



Iowa Office of the State Medical Examiner



Annual Report 2020

2020 Annual Report

Iowa Office of the State Medical Examiner

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INTRODUCTION

The Iowa Office of the State Medical Examiner (IOSME) was established in 1976. In May 1999, Governor Thomas J. Vilsack signed legislation approving the move of the office from the Department of Public Safety to the Department of Public Health.

The primary role of the office is to provide support, guidance, education, consultation, and training to county medical examiners and their investigators. County medical examiners investigate violent, suspicious, and unexpected natural deaths that occur in their counties. Upon a county medical examiner's request, the Iowa Office of the State Medical Examiner will assist at the death scene and perform the autopsy. Board certified forensic pathology staff at the IOSME provide expert testimony in depositions and trials in homicide and other wrongful death cases.

The Iowa Office of the State Medical Examiner is committed to providing support, education, consultation, and training to each of the county medical examiner offices in order to assist them in the investigation of deaths throughout the state.

MISSION STATEMENT

*To establish and maintain credibility
in death investigation
in a system that will operate efficiently
and serve the needs of
the citizens of Iowa.*

STATE MEDICAL EXAMINER INTERAGENCY COORDINATING COUNCIL

The State Medical Examiner Advisory Council was established in 1999 via Iowa Code 691.6C. This Council was established to “advise and consult with the state medical examiner on a range of issues affecting the organization and functions of the office of the state medical examiner and the effectiveness of the medical examiner system in the state.”

During the 2020 legislative session a law was enacted that merged the Advisory Council into the Interagency Coordinating Council (Iowa Code 691.6 B). This Council meets on a biannual basis.

Membership is determined by Dr. Dennis Klein, State Medical Examiner, in consultation with Kelly Garcia, Interim Director, and Iowa Department of Public Health.

2020 membership:

Scott Brown	Attorney General’s Office
Julie Breiner, MD	Iowa Association of Pathologists
Kelly Garcia	Director, Iowa Department of Public Health
Joshua Cook, MD	Iowa Medical Society
James Fullerton	Iowa Funeral Directors Association
Keith Hansen, DO	Iowa Association of County Medical Examiners
Dennis Klein, MD	State Medical Examiner
Jennifer Miller	Iowa County Attorney’s Association
Marcus Nashelsky, MD	University of Iowa, Department of Pathology
Bruce Reeve	Iowa Department of Public Safety
Thomas Summitt	Iowa Emergency Medical Services Association
Kurt Swaim	Iowa Public Defender’s Office (invitation)
Jonathan Thompson, MD	Deputy State Medical Examiner

COUNTY MEDICAL EXAMINERS

The primary function of the county medical examiner is to determine a truthful, logical, and scientifically unbiased statement of the cause and the manner of death. (Iowa Code 331.801-805 and Administrative Code 641-127 govern county medical examiner activities).

County medical examiners are uniquely qualified to investigate the deaths of individual citizens in their counties, not only because of their medical training, but also by virtue of the fact they usually live and work in the counties in which they serve. County medical examiners must display uncompromising honesty, integrity, and loyalty to their community and their oath, regardless of any pressure they may receive from outside sources.

The county medical examiner of any of the counties is a physician appointed by the Board of Supervisors of that county to act in an official capacity to investigate and make a report of any death as described in Iowa Code section 331.802(3).

The county medical examiner shall be licensed in Iowa as a doctor of medicine and surgery, a doctor of osteopathic medicine and surgery, or an osteopathic physician.

The county medical examiner shall be appointed, from lists submitted by the medical society and the osteopathic society of the particular county, for a period of two years (a period of time that shall commence on January 1, if it is not a Sunday). If a qualified physician in the particular county cannot be identified, the Board of Supervisors may appoint a physician from outside the particular county.

The county medical examiner is required by law to make inquiry into the cause and manner of death of any individual meeting the criteria outlined in Iowa Code section 331.802(3) and make a report of this to the state medical examiner, the county attorney where the incident occurred and/or any law enforcement agency having jurisdiction.

The county medical examiner shall make a determination as to the most probable cause and manner of death, and issue the death certificate for those deaths within their jurisdiction as outlined by the statute.

The county medical examiner will determine if an autopsy is needed, and will make a written request.

The county medical examiner shall issue permits as required by the county and/or state which are necessary for the disposition of a dead body (including cremation permits).

The duties of a county medical examiner can be quite time-intensive, as someone must be available 24 hours per day, 7 days per week. Therefore, the county medical examiner is authorized to appoint deputy or assistant county medical examiner and county medical examiner investigators to assist him/her in the fulfillment of his/her duties.

These deputy medical examiners must be physicians who are licensed in the state of Iowa and who have been approved for service by the state medical examiner. The county medical examiner is responsible to train and/or secure training for his/her deputies.

FACILITY

A laboratory facility housing the IOSME also houses the Department of Public Safety, Agriculture & Land Stewardship, and the University of Iowa Hygienic Laboratory. It opened in March 2005 on the Des Moines Area Community College (DMACC) campus in Ankeny, Iowa.

The facility allows the IOSME to house both the office and the morgue in one building allowing the SME to maintain accreditation with the National Association of Medical Examiners, aiding recruitment of high quality workers and federal grant eligibility.

The facility improves services provided by the IOSME and provides the capabilities to:

- ❖ Perform complex autopsies efficiently in a biologically safe and physically secure facility.
- ❖ Protect and secure evidence and records for criminal cases in a manner that meets or exceeds stringent court scrutiny as well as state and national standards.
- ❖ Operate cooler space for deceased individuals awaiting identification and/or autopsy.
- ❖ Handle multiple deaths as necessary for disaster preparedness, including infectious diseases or mass disasters.

The IOSME staff is available to perform autopsies and assist with medicolegal death investigations 24 hours per day, 7 days per week, and 365 days per year.

REPORTABLE DEATHS

As per Iowa Code 331.802(3), certain types of deaths are to be reported to the county medical examiner. A medical examiner death is defined as a death that affects the public interest and is unexpected, unexplained, and/or unwitnessed. These deaths affect the public interest and include, but are not limited to, any of the following:

- a. Violent death, including homicidal, suicidal, or accidental death.
- b. Death caused by thermal, chemical, electrical, or radiation injury.
- c. Death caused by criminal abortion including self-induced, or by sexual abuse.
- d. Death related to disease thought to be virulent or contagious which may constitute a public hazard.
- e. Death that has occurred unexpectedly or from an unexplained cause.
- f. Death of a person confined in a prison, jail, or correctional institution.
- g. Death of a person who was prediagnosed as a terminal or bedfast case who did not have a physician in attendance within the preceding thirty days; or death of a person who was admitted to and had received services from a hospice program as defined in section 135J.1, if a physician or registered nurse employed by the program was not in attendance within thirty days preceding death.
- h. Death of a person if the body is not claimed by a relative or friend.
- i. Death of a person if the identity of the deceased is unknown.
- j. Death of a child under the age of two years if death results from an unknown cause or if the circumstances surrounding the death indicate that sudden infant death syndrome may be the cause of death.

STATUTORY DUTY STATE MEDICAL EXAMINER

Iowa Code 691.5-6C and Administrative Rule 641-126 govern the Iowa Office of the State Medical Examiner. Autopsies are performed at the request of county medical examiners for those deaths that are reportable. The duties of the state medical examiner are:

1. To provide assistance, consultation, and training to county medical examiners and law enforcement officials.
2. To keep complete records of all relevant information concerning deaths or crimes requiring investigation by the state medical examiner.
3. To adopt rules pursuant to chapter 17A, and subject to the approval of the Director of Public Health, with the advice and approval of the State Medical Examiner Advisory Council.
4. To collect and retain autopsy fees as established by rule. Autopsy fees collected and retained under this subsection are appropriated for purposes of the state medical examiner's office. Notwithstanding section 8.33, any fees collected by the state medical examiner that remain unexpended at the end of the fiscal year shall not revert to the general fund of the state or any other fund but shall be available for use for the following fiscal year for the same purpose.
5. To conduct an inquiry, investigation, or hearing and administer oaths and receive testimony under oath relative to the matter of inquiry, investigation, or hearing, and to subpoena witnesses and require the production of records, papers, and documents pertinent to the death investigation. However, the medical examiner shall not conduct any activity pursuant to this subsection, relating to a homicide or other criminally suspicious death, without coordinating such activity with the county medical examiner, and without obtaining approval of the investigating law enforcement agency, the county attorney, or any other prosecutorial or law enforcement agency of the jurisdiction to conduct such activity.
6. To adopt rules pursuant to chapter 17A relating to the duties, responsibilities, and operations of the office of the state medical examiner and to specify the duties, responsibilities, and operations of the county medical examiner in relationship to the Office of the State Medical Examiner.
7. To perform an autopsy or order that an autopsy be performed if required or authorized by section 331.802 or by rule. If the state medical examiner assumes jurisdiction over a body for purposes of performing an autopsy required or

authorized by section 331.802 or by rule under this section, the body or its effects shall not be disturbed, withheld from the custody of the state medical examiner, or removed from the custody of the state medical examiner without authorization from the state medical examiner.

8. To retain tissues, organs, and bodily fluids as necessary to determine the cause and manner of death or as deemed advisable by the state medical examiner for medical or public health investigation, teaching, or research. Tissues, organs, and bodily fluids shall be properly disposed of by following procedures and precautions for handling biologic material and bloodborne pathogens as established by rule.
9. To collect and retain fees for medical examiner facility expenses and services related to tissue recovery. Fees collected and retained under this subsection are appropriated to the state medical examiner for purposes of supporting the state medical examiner's office and shall not be transferred, used, obligated, or otherwise encumbered. Notwithstanding section 8.33, any fees collected by the state medical examiner shall not revert to the general fund of the state or any other fund.

STATUTORY DUTY DEPUTY STATE MEDICAL EXAMINER

Iowa Code 691.6A governs the Deputy State Medical Examiner creation and duties.

The position of deputy state medical examiner is created within the Office of the State Medical Examiner. The deputy state medical examiner shall report to and be responsible to the state medical examiner. The deputy state medical examiner shall meet the qualification criteria established in section 691.5 for the state medical examiner and shall be subject to rules adopted by the state medical examiner as provided in section 691.6, subsection 3.

The state medical examiner and the deputy state medical examiner shall function as a team, providing peer review as necessary, fulfilling each other's job responsibilities during times of absence, and working jointly to provide services and education to county medical examiners, law enforcement officials, hospital pathologists, and other individuals and entities.

The deputy medical examiner may be, but is not required to be, a full-time salaried faculty member of the Department of Pathology of the University Of Iowa College Of Medicine. If the medical examiner is a full-time salaried faculty member of the Department of Pathology of the University of Iowa College of Medicine, the Iowa Department of Public Health and the State Board of Regents shall enter into a chapter 28E agreement to define the activities and functions of the deputy medical examiner, and to allocate deputy medical examiner costs, consistent with the requirements of this section.

ORGAN AND TISSUE DONATION ACTIVITIES

Organ and tissue transplantation can have tremendous lifesaving and life altering benefits to patients who are in need. The IOSME supports and encourages organ and tissue donation whenever it is possible. Due to the wide geographical area covered by the IOSME, coordinating body transportation, acquiring case information, timing of autopsy, and timing of organ and tissue recovery can be a very challenging task.

Many cases requiring medicolegal autopsies are also cases that would be eligible for organ and tissue donation. However, timing, logistics, and access to medical and investigative information are the major factors that may limit the number of medical examiner cases that can also undergo donation. Both the IOSME and the Iowa Donor Network (IDN) recognized there was a large overlap and duplication in information that needs to be acquired by both agencies. In November 2013, IDN partnered with the IOSME and appointed a fulltime liaison, who resides permanently at the IOSME, to streamline and facilitate the process of gathering information for both death investigation and potential donation. The liaison attended the St. Louis course on medicolegal death investigation, received many hours of training and mentorship in death investigation, and is now in the state medical examiner investigator rotation. In 2015, a second IDN liaison was added to the IOSME team. In addition to coordinating tissue donation, thus increasing efficiency and likelihood of successful donation in suitable candidate cases, the liaisons also assist IOSME pathologists with medicolegal death investigation.

During the 2006 Legislative session, HF2768 was introduced and signed into law by Governor Vilsack. Subsection 8 in Iowa Code 691.6 allows the State Medical Examiner's Office to collect and retain fees for the expenses and services related to tissue recovery. These fees help offset the expense with the use of the tissue recovery suite.

Iowa Donor Network basic criteria and procedures for potential donors are included in the County Medical Examiner's Handbook. The IOSME and IDN continue to improve communications to ensure a successful relationship that provides an essential service to the public.

Tissue Referrals

184	Tissue Donors
151	Approached Not Authorized (Family Decline)
95	Consented Not Recovered
1782	Not Medically Suitable
41	No Next-of-Kin Found/Available
37	Embalmed
31	Timed Out, Restricted to Post Autopsy
29	ME Declines
3	Weather Deferral
2	Time Constraints

Summary

In 2020, the IOSME referred 616 deaths to IDN, 43 of which became tissue donors.

In addition, IOSME was involved in autopsy and release for 148 tissue donors, 81 of which were referred by Out of Hospital Agencies (MEs, EMS, and Fire/Rescue) and 67 referred by hospitals.

In total 148 donors were recovered, 100% were recovered pre-autopsy.

IDN recovered 137 donors at the IOSME Recovery Suite.

The 148 tissue recoveries in which IOSME was involved (hospital and OOH deaths) resulted in:

91	Skin recoveries
127	Bone and associated tissue recoveries (36 JR recoveries)
62	Heart for valve recoveries
119	Saphenous vein recoveries (58 Left/61 Right)
49	Femoral vein recoveries (24 Left/25 Right)
2	Juvenile Cartilage recoveries
6	Adipose

Statewide Organ Referrals

Organ Donors	103	Cardiac Arrested on Vent	47
Family Declines	38	Consented Not Recovered	15
Patients Not Brain Dead	443	Medical Examiner Decline	2
Not Medically Suitable	289	Referred, Survived	114
Non-Converted Potential	13		

ACCREDITATION

The IOSME received accreditation from the National Association of Medical Examiners (NAME) in 2008 and continually works toward maintaining that status.

On November 6, 2017, the IOSME was inspected and achieved reaccreditation. As part of the accreditation process an annual report is submitted to NAME, notifying inspectors of status on accreditation checklist items. In 2019 and 2020 IOSME experienced a significant increase in case load, resulting in a backlog and high annual caseloads per pathologist. These increases surpassed accreditation criteria and the accreditation status was modified to “provisional.” The IOSME has a year to correct the deficiencies to return to full accreditation status.

BUDGET AND STAFFING

The IOSME receives its funding from the State of Iowa general fund appropriation, charges and fees for autopsies performed and a portion of the fees collected by Vital Records for copies of death certificates.

Fiscal Year	General Fund Appropriation	Autopsy Fees Collected	Death Certificate Fees Collected
FY2000	357,184 (transfer)	0	0
FY2001	514,029	213,500	0
FY2002	544,103	339,000	0
FY2003	497,220	406,100	0
FY2004	511,211	372,395	0
FY2005	526,268	512,100	185,238
FY2006	865,270	707,052	379,320
FY2007	984,981	690,590	383,187
FY2008	1,143,497	879,659	393,162
FY2009	1,262,566	725,943	393,015
FY2010	932,138	864,953	390,655
FY2011	903,782	800,410	402,606
FY2012	852,801	964,800	410,535
FY2013	822,084	1,020,062	420,013
FY2014	822,084	1,084,450	405,449
FY2015	822,084	1,059,100	403,825
FY2016	822,084	1,056,496	387,301
FY2017	822,084	1,134,550	405,828
FY2018	822,084	1,118,309	397,899
FY2019	822,084	1,492,000	394,704
FY2020	814,769	2,154,553	429,155

Predictions for Fiscal Years 2021 are indicated below.

Fiscal Year	General Fund Appropriation	Autopsy Fees Collected	Death Certificate Fees Collected
FY2021	814,769	2,280,000	400,000

The IOSME currently has 14.5 FTEs. Current staff includes:

- | | |
|--|----------------------------------|
| 1 Chief State Medical Examiner | 1 Office Manager |
| 1 Deputy State Medical Examiner | 2 Secretaries |
| 2 Associate State Medical Examiners | 1 Medicolegal Death Investigator |
| 2 Medical Examiner Investigator liaisons | 1 Radiological Technologist |
| 0.5 Vital Statistics liaison | 3 Autopsy Technicians |

The IOSME supplements the staffing shortfall with temporary part-time employees. These employees work in the capacity of forensic pathologist, forensic

autopsy technicians, forensic morgue attendants, medicolegal death investigator assistants, and office clerical staff. The number of part-time temporary employees averaged 28 in 2020.

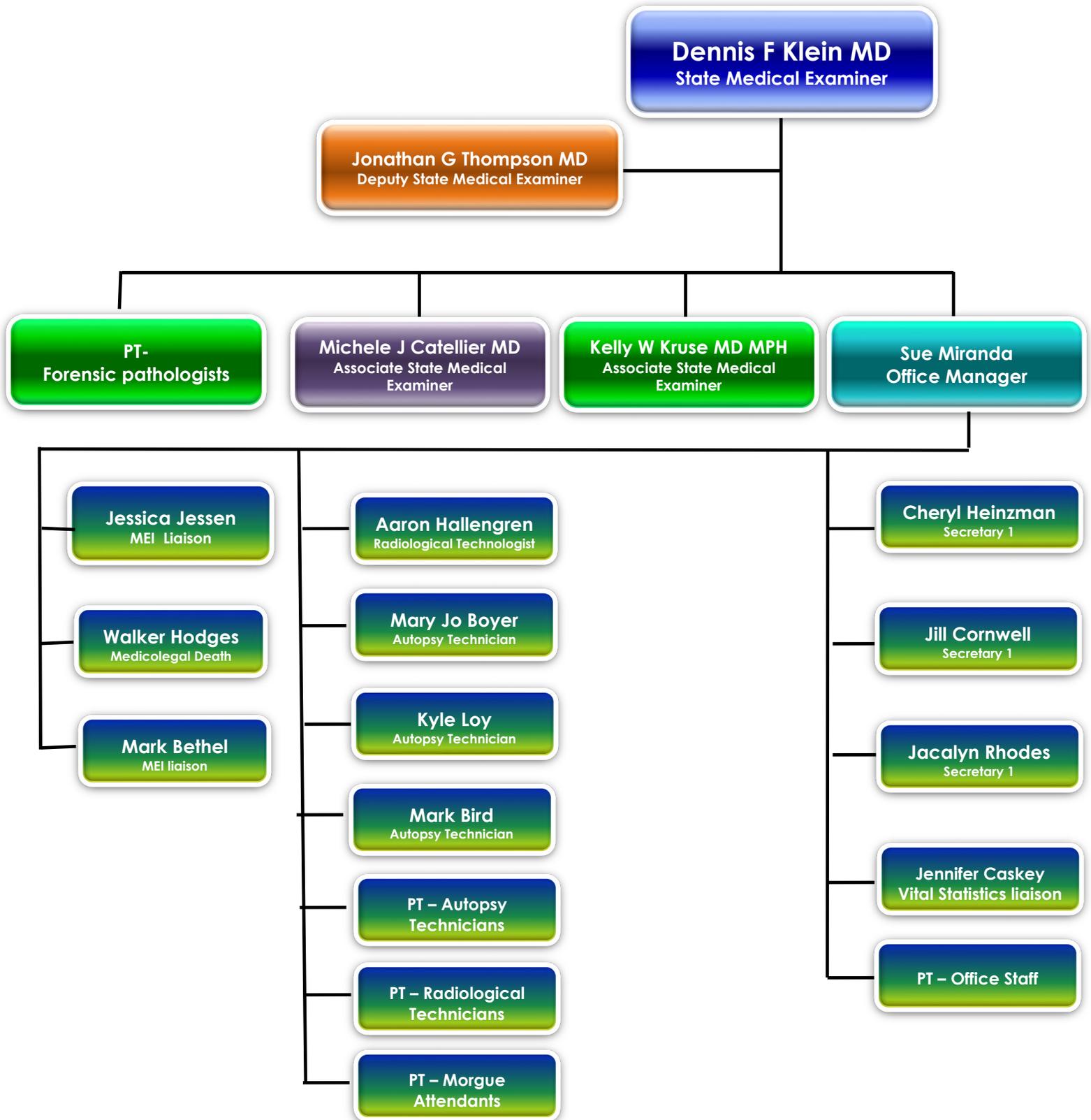
GOALS FOR THE FUTURE

Many of the original goals set in 1999 have been met. Anticipating the needs of the future, goals are updated periodically.

The following are some of the current goals established for the office:

- ✓ Restore to turnaround time goal of a majority of autopsy reports finalized within 30 days and all within 90 days. (In 2019 90.7% of autopsy reports were finalized within 90 days and 80.7% within 60 days. The time to finalize reports increased due to sudden increased caseload in 2020 to 76.8% finalized within 60 days and 85.0% in 90 days).
- ✓ Finalize reports on homicide cases within 30 days.
- ✓ Recruit and retain quality staff.
- ✓ Provide a supportive work environment, and promote professional growth and quality.
- ✓ Continue accreditation with the National Association of Medical Examiners (NAME).
- ✓ Promote the work quality of the IOSME so that the citizens of Iowa understand that the IOSME is an independent and objective investigative agency.
- ✓ Establish funding for the continuous operation of the IOSME and allow retention of funds to cover the costs for death investigation and autopsies.
- ✓ Improve case management system and web portal entry system for county medical examiner personnel to enter scene investigation information electronically.
- ✓ Maintain rotation for fourth-year medical students from Des Moines University and continue Community-based Primary Care Clerkship for medical students from the University of Iowa.
- ✓ Continue to improve mass disasters plans.
- ✓ Continue to develop the Iowa Mortuary Operations Response Team (IMORT) Team, and increase volunteer members and training.
- ✓ Establish staffing to accommodate increase in case volume.

ORGANIZATIONAL CHART



STATISTICAL INFORMATION

The Iowa Office of the State Medical Examiner oversees 99 county medical examiner offices. The following information has been gathered from all 99 counties and reflects the state as a whole. However, there is statistical information provided that reflects how the Iowa Office of the State Medical Examiner performs its duties as the central office. The graphs and information will be labeled according to which entity we are referring.

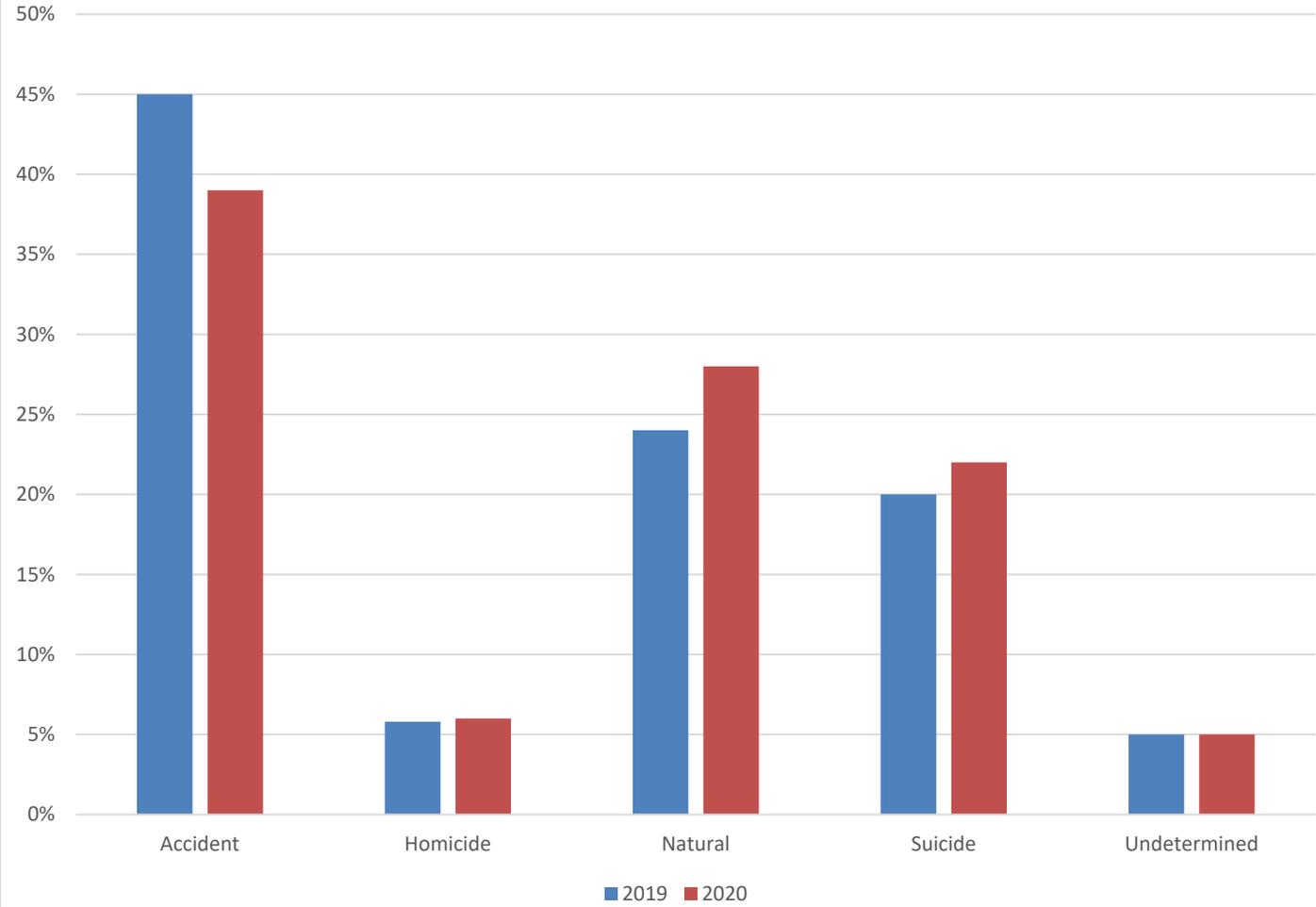
Central Office Numbers for the Year 2020

Total medical examiner cases reported in Iowa:

10, 291

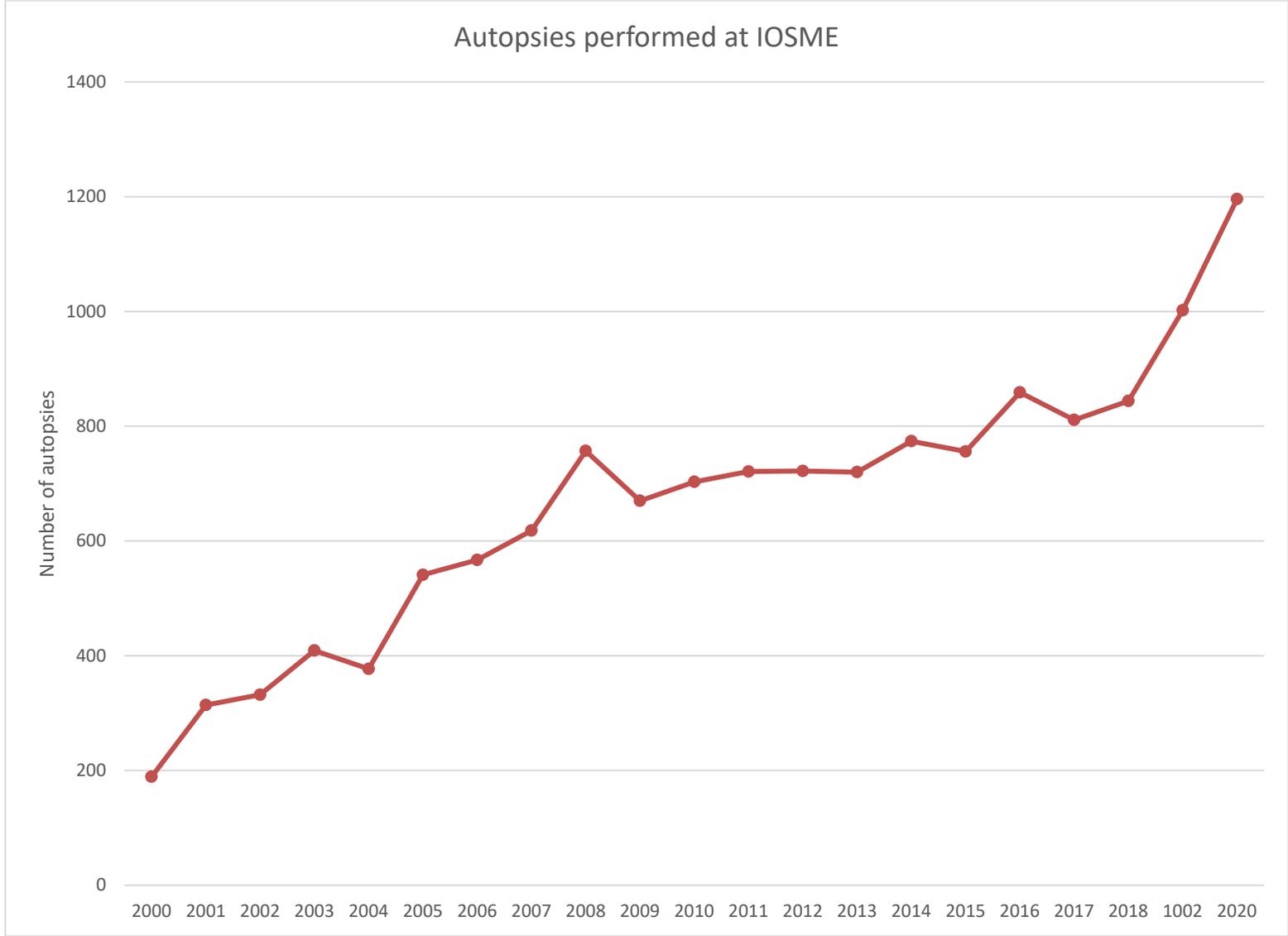
Total cases accepted by IOSME for autopsy	1196
Total scenes attended.....	4
Total bodies transported by office.....	0
External examinations	5
Complete autopsies*	1178
Partial autopsies.....	2
Cases where toxicology is performed	1171
Bodies unidentified after examination	0
Organ and tissue referrals/donations.....	467 / 122
Unclaimed bodies	0
Exhumations.....	0
Bodies transported to the office	1193
Hospital autopsies retained under ME jurisdiction	0
<small>(Central office does not accept hospital autopsies)</small>	

Manners of Deaths Percentages for Cases Performed at the Iowa Office of the State Medical Examiner



Iowa Deaths

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Total Deaths in Iowa	28,103	28,301	28,815	28,088	28,548	29,512	30,527	30,369	30,399	35,669
CME Investigated	5,083	5,108	5,272	5,121	5,285	5,524	5,789	5,515	6,686	10,893
% of Total Deaths	18%	18%	18%	18%	18%	19%	19%	18%	22%	30%
Autopsies Requested	1,560	1,513	1,541	1,507	1,533	1,565	1,543	1,499	1,472	1,966
% of ME Cases	31%	30%	29%	29%	29%	28%	28%	26%	22%	18%



CATEGORIES OF DEATH BY MANNER

NATURAL

Cardiac > Coronary Artery Disease	98
Cardiac > Non-atherogenic	69
Cerebrovascular	10
Chronic Alcohol-Related	25
Congenital Defect	0
Diabetes	10
Gastrointestinal	8
Hypertension	4
Infectious Disease	17
Natural Disease > NOS	23
Pulmonary Disease	7
Pulmonary Embolism	18
Seizure	7
Sepsis	6
Other	27

UNDETERMINED

Asphyxia	3
Blunt Force Injury	4
Blunt Force Injury > Transportation	4
Cardiac > Coronary Artery Disease	1
Drowning	2
Firearm	2
Intoxication > Alcohol	1
Intoxication > Drug	14
SIDS/SUID	12
Undetermined	17

HOMICIDE

Asphyxia	2
Blunt Force Injury	7
Firearm > Handgun	17
Firearm > Rifle	3
Firearm > Shotgun	5
Firearm > NOS	24
Sharp Force Injury	7
Other	2

ACCIDENT

Asphyxia	23
Blunt Force Injury	37
Blunt Force Injury > Transportation	159
Chronic Alcohol-Related	3
Drowning	34
Electrical	5
Exposure > Hypothermia	10
Fall	19
Fire > Motor Vehicle	2
Fire > Structure	13
Firearm > Handgun	0
Intoxication > Alcohol	7
Intoxication > Drug	101
Intoxication > Mixed Drug & Alcohol	14
Poisoning > Non-drug	1
Pulmonary Embolism	3
Seizure	2
Sepsis	1
Weather related	0

SUICIDE

Asphyxia > Carbon Monoxide	10
Asphyxia > Hanging	73
Asphyxia > Suffocation	2
Blunt Force Injury	5
Drowning	1
Fire	0
Firearm > Handgun	74
Firearm > Rifle	16
Firearm > Shotgun	29
Intoxication > Drug	27
Intoxication > Mixed Drug & Alcohol	3
Poisoning	5
Sharp Force Injury	1

SUMMARY

The Iowa Office of the State Medical Examiner (IOSME) has made tremendous progress in improving the oversight, guidance, and assistance to county medical examiners throughout the State of Iowa since its move to the Department of Public Health in 1999.

The IOSME has performed an increasing number of autopsies since 1999. The main reason for the increase has been due to the decrease in availability of pathologists throughout the state either willing or trained to perform forensic autopsies. The office has seen an increase in the number of yearly autopsies from under 200 in 2000 to a record high of 1,196 autopsies in 2020, a 19% increase in the number from cases performed in 2019, and a 41% increase from the number of cases performed in 2018.

The computer case management application, Forensic Advantage System (FAS), went into production at the end of June 2014. FAS is a customizable off-the-shelf application developed by The Computer Solutions Company (TCSC) which was acquired by Think IT in 2018. Think IT sold the company to Caliber in 2020. The purchase of FAS was funded using Return on Investment (ROI) funds, IOSME general funds, and National Forensic Science Improvement grant funds. Some of the funds from the National Forensic Science Improvement Competitive Grant awarded to the IOSME in 2013 were used to cover expenses for necessary hardware to host FAS. Data entry into FAS began with entry of decedent's name, biographical information, and intake narrative information on cases accepted for autopsy at the IOSME. IOSME full-time and part-time staff were trained in these entry and tracking processes. Over the course of several months, additional functions were implemented in FAS, including entry of and tracking of specimens acquired during autopsy and tracking of evidence. IOSME staff continues to work with Caliber to improve certain features, as well as begin development of new features that enhance the efficiency and power of the application.

In collaboration with the Bureau of Vital Statistics, a project was completed in 2019 that involved updating and revising the preliminary death investigation form (ME-1) into a web based electronic data entry system, EMER (Electronic Medical Examiner Record) that is integrated with the web interface of Iowa's electronic death registry system IVES (Iowa Vital Event System). County medical examiner personnel were trained in the use of the new system that went live in October 2019. Training materials and short how-to videos were available to all County Medical Examiners and County Medical Examiner Investigators on the IOSME website. By the end of 2019 all but with a few exceptions of medical examiner cases were entered by county ME personnel into the ME section of the IVES system. The

goal for 2021 is to have real-time import of death scene investigation information from EMER into FAS.

Education continued to be a priority in 2020. A second position of County Medical Examiner Investigator Liaison which was created and filled in 2020, continues to improve communication, oversight, as well as education for county medical examiner offices. The IOSME continued to provide opportunities for Des Moines University medical students to participate in two-week or four-week rotations to observe and assist with autopsies. Extensive training in pathology is provided by the medical examiners during the students' time on rotation. Radiology technology students also participated in three-day or one-week rotations, observing autopsies and assisting with radiological examinations. In addition, throughout the year IOSME pathologists and staff gave educational lectures to attorneys, law enforcement, pathology residents, and mortuary science students.

The IOSME continued to support and participate in the annual Iowa Association of County Medical Examiners fall conference. In 2020, the conference was held in a virtual format to provide maximum safety to attendees during the COVID pandemic. The evaluations by attendees were positive.

The IOSME continued to manage its website at www.iosme.iowa.gov. The website has pages for funeral homes, law enforcement, county medical examiners, and families. This continued to be a major step in communicating and making information available to families. A form continued to be available for next-of-kin to request a copy of the autopsy report, and information about the IOSME was readily available to them. In addition, county medical examiners and funeral homes were able to download forms specific to their needs. The site also had links to other agencies, and Iowa Code and Administrative Rules pertinent to the IOSME.

The Iowa Mortuary Operations Response Team (IMORT) was developed via a partnership between the Iowa Department of Public Health and the IOSME. IMORT's mission is to provide decedent recovery, identification, and assistance with medical examiner duties in a mass fatality event. Exercises were postponed due to the COVID pandemic.

The IOSME remained committed to quality improvement in death investigation. Modifications were rapidly developed and implemented to autopsy processes to mitigate the risks because of the COVID 19 pandemic. Support and trainings were modified with virtual technologies. The IOSME researched current literature and rapidly provided guidelines for safety recommendations and proper death certification protocols to county medical examiners and funeral directors.

The Iowa Office of the State Medical Examiner looks forward to continuing in its commitment to quality improvement and in service to the citizens of Iowa.

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