

National Association of Medical Examiners



Inspection and Accreditation Policies and Procedures

First Draft Submitted June 1999
Second Edition July 2009
Revised August 2011
Revised June 2012
Revised September 2012
Revised September 2013
Revised September 2014
Revised October 2014
Revised June 2015
Revised July 2015
Revised November 2015
Revised March 2016

INSPECTION AND ACCREDITATION POLICY

A. The NAME Inspection and Accreditation Program

The National Association of Medical Examiners (NAME) Inspection and Accreditation Program has the explicit purpose of improving the quality of the forensic/medicolegal investigation of death. NAME Accreditation applies to forensic death investigation systems/offices as entities and does not apply to individual practitioners. Facilities are only part of each system and NAME does not accredit facilities alone.

The accreditation standards emphasize policies and procedures, not professional work product. The accreditation standards represent minimum standards for an adequate medicolegal death investigation system, not guidelines. NAME accreditation is an endorsement by NAME that the system or office provides an adequate environment in which a medical examiner/forensic pathologist may practice his or her profession, and provides reasonable assurances that the office or system well serves its jurisdiction. NAME accreditation is not a guarantee of proper medicolegal death investigation or forensic pathology diagnoses.

It is the goal of NAME that application of these accreditation standards will aid materially in developing and maintaining a high caliber of forensic/medicolegal death investigation for the communities and jurisdictions in which they operate.

The NAME Inspection and Accreditation Program is a peer review system. A goal is to improve office or system performance through objective evaluation and constructive criticism. NAME accreditation standards are embodied in the Inspection Checklist. The Inspector interprets and applies each checklist item to the office situation. The Inspector is also the medical examiner's peer and serves as an expert guest consultant to the system or office.

The NAME Inspection and Accreditation Program is intended to evolve over time. Procedures ensure the review of standards and procedures and a mechanism is established for setting standards. The NAME Inspection and Accreditation Program is overseen by the NAME Inspection, and Accreditation Committee, but changes to the Program must be approved by the NAME Board of Directors.

A NAME Accreditation Inspection is different from a NAME Audit. Such an audit is a special review and is not performed for the purpose of accreditation. An office or jurisdiction may request NAME to provide an external audit of its medicolegal death investigation system. Audits are addressed by a separate NAME policy.

B. Applicability

1. Medical Examiner Offices

The Inspection Checklist universally applies to large and small jurisdictions and all types of medical examiner offices.

2. Coroner Offices

Coroner offices may apply for inspection and accreditation. They must meet all of the same applicable accreditation standards as medical examiner offices. Coroners or coroner's pathologists, as office chiefs (or equivalent titles), must meet the personnel requirements of chief medical examiners (or equivalent medical examiner titles).

3. Medical Examiner Systems

Medical Examiner systems may apply for accreditation, but if the system has satellite offices where autopsies are performed, then each such element must also be inspected (on-site inspection of each separate facility/satellite office) and the application fee will be accordingly adjusted. Offices that are part of systems may request individual accreditation. Where all the satellite offices are individually accredited, a certificate of accreditation for the entire system may be issued.

C. The Inspection Checklist

1. Checklist Items as Accreditation Standards

NAME accreditation standards are embodied in the Inspection Checklist. NAME has also established Forensic Autopsy Performance Standards in addition to those standards embodied in the Inspection Checklist. There is significant overlap between the two, but they are not the same.

The Inspection Checklist provides a realistic assessment of the quality of an office or system operation. The Inspection Checklist questions are used during an inspection to evaluate whether or not the system/office meets the NAME Standards for Accreditation.

2. Checklist Format

The checklist question format is designed to provide objectivity, assist preparations for accreditation, promote clarity and eliminate discrepancies that accrue from the use of multiple documents, force critical review of specific policies and practices, and provide a basis for statistical support.

Each question is uniquely numbered, worded, and designed to produce a "Yes," "No," or "N/A" (not applicable) response. A "No" response indicates the finding of a deficiency. Each question bears a designation of Phase I or Phase II, respectively.

Phase I standards are not absolutely essential requirements; deficiencies will not directly and seriously affect the quality of work or significantly endanger the welfare of the public or personnel.

Phase II standards are considered essential requirements; any such deficiencies may seriously impact the work or adversely affect the health and safety of the public or agency staff.

3. Deficiencies Allowed

An inspection finding of no more than fifteen (15) Phase I deficiencies and no (0) phase II deficiencies is required for full accreditation. Provisional accreditation may be conferred for a twelve (12) month period if the office has no more than twenty-five (25) Phase I and no more than five (5) Phase II deficiencies.

4. Checklist Version

The system/office applying for NAME inspection is expected to conduct a self-inspection using a version of the Inspection Checklist that is current at, or was in effect during the six-month period immediately prior to, the time of application for inspection. If a new Inspection Checklist has been adopted by the NAME Board of Directors between the time the application and the time of the NAME on-site inspection, the system/office may opt to apply any individual checklist item from either the version under which application for inspection was made or the more current version. The checklist version that is worded in such a way or has a phase designation that favors a “yes” response and/or favors a higher accreditation status for the system/office being inspected should be used.

5. External Ancillary Services

The design of the checklist recognizes that a medicolegal death investigation system has many parts and is larger than the medical examiner (or coroner) office itself or any individual agency or organization providing medicolegal death investigation services. The inspection and the Inspection Checklist address the system as a whole (the “bigger picture”). For example, it is rare for a medical examiner office to have its own microbiology laboratory. The accreditation standards do not require an in-house microbiology laboratory but do require office/system access to microbiology services and that the microbiology laboratory used is accredited. Although such external ancillary services become part of the system being inspected, NAME does not intend to micromanage such entities; instead an inspector should apply a rule of reason. Thus, in the case of an out-of-house toxicology laboratory, the checklist items (standards) for toxicology staffing, space, and chemical storage would not be applicable (“N/A” for checklist use purposes), but other toxicology-area standards (other checklist items) such as accreditation of the laboratory and certification of the toxicologist do apply. Lack of accreditation or certification in the toxicology area would be identified as a deficiency (marked “No” on the Inspection Checklist).

D. Inspectors

1. Certified NAME Inspectors

The NAME Inspection and Accreditation Program is a peer review system. All Principal Inspectors are to be Fellows of the Association (Board Certified forensic pathologists) who have been specifically trained and certified in the accreditation process as described below (section D.3). Principal Inspectors will also be required to either come from currently accredited offices (full or provisional) or be a current member of the I&A parent committee or one of the I&A subcommittees. Accredited offices/systems may be required to have one or more forensic pathologists trained/certified as an Inspector and conduct one or more inspections.

All certified inspectors and members of the I&A committee or subcommittees will be required to sign a confidentiality agreement binding them to not disclose the content of an inspection outside of the official NAME inspection process detailed herein.

2. Inspector Discretion

Inspectors are representatives of NAME and should strive for objective, dispassionate critiques. Participating facilities should expect a thorough and fair inspection. Overlooking deficiencies that seem

minor should not be regarded as a favor to the medical examiner. Most facilities spend considerable time and energy preparing for the inspection and sincerely appreciate a comprehensive inspection.

The NAME Inspection and Accreditation Committee relies heavily on the Inspector's judgment, which is impossible to standardize. Inspectors are given appropriate discretion and sufficient latitude to permit flexibility and judgment in the application of a question to a given office situation. The "not applicable" option is particularly important in this regard. This flexibility is the key to the universal application of the NAME Inspection and Accreditation Program to various offices.

A conscientious Inspector will occasionally have difficulty deciding whether a Checklist item should be marked "Yes" or "No"; this usually occurs in situations of partial compliance (and thus partial noncompliance) with the wording of the question. In some cases, there may be doubt as to whether the item actually applies to the specific facility being inspected. The Inspector must use discretion. Often, such Checklist items should be answered "N/A" (Not Applicable), and the special circumstances should be noted in the Inspector's Report.

Inspectors may consult the Chair of the NAME Inspection, and Accreditation Committee for advice and guidance by telephone or email. Formal questions about checklists may be forwarded by the Inspector and/or the applicant office to the Chair of the NAME Inspection and Accreditation Committee with a copy to the NAME office.

3. Inspector Training Workshops and Inspector Certification

The NAME Inspection and Accreditation Committee will conduct Inspectors Training Workshops at Annual NAME Meetings and otherwise as necessary. Successful completion of a workshop and performing a ride along with a certified inspector shall qualify ("certify") an individual to serve as a NAME Certified inspector for accreditation purposes. Staff from accredited offices and systems, as well as those seeking or considering accreditation, are strongly urged to participate in such workshops and/or programs.

4. Secondary Inspectors

Larger offices may require sending more than one inspector in order to efficiently complete the inspection. The secondary inspector(s) will also be a Certified NAME Inspector as defined above. In addition, Investigator Affiliate or Administrative Affiliate members of the Association may be utilized as secondary inspectors in offices containing a large investigative or administrative unit. The decision to utilize secondary inspectors will be made by the Chair of the I&A Committee after consultation with the primary inspector and the office requesting inspection.

5. Ride along inspectors

Fellows and Affiliates in the Association will be required to ride along with a certified inspector on a NAME inspection prior to being qualified to become a Certified Inspector as defined above. Expenses for travel and lodging for ride along inspectors will be borne by the Fellow or Affiliate and not by NAME.

E. Accreditation Standards Setting

1. Adoption of the NAME Program

NAME has attempted previous accreditation programs. The current program evolved from this prior experience and test trial inspections, and was vetted through several rounds of amendment and approval by the NAME Board of Directors and the general membership prior to adoption.

2. Periodic Accreditation Standards Review

The NAME Inspection and Accreditation Committee shall annually review the existing Inspection Checklist, the Inspection and Accreditation Policies and Procedures Manual, and the Forensic Autopsy Performance Standards.

Responses to Inspection Checklists and surveys will be compiled in computerized files and used to justify or amend Inspection Checklist standards and for other legitimate purposes of NAME. Commentaries and recommendations will also be archived for consideration of improving the accreditation standards and procedures.

Each member of the NAME S Inspection and Accreditation Committee, at the beginning of each new term of the Committee, shall download and review from the NAME website:

- The NAME Inspection and Accreditation Policies and Procedures Manual
- The Inspection Checklist
- The Autopsy Practice Standards

3. Amendments

The Chair of the NAME Inspection and Accreditation Committee, after consultation with the members of the NAME Inspection and Accreditation Committee, may recommend to the NAME Board of Directors amendments to the NAME Inspection Checklist and NAME Inspection and Accreditation Policies and Procedures Manual for adoption.

General members, Board of Directors members and executive staff may also propose amendments for consideration to the NAME Inspection and Accreditation Committee or the NAME Board of Directors.

Proposed changes must be sent to each member of the Board at least two weeks prior to the Board meeting at which the changes will be considered for adoption.

The NAME Board of Directors may adopt the amendments to the Inspection and Accreditation Program by a simple majority vote.

Amendments to the Forensic Autopsy Performance Standards require a simple majority vote of the membership at the annual business meeting.

4. Sunset of Inspection Checklist

The effective period of the NAME Inspection Checklist will be four (4) years. The date of issuance and expiration of the Inspection Checklist will be published. The NAME Inspection and Accreditation Committee or other designated committee must review the Checklist and bring to the NAME Board of Directors a recommendation to reissue the current Inspection Checklist or a substitute document before the expiration date. The Committee will review the Inspection and Accreditation Commentary file during its review process.

F. Fees

Effective January 1, 2013 the following Inspection and Accreditation Fee Structure will be: Offices under 2 million in population will pay \$3,500 first year and \$1000/year for the next three (3) years. Offices over 2 million in population will pay \$7,000 first year and \$2000/year for the next three (3) years. Individual offices within a larger system will be inspected and treated as individual offices.

The Inspection and Accreditation Fee Structure may be increased for offices outside the continental United States to allow business class airfare if the scheduled flight time, including stopovers and change of planes, is in excess of 14 hours. In such circumstances, business class air travel is permitted, in accordance with Federal Travel Regulations.

Fees are subject to change and are set by the NAME Executive Committee.

G. Procedures

1. Pre-Inspection Preparation

NAME strongly recommends a substantial period of preparation for accreditation prior to application for NAME inspection. A copy of this Inspections and Accreditations Policies and Procedures Manual and a copy of the NAME Inspection Checklist should be obtained from the NAME web site for the purpose of preparation. The chief medical examiner (or equivalent in Coroner systems) should distribute the Inspection Checklist to the office staff. After a critical self-inspection, any deficiencies noted can be, and should be to the extent possible, corrected before application.

2. Pre-inspection Consultation

An office contemplating inspection or re-inspection may request a Pre-Inspection Consultation. The Chair of the NAME Inspection and Accreditation Committee may agree to appoint a Consultant Inspector to visit the requesting office to perform a pre-inspection consultation. This consultation may serve to identify potential obstacles to successful accreditation and to guide an office in its preparations to undergo inspection. A Pre-Inspection Consultation is not a substitute for the Self Inspection process required as part of application for formal inspection for accreditation purposes.

A fee shall be paid by the office to NAME for the pre-inspection consultation. The fee shall be the same as a formal initial NAME inspection for accreditation, which includes/covers the inspector expenses (inspector expenses are reimbursed to the inspector directly by NAME). Fees are established by the NAME Executive Committee.

Accreditation will not be conferred on the basis of a Pre-Inspection Consultation, and the Consultant/Inspector may not serve as the Inspector for that office's regular inspection, but may serve as the Inspector at a later time after at least one cycle of successful accreditation.

3. Application

Application for inspection is accomplished online as follows:

- 1) Log into the I&A System: <http://ina.orainc.com>
- 2) Click on "My Office" (top menu)
- 3) Review (or complete) both checklist and office survey (update as needed)
- 4) SAVE
- 5) Verify that you have completed the reviews by clicking the appropriate boxes (on "Status" page).
- 6) Click the "Submit to NAME" button.

4. Submission of Completed Application and Fee

Once the office has entered all information into the online system and submitted the application, the online system will be locked down for view by the office. At that point, only members of the I&A committee, the inspector, the designated inspection reviewer, the NAME Executive Director and ORA staff will be able to view the document.

NAME will receive confirmation that the office has submitted complete Inspection and Accreditation materials and an invoice will be sent electronically. After payment of the invoice an inspector will be assigned.

5. External Inspection (On-Site Inspection)

a) Appointment of an Inspector

The Chair of the NAME Inspection and Accreditation Committee will appoint an Inspector within six (6) weeks of notice of the receipt of the completed application materials and payment of the fee or will contact the applicant to explain the reason for the delay. The Inspector will be a board-certified forensic pathologist, preferably affiliated with an accredited system/office. The Inspector must be Certified as described above (section D.3). An applicant may not request that the inspector be a particular individual.

If the applicant or the appointed Inspector has any concern about potential conflict or any reservation about the appropriateness of the inspector appointment, these should be communicated directly to the Chair of the NAME Inspection and Accreditation Committee as early as possible in the inspection process to allow appointment of a different inspector. If the Inspector is not satisfactory to the Applicant before an inspection, another shall be appointed. An Applicant will not be permitted more than two recusals of the appointed Inspector.

After appointment of an Inspector, the date of the inspection will be set after coordination by the Inspector and the Applicant. The Inspector shall inform the Chair of the NAME Inspection and Accreditation Committee and the Executive Director of NAME of the agreed upon date of inspection.

Any problems encountered in scheduling inspections should be brought to the attention of the NAME staff who will inform the Chair of the NAME Inspection and Accreditation Committee.

Once an inspection date has been established, an office/system may be granted a delay in inspection if a compelling reason exists. However, if the delay results in the Applicant's accreditation period ending prior to on-site inspection, the office or system will not be considered accredited after the end date of the current accreditation period.

b) Local arrangements

After the date of the external inspection has been set, the Inspector shall make travel and lodging arrangements in compliance with the current NAME travel policy. The Inspector may contact the Applicant for suggestions regarding lodging and ground transportation.

c) Inspection

The Inspector will conduct an on-site inspection on the date(s) set by NAME. The inspection will be conducted as expeditiously as possible, but will take as long as necessary to complete to the satisfaction of the Inspector. All offices, systems, and facilities differ; therefore it is impossible to provide a rigid blueprint for an inspection. Most on-site inspections require one or two days.

The Inspection Checklist provides the framework and detail for the inspection as well as criteria by which an office or system is assessed. The Inspector should be thoroughly familiar with the contents of the Inspection Checklist.

The Inspector should arrive to begin the inspection process at the designated time. Generally, the inspection will begin with a brief introduction to the chief medical examiner and his or her staff. The office may wish to begin with a brief introductory overview of the operation. An initial walk-through of the entire facility is recommended to afford the Inspector an opportunity to become familiar with facility operations and key personnel.

The Applicant must provide an office or private area in which the Inspector can work.

The Inspector will systematically examine in detail each question on the Inspection Checklist with the chief medical examiner (or equivalent position/title) or his or her representative. The chief medical examiner (or equivalent) must be available to respond to questions of the Inspector.

The Inspector will request appropriate documentation and other tangible evidence of compliance and the office or system is expected to provide it. The Inspector may request that some materials be provided by the office beforehand to facilitate and expedite the inspection. Policies for an office or system may be adopted from a higher authority or source (e.g. county personnel policy, state law), but offices must have copies available to demonstrate documentation of compliance with NAME accreditation standards.

The Applicant must respond, in some fashion, to all requests for demonstration of compliance. Noncompliance with NAME accreditation standards will be assumed in the absence of documentation or demonstration of compliance.

The Inspector may request time alone to more thoroughly review any policy manuals or documents. The Inspector may request individual interviews with various staff members. The Inspector should set aside time to confer privately with the Chief Medical Examiner (or equivalent) to discuss areas not otherwise adequately addressed, any difficulties, and the overall inspection.

It is the Inspector's responsibility to ensure that the Inspector's Report and the Inspection Checklist are completed appropriately. The name of the Inspector and the inspection date must be recorded in the online system. A response must be checked for each question: yes "Y", no "N", or not applicable "N/A". Only one response may be checked for any question, and no question may be left unanswered. Only checked responses will appear on the Deficiency Commentary. Comments may be made in the comment box. Comments must be made for all "N" or "N/A" responses. The Inspector may note in his or her report that he or she has marked a specific question "yes" with certain assumptions or reservations. Any pertinent comments that should be reviewed by the NAME Inspection and Accreditation Committee must be included in the Inspector's Report, not on the checklist.

Online versions of the checklist and inspection report may be used by the inspector in lieu of hard copies (such as using a notebook or iPad with wireless access to the online system). If hard copies are used during the inspection, the information must then be transferred to the online system for submission.

Deficiencies should be presented factually with recommendations for improvement. A negative, unduly critical, or punitive attitude is offensive and defeats the purpose of the program. It should be recognized that the medical examiner is the Inspector's peer. Deficiencies cited are sometimes challenged on the basis of a difference in interpretation. Such dialogue is healthy and is one of the strengths of the program. The medical examiner may be reminded that he or she will have the opportunity to respond in writing to a disputed finding and that NAME will adjudicate the challenge.

During an inspection, the Chief Medical Examiner (or equivalent) or his or her representative has the opportunity to fully express his or her views and may attempt to persuade the Inspector that a question may be properly marked "Yes" or "N/A" rather than a "No", a deficiency. The Inspector must exercise good and fair judgment in the discharge of his or her duties. An Inspector is free to comment on any opinion in his or her Inspection Report.

In some cases, it may be possible for the office or system to correct deficiencies before the on-site inspection ends. Provided there is adequate documentation, this is acceptable and encouraged. Checklists should not be marked as deficiencies for such questions.

Aside from the summation conference, the inspection concludes with completion of the entire Inspection Checklist. The findings of the inspection should be reviewed with the chief medical examiner (or equivalent) and other appropriate staff.

d) Summation Conference

The Inspector will hold a summation conference at the conclusion of the inspection.

The summation conference is one of the most important components of the inspection and must not be curtailed, even if necessary to extend the inspection an additional day NAME recommends attendance of the entire professional medical examiner staff at this conference.

The conference should open with a short review of the objectives of the NAME Accreditation Program. Although the Inspector may neither grant nor deny accreditation at this meeting, it is important to present ALL deficiencies that will be reported in the Inspection Report.

The Inspector shall list and discuss all Phase I or Phase II deficiencies with the Chief Medical Examiner (or equivalent). This allows the system/office to begin correcting deficiencies immediately. There should be no surprises in the final Inspection Report.

An essential part of peer review is education. The summation conference is an appropriate time for the Inspector to discuss suggestions for improvement of the facility or the operations.

Applicant questions about Inspection Checklist items, particularly differences in interpretation of specific Checklist items, should be discussed in the constructive forum atmosphere of the Summation Conference. The inspector should avoid confrontation. Unresolved questions and areas of disagreement will be documented in the Inspection Report. The Chair of the NAME Inspection and Accreditation Committee will review and resolve these issues, and the Applicant office will have an opportunity to provide a written response.

The Inspector will direct the Chief Medical Examiner (or equivalent) to fill out the online post-inspection questionnaire. Accreditation will not be conferred until this document is received by NAME. The questionnaire is an opportunity for the Applicant to comment on the inspection and the accreditation process, including the Inspection Checklist and the Inspector. The post-inspection questionnaire and any comments, suggestions, and criticisms will be filed in the Commentary File for consideration by the Committee on Inspection and Accreditation.

e) Meeting with Responsible Officials

Officials with oversight responsibility for the office or system should be present at the Summation Conference, if possible. The Inspector will make every effort to meet with and present findings to these officials if they are not present at the Summation Conference.

f) Inspection Report

The Inspector will submit a narrative Inspection Report online within thirty (30) calendar days after the inspection. This report will be generated in Microsoft Word and will be uploaded to the ORA system. The report is a summary of the inspection and the online checklist is not to be used as a substitute for this report.

The Report shall include the following elements:

- The name of the office/system.
- The name of the Chief Medical Examiner (or person[s] with equivalent status/title).
- The name of the Inspector.
- The date(s) of the inspection.
- A brief description of the office/system, to include type of system (or part of system) (city or county or district or state, medical examiner or coroner, autopsy service, satellite office,

etc.), approximate population and land area served, major cities within the jurisdiction and other general descriptors.

- The checklist version(s) used for the inspection.
- A statement as to the total number (or absence) of Phase I and total number (or absence) of Phase II deficiencies.
- A list of all Phase I deficiencies (if any), all Phase II deficiencies (if any) and all Not Applicable (N/A) items, each by the checklist item number and letter. Each listed checklist deficiency or “N/A” response is to be accompanied by a brief explanation.
- A statement(s) regarding any area of the office that the inspector feels is borderline with regard to meeting a standard at the time of the inspection or that is likely to not meet the standard in the near future (or by the time of the next on-site inspection).
- A statement(s) regarding any area of the office that the inspector feels is outstanding or especially noteworthy.
- A recommendation for full accreditation, provisional accreditation, or non-accreditation.
- The date the report is completed and the signature of the inspector.

The Inspector has discretion to offer a written opinion or description of any aspect of the office or system that he or she believes is pertinent to the content and conclusions of the Report. All applicable official comments must be made in the Inspection Report rather than handwritten on the Checklist itself. It is useful to indicate when an office or system is in partial compliance with regard to any particular checklist item receiving a “No” response.

Thoughts and comments that relate to the Accreditation Checklist itself should not be included in the Inspection Report, but should be brought to the attention of the Inspection, and Accreditation Committee by separate means.

If for any reason the Inspector believes that there is a fundamental disparity between the intent of the Accreditation Checklist and the function or role of the Applicant office or the role of the chief medical examiner or staff, it should be recorded in the Inspection Report. The Inspector's comments are pivotal if denial or provisional accreditation is being considered. These comments may also be a basis for modifying the Inspection Checklist.

g) Inspection Review

Following the submission of the inspection checklist and report by the inspector, the online inspection materials will be made available to all members of the NAME Inspection and Accreditation Committee by the Executive Director or designated support staff. The Executive Director will update the committee on progress of inspections to ensure “transparency” of process and foster consistency of the reporting and the reviews.

ORA staff will ensure that the original inspection materials as entered by the office and the inspector are not modified after submission.

The Chair of the NAME Inspection and Accreditation Committee will then select one other member of the NAME Inspection and Accreditation Committee (selected by rotation through the roster of all members of the committee) who will officially review the Inspection Report and Checklist. The reviewer will be notified by the Executive Director of NAME using e-mail notification. Any member of the

committee may make comments about the report and/or checklist to the Chair, the official member reviewer, or to the committee as a whole, but such comments are not required. These comments should be confined to the committee and are considered unofficial.

The Chair and/or the official reviewing committee member shall contact the inspector if there are any questions regarding the Inspection Report or Checklist, or the possible need for clarification of any aspect of the inspection.

The official review is to be completed within fifteen (15) working days of the filing of the Inspection Report, unless a protest (based on the information provided during the Summation Conference) has been filed by the office/system. The status and date will be noted in the official NAME files. If the selected official reviewing committee member believes that he/she will be unable to complete the official review within the allotted fifteen (15) working days, he/she will immediately notify the Chair and/or the Executive Director of NAME and another official reviewing committee member will be selected.

Once the official committee reviewer is satisfied with the report and checklist (and any clarifications as needed), the member is to notify the Chair. If the reviewing committee member and the Chair both accept the Inspection Report and recommendation for accreditation status (full, provisional, or non-accreditation), the review shall be considered complete and accreditation status conferred based on the Inspector's recommendation.

If (and only if) the Chair and the official reviewing committee member do not agree on the appropriate accreditation status for the office/system under review, the matter shall go before the NAME Inspection and Accreditation Committee as a whole as soon as practical for discussion and vote. A simple majority vote will decide the accreditation status to be conferred.

Once the review process is complete, the NAME Executive Director will confirm that the post-inspection survey document has been completed by the inspected office. Once the post-inspection survey has been received, a letter will be issued within 10 (ten) business days by the NAME Executive Director to the office/system officially notifying the office/system of its accreditation status (a congratulatory letter if full or provisional accreditation is conferred or a letter of official notice of non-accreditation). The letter will be accompanied by a copy of the official inspection report, transferred from the document issued by the inspector to official NAME letterhead. The final date of the onsite inspection marks the beginning of the accreditation period or non-accreditation for that office/system.

For offices/systems granted full accreditation status, an official NAME Accreditation Certificate is prepared, signed by NAME officials (see below) and delivered to the office/system as soon as practical.

6. Accreditation

a) Full Accreditation

Accreditation Certificates are issued to the office or system and signed by the NAME Inspector, the Chair of the NAME Inspection and Accreditation Committee, the Secretary-Treasurer and the NAME President. The Certificate of Accreditation will include the date upon which the accreditation is conferred and the date of expiration.

Full accreditation is conferred if NAME determines that the office or system has no more than fifteen (15) Phase I deficiencies and no (0) Phase II deficiencies.

Full accreditation is conferred for a maximum period of four (4) years from the date of the Accreditation Certificate.

b) Provisional Accreditation

Provisional accreditation status can be conferred for a period of twelve (12) months if an office or system fails to achieve sufficiently few deficiencies for full accreditation but has no more than twenty-five (25) Phase I and no more than five (5) Phase II deficiencies.

Provisional accreditation may be extended for up to four (4) subsequent sequential twelve (12) month periods, each upon separate written application prior to the end of each twelve (12) month period and proof to the satisfaction of the Chair of the NAME Inspection and Accreditation Committee that there have been and are ongoing efforts to address deficiencies that continue to foreclose full accreditation.

If an office/system holding provisional accreditation status does not make written application for extension of the provisional accreditation prior to the end of any twelve (12) month period (initial period or any period of extension), the accreditation will automatically lapse. The office/system will then be non-accredited and will have to reapply for inspection for accreditation. Such application may not be made for at least six (6) months from the time non-accredited status begins (end of the provisional status period).

NAME will send a written Notice of Extension of Provisional Accreditation to the office or system within five (5) working days of the approval of extension of provisional accreditation and retain a copy. The provisional accreditation period for any twelve-month extension begins as of the date (day and month) of the issuance of the first (original) notice of conferment of provisional accreditation status following the on-site external inspection (first/original external inspection).

The office/applicant may request conversion to full accreditation status at any time. Such requests must be made in writing and are to be accompanied by written or photographic documentation that the necessary deficiencies have been corrected or addressed. This status conversion request package will then be sent to the Chair of the I&A Committee and the original Inspector. The Inspector will discuss the request with, and make a recommendation to, the Chair to approve or deny conversion to full accreditation status.

NAME reserves the right to require an on-site follow-up inspection to verify the elimination of deficiencies at the expense of the Applicant.

The Chair will then make a determination of the accreditation status. The full Inspection and Accreditation Committee will be consulted if a difference in opinion as to appropriate accreditation status exists between the original Inspector and the I&A Chair.

If a decision is made to convert the office from Provisional to Full accreditation, a written report will be submitted by the original Inspector to the NAME office detailing the original inspection deficiencies, the means of correction and the final remaining (if any) deficiencies. The report will conclude with a

statement indicating that the office is to be advanced to Full Accreditation status. The NAME office will place the report on official NAME letterhead and forward the report, along with a congratulatory letter from the Chair, to the office. A certificate of full accreditation will then be issued. The status of full accreditation granted in this manner shall be conferred for a period equal to, but not beyond, five (5) years from the original on-site external inspection (not five (5) years from the date that full accreditation is granted following a period of provisional status). If full accreditation is denied, the applicant will be immediately notified to permit further corrective actions before the expiration of the period of provisional accreditation.

The applicant may appeal the determination of status conversion by procedures described in Section III.

Provisional status may or may not be extended by the Chair of the NAME Inspection and Accreditation Committee during the resolution of the above actions.

c) Non-Accreditation

If the office or system is found to have more than twenty-five (25) Phase I deficiencies or more than five (5) Phase II deficiencies, NAME will not accredit the office or system.

The office or system will be non-accredited if the provisional period(s) has expired (no further provisional-period extensions granted) and the office or system has failed to reduce the deficiencies to fifteen (15) Phase I deficiencies and no (0) Phase II deficiencies.

NAME will send a written Notice of Non-Accreditation to the office or system within five (5) working days of the determination of non-accreditation and retain a copy. Non-accreditation will be considered to have begun as of the date of the issuance of this Notice.

An office cannot reapply for accreditation for a period of six (6) months after a Notice of Non-Accreditation has been issued.

7. Maintenance of Accreditation

For offices/systems that hold full accreditation status, a 60 day reminder of annual renewal will be sent electronically. If no response is received, a certified letter will be sent 10 days prior to lapse. The letter will contain language detailing the potential penalty for not meeting maintenance deadlines. The office must then complete the maintenance of accreditation form online and pay the maintenance fee. Failure to complete the online maintenance of accreditation or failure to pay the maintenance of accreditation fee prior to the date (month and day) of the original accreditation certificate shall result in loss of accreditation status (accreditation will automatically lapse).

Offices/s systems holding provisional accreditation status must submit an electronic request to name@thename.org for extension of provisional accreditation prior to the end of the twelve (12) month provisional accreditation period. Failure to submit a written request for extension of provisional accreditation status or failure to pay the maintenance of accreditation fee shall result in loss of accreditation status (accreditation will automatically lapse).

Lapse of accreditation will result in the office/system having to pay the initial inspection fee as described above (section F).

8. Annual Review

For offices holding Full Accreditation, the online maintenance of accreditation document will require attestation of the lack of any major changes to the office since the inspection. A reviewer will be assigned (which may be the original inspector) who will review the online document and inform the NAME office that either the annual review is acceptable or that there are discrepancies or concerns. If concerns are stated, they will be immediately referred to the Chair of the I&A committee for review and action. If no concerns are stated, the office will receive notification from the NAME Executive Director that the annual review was accepted.

For offices holding Provisional Accreditation, the online maintenance of accreditation document will also require attestation of the lack of any major changes to the office since the inspection. In addition, documentation of substantial progress toward remediation of the stated deficiencies must be received, either by narrative description or photographic evidence. A reviewer will be assigned (which may be the original inspector) who will review the online document and inform the NAME office that either the annual review is acceptable or that there are discrepancies or concerns. An office failing to address deficiencies in a manner deemed acceptable will be cause to recommend revocation of the Provisional Accreditation. If concerns are stated, they will be immediately referred to the Chair of the I&A committee for review and action. If no concerns are stated, the office will receive notification from the NAME Executive Director that the annual review was accepted.

The annual review is to be completed within fifteen (15) working days of the notification of the reviewer of his/her selection to perform the review. If the assigned official reviewing committee member believes that he/she will be unable to complete the annual review within the allotted fifteen (15) working days, he/she will immediately notify the Chair and/or the Executive Director of NAME and another reviewer will be assigned.

ORA staff will ensure that the online system maintains the original comments of the onsite inspector throughout the accreditation cycle, including all narrative reports.

9. Major Changes in Accredited Offices

The accredited office must notify the NAME Inspection and Accreditation Committee if, during an office's accreditation or provisional accreditation term, there occurs any substantial change in staffing, leadership, policy, facilities, resources or any other change that would bring about one or more Phase II deficiencies for any significant, prolonged, or indefinite time.

If any member of the I&A committee is made aware of such a change which has not been reported, the matter will be immediately brought to the attention of the Chair of the I&A committee, who will communicate this to the committee as a whole.

In response, the Committee may suspend or revoke accreditation or may place the office in a "provisionally accredited" status until all deficiencies have been rectified. Such decision will be by a majority vote. NAME may, at the option of the Chair of the Inspection, and Accreditation Committee, require an on-site re-inspection of the office before reinstating accreditation. The inspected office will be assessed an additional initial inspection fee as described above (section F).

10. Application for Renewal

Application for new inspection and renewal of accreditation must be made prior to expiration of the current accreditation period. If all application materials have been submitted, and the inspection fee has been paid to NAME, the current accreditation status will continue until the end date of the period of current accreditation or the date of the external on-site inspection, whichever comes first.

If application for new inspection and renewal of accreditation has been made and either the date of expiration of the current accreditation period or the date of the external inspection has been reached, the accreditation status shall automatically change to “accredited, current inspection in progress” (to be listed as “inspection in progress” for practical purposes).

If the end date of the current period of accreditation is reached and application for new inspection/renewal of accreditation has not been made, the accreditation status of the system/office shall automatically change to “accreditation lapsed.” Reapplication must then be made as described above (section G.3) with payment of fees for a lapsed accreditation as described above (section F).

H. Appeals

Appeals to an inspector's and/or reviewer's findings may be lodged by written submission to NAME within ten (10) working days of the issuance of a Notice of Provisional Accreditation or Non-Accreditation. A copy of the written appeal will be immediately sent to the Chair of the NAME Inspection and Accreditation Committee. The chair may bring the question to the Inspection and Accreditation Committee. The chair may also consider conducting another onsite inspection. If resolution still cannot be achieved, the appeal may be brought to the NAME Board of Directors for a vote. In any event, resolution must be achieved within nine (9) months; otherwise unresolved issues will be settled in accordance with the findings of the Inspector.

The resolution must be reduced to a written Letter of Response to an Applicant's appeal sent to the Applicant within ten (10) working days of resolution.

An Applicant may challenge this response, but the subsequent NAME letter of response to this challenge will be considered final and dispositive of the issue. The applicant may reapply for inspection and accreditation.

I. Period of Accreditation

Accreditation is conferred for a maximum period of four (4) years per on-site inspection, however, the accreditation period may be curtailed if a significant change in the program occurs, the certificate is not maintained, or a fee is not paid.

J. Miscellaneous

1. Records Administration

All Inspection and Accreditation materials will be archived for a period of at least six (6) years. Data from survey instruments and Accreditation Checklists will be entered into a computerized data system. NAME shall maintain a current roster of accredited offices and systems.

2. Computerization of Checklist and Survey Data

The Accreditation Checklist and Demographic Survey data will be entered into a computer and compiled annually and as needed. The compiled statistical data will be provided to the Chair and every member of each newly assembled NAME Inspection and Accreditation Committee. NAME may publicize the compiled statistics.

3. Commentary File

A file will be kept at the NAME office of all commentary, complaints, and recommendations made regarding the Accreditation Checklist and the inspection process. These files will include the returned post-inspection questionnaires. Copies of such information received will be forwarded to the Chair of the NAME Inspection and Accreditation Committee upon appointment.

4. Annual Reports

The Chair of the NAME Inspection and Accreditation Committee will report to the NAME Board of Directors at each annual meeting. The report shall include the name of each Applicant, the status of each accreditation action, and a roster of currently accredited offices and systems.

5. Publication of Accredited Offices and Systems

The roster of currently accredited (full and provisional status) offices and systems will be made public (including, but not limited to, being posted on the NAME website).

K. Available Information

All inquiries should be directed to:

The National Association of Medical Examiners
Attn: Inspections & Accreditation
362 Bristol Rd
Walnut Shade, MO 65771
Off: (660) 734-1891
FAX: (888) 370-4839
name@thename.org

Materials available from the NAME Website www.thename.org include:

- NAME By-Laws
- NAME membership directory
- Roster of positions and appointments
- NAME Inspection Checklist
- NAME Inspection and Accreditation Fee Schedule

- NAME Forensic Autopsy Performance Standards
- NAME Inspection and Accreditation Policies and Procedures Manual

Specific inquiries on inspection and accreditation can be made of the current Chair of the NAME Inspection and Accreditation Committee.

Accredited offices/systems and Applicants may receive copies of their inspection and accreditation materials (copies of official inspection checklist and inspector’s report) for their review from the ORA web site at any time following, but not before, the formal review by the NAME Inspection and Accreditation Committee has been completed. Hard copies will be printed by the Executive Director of NAME and will remain on file in the NAME office.

L. Schema of I&A Process

Who?	What?	How?	To where?	When?
Applicant	Request	Electronic or mail	NAME	-----
NAME	Send application packet	Electronic or mail	Applicant	10 days
Applicant	Self inspection	Hard copy or electronic	-----	-----
Applicant	Complete application Send forms and fee	Electronic or mail	NAME	-----
NAME	Check completeness Notify Chair	e-mail or phone	Chair	5 days
Chair	Appoint inspector	e-mail or phone	Applicant Inspector NAME	6 weeks
NAME	Coordinate date	e-mail or phone	Inspector Applicant	-----
NAME	Notice of Inspection	e-mail or phone	Applicant Inspector Chair	5 days
Applicant	Local arrangements	e-mail or phone	Inspector Local accommodations NAME	5 days
Inspector	Conduct inspection Summation conference Meet with officials File inspection report	Electronic or mail	NAME	30 days
Applicant	Questionnaire	Electronic or mail	NAME	-----
NAME	Distribute report	Electronic or mail	Applicant Chair	5 days
Chair Member reviewer	Complete inspection review and approve accreditation	e-mail or phone	NAME	15 days

NAME	Issue certificate	Carrier	Inspector Chair President Secretary-Treasurer NAME Applicant	30 days
Applicant	Request for Maintenance of Accreditation or Extension of Provisional Accreditation Status	Written, by mail	NAME	Annual

II. NAME AUDITS

A. Purpose

Official NAME audits differ from Accreditation Inspections. The purpose of NAME audits is not to assess compliance of the minimal standards of the Inspection and Accreditation program, but rather to more globally evaluate an office using a systems approach in order to apply the wisdom of NAME leadership to correct problems or give advice for improvement.

B. Initiation

Offices may request NAME to conduct an audit of their office or their system. A written letter of request should be directed to the NAME Executive Director.

C. Types of Audits

In addition to the usual full audit, an Emergency Audit or a Special Audit may be requested but require approval of the NAME President and will require individual negotiation on a case-by-case basis.

D. Audit Team

Official NAME audits will be conducted by a team of at least three (3) NAME Fellows. A NAME Audit Team Leader will be designated. Consideration should also be given to including an administrator, a medicolegal death investigator, a toxicologist and other specialists depending upon the functional areas of the office. The jurisdiction being audited may request that specific individuals either be included or excluded, but they may not designate an entire team and the final composition must be approved by the NAME President.

E. Fees

The charge for the Audit will vary by size of the team and the number of days of visitation (minimum of two days) at a rate of \$2,000/person./day.

F. Review Process

The Audit team is expected to review policies and procedures of the office, fiscal and resource documents, planning documents, and other documents of interest. The Audit team will inspect facilities and interview staff as well as stakeholders. A self-inspection checklist, office description, and other forms may be required of the office, prior to visitation by the Audit team.

G. Scope of Review

The Audit team will investigate specific issues of the jurisdiction which are brought to its attention as well as the following systemic issues, which will be investigated in the case of all audits:

- [Background]
- Statutory & regulatory authority
- Office organization
- Personnel & staffing
- Facilities & equipment
- Office administration, including policies & procedures
- Office support, including fiscal, resourcing, & political support
- Ability to become NAME accredited
- Areas for improvement and optimal practices
- Critical issues
- Recommendations

H. Report

A formal Audit Report will be generated within four months and submitted to the office funding the audit, the Chief Medical Examiner or the Coroner, and the head autopsy physician in the case of a Coroner's office. The reports will not be further distributed or made public without prior approval. Submission of the report may be made contingent on receipt of payment during initial negotiations.

I. Follow-Up Meetings

The jurisdiction being audited may request that the NAME Audit Team Leader, or designee, return to brief audiences or give presentations at a rate of \$2,000/day subject to consent of the Team Leader.

J. Appeals

The jurisdiction being audited may request reconsideration of any component of the final report. It shall be understood that the jurisdiction cannot dictate the content of the revision and that NAME will retain independence of judgment. NAME is under no obligation to render a revised report, even after reconsidered deliberation. The request will be subject to negotiation with the Chair of the NAME Inspections and Accreditation Committee and subsequent approval by the NAME President. The scope and fee shall be subject to the negotiation. A follow-up visit may be required.