
**Findings and
Recommendations:
ADMINISTRATION**

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1 b. That all spaces for sensitive record storage be secured at all times and that only
2 authorized personnel have access.

3
4 Agree _____ **X** _____ Disagree _____

5 c. That OCME implement a sign-in and sign-out policy for all case files and
6 investigative reports.

7
8 Agree _____ **X** _____ Disagree _____

9 **CME's comments regarding Recommendation (a.) as received:**

10
11 A records policy was drafted for OCME. It will be reviewed for consistency with the
12 District schedule.

13
14 **CME's comments regarding Recommendation (b.) as received:**

15
16 This is a part of the drafted OCME policy.

17
18 **CME's comments regarding Recommendation (c.) as received:**

19
20 This exists.

21 **40. Installation and implementation of a new automated system is behind schedule.**

22
23 NAME recommends that all medical examiner offices have a computerized information
24 and CMS. OCME is installing such a system, but as of this writing, remains 100 percent paper
25 driven. Information on decedents is handwritten and documents are difficult to read. Each
26 OCME division maintains its own documents on cases and there is no central repository where
27 all case files can be maintained and accounted for. The team found case documents located
28 throughout the facility. Documents are often misplaced or lost and backup copies are not
29 available which makes it difficult to conduct research on a case without the entire case file.

30
31 OCME and OCTO initiated a project to implement an automated software system called
32 (VertiQ) for death reporting, investigations, and case management. VertiQ records, tracks, and
33 reports demographic data of deceased persons and other information associated with a case;
34 creates autopsy, investigative, and toxicology reports; and tracks body intake and body release,
35 evidence and property, body storage, and body disposition. The system also offers modules such
36 as bar-coding support, computer notebook support in the field, imaging, and forensic lab
37 workflow support.

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1 The key milestones set forth in the Delivery Order portion of the consultant’s contract
2 are:
3

| Milestone | Start Date | End Date |
|---------------------------------------|------------|----------|
| VertiQ Implementation | 09-03-02 | 02-28-03 |
| Imaging and Bar-coding Implementation | 03-03-03 | 04-30-03 |
| Toxicology Implementation | 04-30-03 | 05-31-03 |
| Project Management | 08-01-02 | 05-31-03 |

4
5 As shown by the above table, the OCTO contractor responsible for the acquisition and
6 establishment of the CMS has not met any of the key milestones set forth in the contract.
7 Reports reviewed by the team and interviews with the OCTO contractor show that VertiQ
8 implementation is only 40% complete. The team noted that there are no penalties in the contract
9 for failure to comply with the due dates.

10
11 The OCTO contractor attributes the delinquent status of the CMS project to several
12 circumstances:

- 13 • delays in technical support from the software vendor;
- 14 • unforeseen problems related to infrastructure issues such as servers being diverted
15 from OCME to the Operations Data Center #3 located at 3rd and Massachusetts
16 Avenue, making sure all LAN drops were activated, and solving problems
17 connected with the wiring closet. The contractor also stated that OCME internal
18 staffing issues have impacted the completion of user acceptance testing, training,
19 and implementation; and
- 20 • “[t]he project manager spending significant time supervising, managing, and
21 remediating basic environmental support issues, impacting the amount of time
22 spent on implementing case management” (See Finding 37).

23
24
25 OCME continues to be without a CMS, which will be vital to the overall mission in
26 improving the effectiveness, efficiency, and reliability of OCME, while directly supporting its
27 day-to-day operations.

28
29 **Recommendation:**

30
31 That the CME give priority to coordinating with OCTO to ensure that the CMS project
32 gets on schedule, is completed expeditiously, and meets the terms of the contract.

33 Agree _____ Disagree _____ **X** _____

34
35 **CME’s comments regarding Recommendation as received:**

36
37 The CME has coordinated with OCTO. It was a joint decision that progress on the CMS
38 be slowed due to the necessity to remediate environmental issues. OCTO was aware of and
39 agreed to all modifications. The project is back on track now, with over 80% of the workflow
40 captured on the system. The monthly agency statistical reporting is coming from this system

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1 now. The project continues to be under budget. The agency is getting more than it contracted
2 for originally, and the product will be more successful. The implementation could not have been
3 done without the remediation efforts first; otherwise the project would have failed, resulting in
4 waste and inefficiency.

5
6 OIG Response: **OIG stands by its original recommendation.**

7
8 **CME's comments regarding Page 89, Line 27, as received:**

9
10 There is a central repository, even though compliance and security issues need to be
11 addressed.

12 **41. The Toxicology Laboratory does not have sufficient electrical power and surge**
13 **protection to support its operations.**

14
15 The team found that the OCME laboratory has 12 computer-based toxicology
16 instruments, but due to insufficient power sources, only 5 are operational. In addition, there are
17 no electrical surge protectors to protect laboratory computers from electrical spikes that could
18 damage expensive equipment. Consequently, the lab is unable to function at optimal capacity.

19
20 The Chief Toxicologist stated that renovation of the toxicology laboratory began prior to
21 her employment. Because of insufficient planning and project management, the electrical
22 demands of new equipment on the existing electrical capacity of the OCME facility were not
23 calculated. The Chief Toxicologist stated that she has obtained estimates for correcting the
24 problem, but requests to OCME management to hire a contractor to correct the electrical
25 deficiencies have not been answered.

26
27 **Recommendation:**

28
29 That the CME hire a contractor to correct the power and electrical surge deficiencies in
30 the Toxicology Laboratory.

31 Agree _____ **X** _____ Disagree _____

32
33 **CME's comments regarding Recommendation as received:**

34
35 The electrical capacity of the renovated laboratory was exceeded because we now have
36 more instruments than were anticipated in the design plans. The problem has been rectified, as
37 electrical contracting is now complete, increasing capacity and installing uninterrupted power
38 supplies to protect the equipment.