

2017 Medical Examiner/Coroner Office Survey

As the primary agency for enforcing the controlled substances laws and regulations of the United States, the Drug Enforcement Administration (DEA) strives to develop information sources on the prevalence and distribution of drugs commonly available and used and of emerging drugs. Since its inception in 1997, the National Forensic Laboratory Information System (NFLIS) has provided a systematic approach for collecting data on solid-dosage drug analyses conducted by Federal, State, and local forensic laboratories across the country. NFLIS has provided the DEA with an efficient, reliable, and comprehensive data resource for monitoring drug schedule actions; tracking drug trends; and identifying new substances of use, misuse, and abuse. NFLIS also provides the community with midyear, annual, and special reports on drug seizure data submitted by participating laboratories.

The DEA plans to enhance its efforts to combat diversion and identify new and emerging substances of misuse and abuse by expanding NFLIS to establish two additional continuous drug surveillance programs. These programs will provide the DEA with current information on drug-related mortality and toxicology findings supplied by censuses of medical examiner/coroner offices and toxicology laboratories to supplement the current drug seizure data from the forensic drug laboratories. To be effective, any plans to systematically collect this information must reflect a thorough understanding of the operations and data-reporting capabilities of medical examiner/coroner offices and toxicology laboratories.

The purpose of this survey is to gather key information from each medical examiner/coroner office in terms of organizational context, caseload, toxicology requesting practices, capability of collecting and reporting a set of core data items (e.g., toxicology results, cause and manner of death). All of this information will be used to help the DEA to develop the aforementioned drug surveillance data system. Aggregated survey results will be provided in such a manner as the NFLIS periodic Survey of Crime Laboratory Drug Chemistry Sections.

Instructions for Completing the 2017 Medical Examiner/Coroner Office Survey

1. Refer to the jurisdictions your medical examiner/coroner office serves when answering questions. If your office jurisdiction includes more than one county, respond for all counties.
2. Answer all questions based on **calendar year 2016** data.
3. In some cases, you will be asked to skip certain questions based on your response.
4. Complete the survey by **September 22, 2017**, and return it by mail using the postage-paid envelope or using the online survey option at **Web site link**.
5. If you need assistance to answer any question, please e-mail RTI staff at **DEANFLISurveys@rti.org** or call RTI staff at **1-866-784-7723**.

We appreciate your voluntary responses because your participation is needed for the survey's success which will in turn, provide the information the DEA needs to launch critical national surveillance systems to combat our Nation's drug problem.

Section 1. Medical Examiner/Coroner Office Identification

The purpose of this section is to ensure that we have the correct contact information for your medical examiner/coroner office and to gather a general profile of your office.

1. We have the official name of your office as [NAME]. Is this correct?

- A. YES, this is correct.
- B. NO, this is not correct. Please provide the corrected name below.

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2. Please review the mailing address and contact information for this office as shown below.

Address Line 1:	[Medical Examiner/Coroner Office Mailing Address Line 1]
Address Line 2:	[Medical Examiner/Coroner Office Mailing Address Line 2]
City:	[Medical Examiner/Coroner Office City]
State:	[Medical Examiner/Coroner Office State]
ZIP Code:	[Medical Examiner/Coroner Office City ZIP]
Telephone Number:	[Medical Examiner/Coroner Office Telephone Number]
Extension:	[Medical Examiner/Coroner Office Extension]

Is this information correct?

- A. YES, this is correct. → **Go to 3**
- B. NO, this is not correct. → **Go to 2a**

- 2a. Edit the mailing address and contact information below.

	Current Information on File	Enter Changes Below
Address Line 1:	[Medical Examiner/Coroner Office Mailing Address Line 1]	
Address Line 2:	[Medical Examiner/Coroner Office Mailing Address Line 2]	
City:	[Medical Examiner/Coroner Office City]	
State:	[Medical Examiner/Coroner Office State]	
ZIP Code:	[Medical Examiner/Coroner Office City ZIP]	
Telephone Number:	[Medical Examiner/Coroner Office Telephone Number]	
Extension:	[Medical Examiner/Coroner Office Extension]	

3. We have the chief position (e.g., chief medical examiner/coroner) of the [ME/C NAME] shown below.

Honorific (e.g., Dr., Mr., Ms.):	[Honorific]
First Name:	[First Name]
Last Name:	[Last Name]
Title:	[Title]

Is this correct?

- A. YES, this is correct. →Go to 4
- B. NO, this is not correct. →Go to 3a

3a. Edit the contact information below.

	Current Information on File	Enter Changes Below
Honorific (e.g., Dr., Mr., Ms.):	[Honorific]	
First Name:	[First Name]	
Last Name:	[Last Name]	
Title:	[Title]	

4. Enter the name and title of the chief position in your toxicology laboratory (e.g., chief toxicologist).

Honorific (e.g., Dr., Mr., Ms.):	
First Name:	
Last Name:	
Title:	

- NOT APPLICABLE

4a. Does your office use an **off-site toxicology laboratory** (e.g., State/local crime or health laboratory) and/or **reference toxicology laboratory** (e.g., commercial, academic)?

Off-site toxicology laboratory: A toxicology laboratory that is not located within the medical examiner/coroner office.

Reference laboratory: An off-site toxicology laboratory that is used by the medical examiner/coroner office uses in addition to its typically used toxicology laboratory. For example, an office may use its State toxicology laboratory but may send specimens to a reference laboratory for synthetic cannabinoid or synthetic cathinone testing.

- A. YES → Go to Question 4a1
- B. NO → Go to Question 5

4a1.

	Laboratory Name	Laboratory City	Laboratory State
1			
2			
3			

5. Select the best description of your office. **Select only one option.** {Respondent may select only one option}

- A. State medical examiner office
- B. District/regional medical examiner office
- C. County medical examiner office
- D. City medical examiner office
- E. District/regional coroner office
- F. County coroner office
- G. Private autopsy facility serving the medical examiner/coroner community {If respondent selects "G," proceed to thank you screen}
- H. None of the above {If respondent selects "H," proceed to thank you screen}

6. {If Option E or F is selected in Question 5, ask Question 6; otherwise SKIP to Question 7} What are the responsibilities of your coroner's office? **Select all that apply.**

- A. Determine the cause and manner of death
- B. Conduct inquests
- C. Assist medical examiners in death investigations
- D. Move the decedent from location of death
- E. Order toxicology testing
- F. Execute arrest warrants and serve process
- G. None of the above {If respondent selects "G," proceed to thank you screen}

7. What jurisdiction(s) does your office serve (e.g., State of North Carolina; Orange County, Florida; New York City; First Judicial District)?

8. Enter the total population of the jurisdiction(s) your office serves.

<input type="text"/>
Check this box if the total population is an estimate <input type="checkbox"/>

9. Is your office accredited by any organizations? **Select all that apply.**

- A. National Association of Medical Examiners (NAME)
- B. International Association of Coroners & Medical Examiners (IAC&ME)
- C. Other (please specify)

- D. NO

Section 2. Caseload and Testing Practices

This section asks about your caseload in **calendar year 2016**, types of inquiries, turnaround time, and selected drug and drug class toxicology requests for analysis.

10. Enter the total number of cases **referred** to your office during **calendar year 2016**, including all of the cases in which your office conducted an investigation or documented referral of the case to your office.

Referred cases: *The number of human death cases referred to medical examiner/coroner offices by medical and law enforcement personnel.*

Check this box if referred cases are not documented <input type="checkbox"/>	
Check this box if the total number of referred cases is an estimate <input type="checkbox"/>	

11. For **calendar year 2016**, enter the total number of human death cases **accepted** by your office. Do not include cremation approval cases or cases in which jurisdiction was declined.

Accepted cases: *The number of human death cases for which the medical examiner/coroner office accepted jurisdiction conducted further investigations to determine cause and manner of death and completed the death certificate.*

Check this box if the total number of accepted cases is an estimate <input type="checkbox"/>	

12. Of the total {Number populated from Question 11} cases for **calendar year 2016**, enter the number of cases that included any of the following procedures performed by your office or by a **reference laboratory** at your request. If data are not available, provide an estimate and mark the square box to the right.

Reference laboratory: *An off-site toxicology laboratory that is used by the medical examiner/coroner office uses in addition to its typically used toxicology laboratory. For example, an office may use its State toxicology laboratory but may send specimens to a reference laboratory for synthetic cannabinoid or synthetic cathinone testing.*

Type of Inquiry	Number of Cases	Estimate
A. Death scene investigation		<input type="checkbox"/>
B. Autopsy performed		<input type="checkbox"/>
C. Toxicology analysis		<input type="checkbox"/>
D. External examination		<input type="checkbox"/>
E. Review of medical records from health care provider		<input type="checkbox"/>

13. Are there instances where your office requests toxicology testing for specific drugs based on the type of case (e.g., more extensive testing requested for homicides vs. suicides; more extensive testing requested for a gunshot wound vs. a vehicle crash)?

- A. YES (please specify)

- B. NO, we have a test all policy where every case submitted is tested for the same drugs

14. In the case of novel psychoactive substances (e.g., synthetic cannabinoids), what is the normal course of action for requesting toxicology analysis? **Select only one option.**

- A. We submit these cases to a reference laboratory
- B. We do not request analysis of these substances
- C. It is rare that we encounter these substances, but if we do, our normal course of action is to:

15. In general, what is the average turnaround time, in days, for completing a case (defined here as completion of a death certificate)?

[NUMERIC FIELD – MAXIMUM 3 CHARACTERS]

16. Does your office typically wait to complete the death certificate until all investigations, autopsy reports, and laboratory results are completed?

- A. YES
- B. NO

17. In cases where a drug is found as a **cause or contributing cause of death**, which of the following best describes what would be listed as the cause of death on the death certificate? **Select only one option.**

- A. *All* of the **drug class(es)** (e.g., opiates, benzodiazepines) would be listed on the death certificate.
- B. *Some* of the **drug class(es)** would be listed on the death certificate.
- C. *All* of the **specific drug(s)** (e.g., oxycodone, lorazepam) would be listed on the death certificate.
- D. *Some* of the **specific drug(s)** would be listed on the death certificate.
- E. A *mixture* of **specific drug(s)** and **drug class(es)** would be listed on the death certificate.

18. Indicate the request frequency of the following drugs/drug classes that your office requests for toxicology analysis.

Drug/Drug Class	Toxicology Request Frequency <i>Always – testing for drug is part of a standard panel</i> <i>Sometimes – testing is done on an individual case basis</i> <i>Never – testing is never done for the particular drug or drug class</i>	Quantitative Analysis Frequency <i>Always – positive results are always quantitated</i> <i>Sometimes – positive results are quantitated on an individual case basis</i> <i>Never – positive results are never quantitated for the particular drug or drug class</i>

Alcohol	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Amphetamines	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Anticonvulsants	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Antidepressants	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Antipsychotics	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Barbiturates	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Benzodiazepines	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Buprenorphine	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Carisoprodol	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Cocaine	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Fentanyl	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Fentanyl related substances (e.g., acetyl fentanyl)	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Gabapentin	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Heroin	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Inhalants/volatiles	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Ketamine	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Marijuana/THC	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Muscle relaxants	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Opiates/opioids (other than heroin and fentanyl)	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Over-the-counter medications (e.g., guaifenesin, ibuprofen)	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Phencyclidine (PCP)	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Phenethylamines (e.g., 2-Cl, 25I-NBOMe)	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Piperazines (e.g., BZP, TFMPP)	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Synthetic cannabinoids	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Synthetic cathinones (e.g., bath salts)	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never
Z-Drugs (e.g., zolpidem, zopiclone)	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never

Section 3. Information Management System Overview

This section gathers information on whether your office uses an electronic laboratory information system, whether your office captures the core data items we are interested in collecting, and your office's reporting capabilities.

19. How would you characterize your office's records management system? **Select only one option.**
- A. Computerized, networked system {SKIP to Question 21}
*A computerized system that is connected to a network on which personnel can access the same information from different computers. Networked does **not** mean that instrumentation is networked to the case management system so that toxicology results are automatically imported.*
 - B. Computerized, non-networked system {SKIP to Question 21}
*A computerized system that is **not connected** to a network on which personnel can access the same information from different computers.*
 - C. Partially computerized system, some manual record-keeping {SKIP to Question 21}
Some case data are stored in a computerized system, whereas other case data are stored as paper-based files.
 - D. Manual record-keeping system {Go to Question 20}
All case data are stored as paper-based files and are not accessible by a computer.
 - E. Other (please describe) {SKIP to Question 21}

20. {If respondent selected "D" for Question 19, ask Question 20} Are there any plans in the next 3 years to transition to a computerized information management system?

- A. YES→{SKIP to Question 24a}
- B. NO→{SKIP to Question 24a}

21. {If A, B, C, or E was selected from Question 19, ask Question 21} Please provide the name of the information management system you are using.

- A. In-house laboratory information management system
- B. Bar Coded Evidence Analysis Statistics and Tracking (BEAST)
- C. Forensic Advantage
- D. Justice Trax
- E. LabHealth
- F. Orchard Harvest
- G. VertiQ
- H. Epic
- I. Other (please specify)

22. Does your information management system have the ability to export customized files? **Select all that apply.**

- A. Comma-separated values (CSV) file
- B. Tab-delimited text
- C. XML
- D. Database (DBF, SQL)
- E. Text (TXT)
- F. Excel (XLS, XLSX)
- G. Access (MDB, ACCDB)
- H. Crystal Reports
- I. Other (please specify)

- J. NO
- K. Don't know

23. Does your office have the ability to electronically transfer exported files? **Select all that apply.**

- A. E-mail only
- B. FTP upload

- C. HTTP upload
- D. Other (please specify)

- E. NO
- F. Don't know

24a. Indicate whether your office's case records capture the following data items and whether they are stored electronically.

Core Data Items Collected by the Medical Examiner/Coroner Office	Data Item Is Available in Case Records	[IF RESPONDENT SELECTS "D" FOR QUESTION 19, SKIP COLUMN] Is the Data Item Stored in an Electronic Information Management System?
Case ID/Unique identifier	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Submitting agency	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Date of death	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Date of final death record	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Cause of death	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Manner of death	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Location of injury (county, city, or ZIP Code)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Age of decedent	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Sex of decedent	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Known prescription drugs decedent was prescribed	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

24b. Indicate whether your office's case records capture the following data items and whether they are stored electronically.

Core Data Items Collected by the Toxicology Laboratory	Data Item Is Available in Case Records	[IF RESPONDENT SELECTS "D" FOR QUESTION 19, SKIP COLUMN] Is the Data Item Stored in an Electronic Information Management System?
Requesting agency name	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Date of analysis	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Drugs and metabolites confirmed	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Concentration with units for confirmed results	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Sample matrix used for confirmation results	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Section 4. Participation in a National Data Collection System

In this section, we ask about assistance needed if your office volunteers to participate in this data collection, potential barriers to participation, and benefits that this data collection could provide to your office.

25. What types of assistance would ease your participation in NFLIS? **Select all that apply.**

- A. Computer hardware
- B. Computer software
- C. Assistance with programming

- D. Direct financial assistance to support data acquisition and reporting
- E. Other (please specify)

26. {If the respondent selected more than one response in Question 25, ask Question 26 and provide to the respondent only the items he or she selected; otherwise, go to Question 27} Of the types of assistance that you specified in Question 25 that would ease your participation in NFLIS, which one is the most important. **Select all that apply.**

- A. Computer hardware
- B. Computer software
- C. Assistance with programming
- D. Direct financial assistance to support data acquisition and reporting
- E. Other (please specify)

27. Does your office participate in any other drug-related data collection efforts? **Select all that apply.**

- A. National Violent Death Reporting System (NVDRS)
- B. Fatality Analysis Reporting System (FARS)
- C. State-based drug-related data collection (please specify)

- D. Other (please specify)

- E. NO

28. Generally, what are the main potential barriers for your office to participate in data collection efforts? **Select all that apply.**

- A. Lack of electronic records
- B. Lack of resources for data conversion to other systems
- C. Concerns about privacy
- D. Unavailable personnel to work on project
- E. Unavailable personnel for software, IT, and so forth needed for this project
- F. Unwillingness to share data with Federal agencies
- G. Political climate or restrictions
- H. Resource limitations
- I. Concerns that the effort will not benefit my jurisdiction, office, or laboratory
- J. Other barriers (please specify)

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- K. None of the above

29. What information from NFLIS resulting from this project would be most beneficial to your office?

Select all that apply.

- A. Drugs involved in cause of death
- B. Levels of drugs involved in cause of death
- C. Drug frequency trends
- D. New drug trends
- E. Practices of other offices
- F. Our office does not see a benefit from this project
- G. Other benefits (please specify)

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30. We would like to collect the contact information of the person who has completed this survey.

Your contact information would be used if there are questions about answers you have provided and possible future contact related to NFLIS participation.

Honorific (e.g., Dr., Mr., Ms.):	
First Name:	
Last Name:	
Title:	
Telephone Number:	
Extension:	
E-mail Address:	

Thank you screen

We appreciate your time and responses because your participation will help inform DEA's efforts to launch two important national drug surveillance systems.