



# International Association of Coroners & Medical Examiners

*Professionalism & Prevention*

Dedicated to the promotion of excellence in medicolegal death investigation through annual educational seminars for over 70 years

Chester County, Pennsylvania Coroner Office

Accreditation Report

Start Date: 01-26-2018

End Date: 06-10-2019

P. Michael Murphy F-ABMDI Coroner, Retired-Lead Auditor

Timothy J. Davidson, Coroner, D-ABMDI Coroner-Auditor

The Chester County, Pennsylvania office at this time cannot comply with all the requirements to become an accredited office as illustrated in the assessment table below.

## **Self-Assessment Results by Category**

The following table represents the results of your "Self-Assessment."

**NOTE: Full accreditation is obtained by having 100% of the Required Standards and at least 90% of the Standards.**

Category	Required Standards	Standards	Accredited
A. Medicolegal Office Practices	100%	98%	✓
B. Investigative Practices	100%	100%	✓
C. Morgue Facilities	76%	76%	
D. Laboratory Services	100%	100%	✓
E. Forensic Specialists	88%	88%	



# International Association of Coroners & Medical Examiners

*Professionalism & Prevention*

Dedicated to the promotion of excellence in medicolegal death investigation through annual educational seminars for over 70 years

---

## Required Standards - No

---

### C. Morgue Facilities

#### 2. Body Receiving Area

- c. The body receiving area shall be of adequate size to accommodate the caseload.
- d. All surface areas, floors and walls in the body receiving area shall be clean.
- g. Body stretchers and carts shall be maintained and in good working condition.

#### 3. Refrigeration

- b. The refrigerated storage space shall be sufficient to maintain a normal caseload.

#### 4. Autopsy Facility

- d. Areas used for dissection (autopsy tables, body carts, etc.) shall be maintained and in good operating condition.
- f. First aid kits, safety showers and eyewashes shall be available and in good working order.
- g. Ventilation system(s) shall adequately control odors.
- i. The autopsy area shall be clean, with adequate lighting, cooling and heating.
- k. Adequate space and equipment for tissue cutting and histology preparation shall be available.
- m. The autopsy area shall be able to accommodate normal and peak case load, including the typical number of autopsies or external examinations; the standard complement of autopsy and laboratory personnel; and official participants or observers from cooperating agencies.
- o. Safety showers, eye washes and first aid kits shall be located in the autopsy area.

### E. Forensic Specialists

#### 1. Forensic Pathologists

- g. Medical staff shall be of sufficient size so that no forensic pathologist is required to perform more than 325 autopsies/year (total by pathologist, inside AND outside cases included).

## Standards - No

---

### A. Medicolegal Office Practices



# International Association of Coroners & Medical Examiners

*Professionalism & Prevention*

Dedicated to the promotion of excellence in medicolegal death investigation through annual educational seminars for over 70 years

---

## 12. Employee Safety and Training

- i. The majority of the C/ME investigators should be registered by the American Board of Medicolegal Death Investigators (ABMDI) or its equivalent.

## C. Morgue Facilities

### 2. Body Receiving Area

- e. Body scales should be available and operate.
- f. Body scale should be calibrated and maintained consistent with manufacturer's specifications.

### 3. Refrigeration

- d. Temperatures should be recorded/logged on a schedule by C/ME staff.
- e. Separate refrigerated storage should be available for decomposed bodies.

### 4. Autopsy Facility

- b. The autopsy facility should be accredited by a recognized accrediting agency (i.e., IAC&ME, JACO, NAME).
- c. Staff changing areas should be provided with showers for both male and female employees.

## E. Forensic Specialists

### 1. Forensic Pathologists

- h. Medical staff should be of sufficient size so that no forensic pathologist is required to perform more than ~~250~~<sup>325</sup> autopsies/year (total by pathologist, inside AND outside cases included).

## Standards - N/A

---

## A. Medicolegal Office Practices

### 8. Quality Assurance Policies

- r. The office should participate in local or state level domestic fatality review teams.

AUDITOR'S COMMENTS



## International Association of Coroners & Medical Examiners *Professionalism & Prevention*

Dedicated to the promotion of excellence in medicolegal death investigation through annual educational seminars for over 70 years

---

An onsite inspection was conducted of both the administrative and forensic facilities on 06/10/2019 by Auditor Murphy.

I confirmed the paperwork and information provided prior to the on-site visit was in order and as reported. The policy documents were as indicated in the assessment documents. I reviewed a sampling of death reports from several different types of cases to include Homicide, Suicide, Natural, Undetermined, Accident and a child death with re-enactment. All of the reports were well written and contained the necessary information required in a professional medicolegal investigation.

The Autopsy reports and related documents toxicology, etc. were also well written and maintained.

The Administrative building was clean and provides the needed space to perform the task assigned to the staff. It did not contain a specific area other than the lobby to deal with families of the deceased. Something that should be addressed in the future.

Property storage including general property, medication and tissue were locked and secured as required.

The vehicles available for inspection were well maintained and in good working order. They contained the equipment needed to provide the services required for the work to be performed.

I conducted an inspection of the area being used for autopsy at Chester County Hospital. This is an area that has been donated to the Coroners office many years before and unfortunately is not being maintained nor is it suitable in size. The equipment such as gurneys, dissection table, scales storage tables and surfaces do not meet the requirements of the accreditation standards. The equipment is old rusted and in a poor state of repair. As a result, the surfaces cannot be clean properly. Please see the attached photographs for further detail.

The refrigeration space is shared by both the Coroner and the hospital with little or no inventory control. The space often times (several times a week) becomes overcrowded and other space around the county must be used or identified. This results in long drive time, moving of equipment and generally is inefficient and undesirable. The refrigeration units are not monitored for temperature control and may pose a serious liability should they fail and bodies decompose as a result. The area is not protected from view of hospital patrons or patients when bodies are brought to the morgue. To move cases hallways must be closed and personnel advised of the move. There is no provision for storage of decomposed bodies separate from other cases and the air handling system is inadequate. Complaints from the hospital about odor control appear to be of concern on a regular basis.

The county has agreed to a process to address the deficiencies and are working toward an RFP and design phase to address the current and future needs of this office. It is strongly recommended they continue pursuit of this goal, not only to allow the office to become accredited but also to provide adequate services to the citizens of the county.



# International Association of Coroners & Medical Examiners

*Professionalism & Prevention*

Dedicated to the promotion of excellence in medicolegal death investigation through annual educational seminars for over 70 years

---

The shifting levels and number of personnel assigned to the office appears to service the current needs of the community. Leave liability is always a factor in job satisfaction and job burn. Thought should be given in the future to expanding the staffing.

Better staffing and use of personnel would also allow more members of the office the time needed to become ABMDI certified.

The number of cases being seen by the Forensic Pathologist needs to be closely monitored. This is not uncommon to many offices keeping caseloads manageable and keeping board certified doctors. Efforts should continue in this area.

Personal Interview Section redacted.



**International Association of Coroners & Medical Examiners**  
*Professionalism & Prevention*

Dedicated to the promotion of excellence in medicolegal death investigation through  
annual educational seminars for over 70 years

---

**AUDITOR'S RECOMMENDATIONS**

It is recommended this office not be accredited at this time. The office must address all of the items of deficiency listed in this report before reconsideration for future review.

P. Michael Murphy F-ABMDI Coroner, Retired

Lead Auditor  
Date 06-13-2018

Timothy J. Davidson, D-ABMDI Coroner

Auditor  
Date 06-13-2018