains quality staff to serve the community. While there are numerous questions on the survey, the two sections that are included in the department scorecard are the Motivation & Satisfaction and the Development scores. The MED ECS results began to drop significantly in 2019 and efforts were begun to improve the ratings. The goal of the department director's workplan should also specifically focus on efforts that will increase the positive ratings on all ECS questions that are specific to the department director.

**Action Steps** List the actions/events that need to take place.

- Obtain results and feedback from FY22 ECS and make note of questions/items that fall below an acceptable rating
- For FY23, continue to work with County Human Resources/Learning and Organizational Effectiveness (HR/LOE) on addressing efforts to improve all areas of the ECS
- Utilize quarterly pulse surveys and make changes to address areas of concern throughout FY23
- Schedule quarterly on-on-one skip meetings with all staff and director
- Continue monthly scheduled meetings with all staff (All Team Meetings) which are staff-run and address current issues in a timely manner and provide opportunity for discussions and feedbacks with everyone together from all three shifts
- Follow up on current leader coaching and make sure recommended management changes/feedback from coaching are implemented into practice in the office
- Promote additional training opportunities for all new managers/supervisors
- Promote additional training opportunities, continuing education, certifications, and development for all staff

**Evaluation Criteria** What does success look like? How will you know when this goal is achieved?

- Quarterly one-on-one skip level meetings with the director were held and feedback was incorporated into change in office operations
- Quarterly Pulse Surveys were completed and results were used to make immediate changes to better the FY23 ECS results
- Additional training, continuing education, staff development and leadership coaching

opportunities were utilized during FY23

- MEO Organizational Improvement Plan was utilized and completed during FY23
- Improvement of ECS scores with specific achievement of 70% or higher positive ratings on the Employee Motivation & Satisfaction score, 80% or higher positive ratings on the Employee Development score, and 80% or higher ratings on department director focused questions



## Section 1: Annual Goals

# 3. National Association of Medical Examiners (NAME) Certification

**Goal Alignment** List your goal or the strategic priority that this goal will help achieve.

National Best in Class Operation

**Goal** Write a specific, measurable, attainable, relevant, and time-bound goal.

MED Goal 1.4. Complete at least half of the items on the checklist necessary to obtain office certification from the National Association of Medical Examiners (NAME) during FY23, ensure all policies and procedures are written and updated with the last 2 years, and plan to seek NAME certification for the office by FY25.

### Rationale

NAME is the only governing body that oversees the quality of services provided by forensic offices to include ethics, safety, workload, staffing and personnel, quality assurance, physical facilities, investigations, examination, and reports through an inspection and accreditation program. Achievement of NAME certification helps to ensure the office operates within these industry standards and provides quality services. The checklist can be found at [www.thename.org](http://www.thename.org) under the Inspection/accreditation tab. This is a 30-page document with several hundred individual items that must be completed. This is a multi-year process to self-evaluate current compliance, make changes to ensure compliance, undergo specific certification orientation and training, schedule possible practice/mock inspection, apply and undergo inspection, and receive certification. An office may achieve full accreditation for four years with less than 15 phase 1 deficiencies and no phase 2 deficiencies. Temporary provisional accreditation for one year is granted with less than 25 phase 1 deficiencies and 5 or less phase 2 deficiencies with the stipulation to correct to less than 15 phase 1 deficiencies and no phase 2 deficiencies within the first 12 months.

**Action Steps** List the actions/events that need to take place.

- By end of Q1, review the most current NAME checklist to determine areas of current compliance and non-compliance with the standards
- By end of Q2, draft an achievable multi-year plan to achieve NAME certification by FY25 with 50% of checklist completed in FY23 and 100% by end of FY24
- Divide up the items in the checklist based on specific categories and assign tasks to specific staff to complete (get staff buy-in and utilize subject matter experts to address the various requirements in the specific areas of the checklist)
- Office is in compliance with current checklist for NAME certification process as follows; minimum of 15% in Q1, 25% in Q2, 35% in Q3, and 50% in Q4
- Specifically target all NAME required written operating policies and procedures to ensure that such exist and have been updated and signed off within the last 2 years. Also update

any other operating policies and procedures/emergency plans/training manuals used in the office

- Set up a tracking process to ensure all policies and procedures are updated and signed off at least every 2 years
- Attend NAME annual meeting and the NAME certification orientation and training class (FY23 or 24)
- Arrange for an unofficial/mock NAME inspection to assess progress and compliance with NAME standards (FY23 or 24)

**Evaluation Criteria** What does success look like? How will you know when this goal is achieved?

- Plan created to achieve NAME certification by FY25
- Completion of 50% or more of NAME certification checklist items
- Completion of written policies and procedures all updated within the last 2 years
- An FP from MED attended NAME meeting/certification training in FY23 or is scheduled to attend FY24
- If available, an unofficial/mock NAME inspection occurred in FY23 or is scheduled for FY24

# 4. Department Equity Action Plan

**Goal Alignment** List your goal or the strategic priority that this goal will help achieve.

Accountable Government: Equity and Inclusion

**Goal** Write a specific, measurable, attainable, relevant, and time-bound goal.

Create a Department Specific Equity Action Plan

## Rationale

An essential component to our County Equity Action Plan is alignment among our departments. Alignment is the bridge between strategy and execution. The criteria for implementing our Equity Action Plan requires that our systems, leadership, staff, and culture all align with the ideals of our plan and requires the specificity of our department's functions. The development of our Department Equity Action Plans will help us; identify our individual department and enterprise responsibilities, create structure, process, and operational strategy at the department level, get clear on our departmental equity roles and responsibilities, and, understand the experiences, skills, and competencies needed to execute on our equity plan.

**Action Steps** List the actions/events that need to take place.

- Complete FY20-22 County Equity Action Plan
  - Document progress on Existing County EAP
  - Participate in OEI Listening Session and complete the Equity Needs Assessment
- Meet with Chief Equity & Inclusion Officer to Review and Develop Department Equity Action Plan
- Create or Re-Establish Department-Specific Equity Action Team in alignment with OEI Sequencing
- In partnership with the Office of Equity & Inclusion, create department-specific equity vision, align department goals and objectives to the Equity Action Plan and identify equity-centered outcome measures

**Evaluation Criteria** What does success look like? How will you know when this goal is achieved?

- FY20-22 County Equity Action Plan Completed and Progress Documented
- Department Equity Action Plan Completed
- Department re-establishment or creation of Department Equity Action Team in alignment with OEI Sequencing



# 5. Initiate Discussions about Future Teaching Opportunities

**Goal Alignment** List your goal or the strategic priority that this goal will help achieve.

Build Collaborative Partnerships

**Goal** Write a specific, measurable, attainable, relevant, and time-bound goal.

MED SBP Goal 2.1. MED will initiate discussions with Atrium Health (AH) and Wake Forest Baptist Medical Center (WFBMC) School of Medicine about future participation in community teaching opportunities to specifically include involvement of the forensic pathologists and other professional staff in the new Charlotte-based four-year medical school and possibly hosting an annual continuing medical education event in the region.

## Rationale

MED employs forensic pathologists who are specialized medical doctors possessing skills that are taught in medical schools. With the completion of a new medical school in the Charlotte-Mecklenburg area planned to open by 2025 (partnership between AH and WFBMC), there may be an opportunity and a need for the FPs (and possibly other staff such as investigators and autopsy technicians) to participate in the education and training of future physicians. The region also does not currently host any specific trainings in forensics/trauma/death/ME system that offer continuing medical education (CME) credits as is done in other areas in the State where the forensic offices are associated with medical schools/hospitals.

**Action Steps** List the actions/events that need to take place.

- After consultation with the County Manager's Office, reach out to Atrium Health about the plans and timeline for the completion of the medical school in Charlotte
- Discuss possible need/opportunities for the MED staff to participate in classroom teaching and provide morgue/autopsy experience and workforce development initiatives (e.g. forensic pathologist fellowships, etc.) for medical students and residents in the AH/WFBMC network
- Investigate the requirements and potential need for an independent annual conference with CMEs in the region or office participation in other local trainings related to pathology, forensics, death, and the ME system

**Evaluation Criteria** What does success look like? How will you know when this goal is achieved?

- Director and other staff held discussions with Atrium Health and WFBMC as outlined above
- Potential opportunities were identified and initial plans for involvement in the new medical school were drafted
- Local educational conference related to forensics/death investigations offering CMEs was established

