SHEBOYGAN COUNTY

David J Leffin
County Medical Examiner

February 1, 2017

County Administrator, Adam Payne
County Chairman, Tom Wegner
Honorable Members of the County Board

Attached please find the 2016 Annual Report for the Medical Examiner's Office. The report includes our mission statement, summary of responsibilities, goals and objectives achieved in 2016, a summary of our budget status, issues and challenges ahead, as well as goals for 2017.

In the past year we investigated 282 deaths which included deaths from overdosing, two homicides, twenty one suicides and ten traffic fatalities. This was a 6.4% increase in case load. There were 637 cremations viewed in 2016, which was a 10.4% increase in case load.

We experienced a negative budget variance due to 25% more autopsies than the budgeted for, which equated to a $7,000 negative variance. In addition, we reimbursed the State of Wisconsin for revenue improperly allocated to the 2015 budget which resulted in a negative variance in 2016.

I would like to thank my staff and everyone from the cooperating agencies that are an essential part of the Medical Examiner's Office.

Respectfully,

David J Leffin

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MISSION STATEMENT AND SUMMARY OF RESPONSIBILITIES

It is the mission of the Sheboygan County Medical Examiner's office to provide professional death investigation into the deaths reportable to the Sheboygan County Medical Examiner's Office as required by the Wisconsin State Statutes and make a determination into the cause and manner of death.

The Medical Examiner investigates deaths in Sheboygan County reportable under Wisconsin Statutes 30.67, 346.71, 350, 155, 979.01 & 979.025. A Medical Examiner investigation is required for many reason, including all homicides, suicides, deaths following an accident or injury, deaths due to poisoning, deaths following abortion, deaths involving airplanes, motor vehicle, snowmobile, all-terrain vehicle, jet skis or a boat, deaths with no physician in attendance in the past thirty days, deaths of a correctional inmate, deaths when after a reasonable time a physician cannot or will not sign the death certificate or in an emergency situation, deaths with unexplained, unusual or suspicious circumstances (including sudden unexplained death at any age), and deaths reportable under individual County Coroner policies.

The investigation process includes but is not limited to visual & physical examination of the deceased and the surroundings, the pronouncement or confirmation of the death of an individual, establishing the date and time of death, review of medication present and usage, review of medical history, identifying any recent changes in health or physical conditions, and obtaining information by speaking with family members, nursing staff and physicians, as well as neighbors, witnesses or law enforcement.

In deaths where law enforcement is involved, it is a collaborative effort of sharing investigation findings and knowledge. In some death investigations, more information is needed before a cause and manner of death can be made. An autopsy may be done and toxicology studies may be required to determine what kind and how much of a certain medication is present in a person's system. X-rays may be taken to determine if there are broken bones or if any foreign objects are present and the location. There are other tests available for specific inquires.

GOALS & OBJECTIVES ACHIEVED IN 2016

One goal for 2016 was for staff to receive more training and throughout the year a few conferences were attended by several staff. Office organization is a continuous goal. To achieve it, we are shredding old records after the 7-8 year retention policy, and old tissue samples have been cremated as well. Staff input is also a continuous goal and they are currently assisting with drafting the procedure manual.

BUDGET

The number of deaths, cremations, and autopsies are always an estimate for the year therefore the expenses and revenues are estimated based on averages. In 2016, with a zero budget increase, there was no margin to increase dollars for anticipated increases in autopsies and the budget suffered over a $7,000 negative variance for autopsies alone. This also affected wages due to additional staff hours.

In 2015, due to an accounting procedure, the Medical Examiners budget received revenue from an estate that the County became executor of. In 2016 we had to pay that money to the State which caused an approximately $5,600 negative variance. There were also overages on wages around $7,000. The budget for 2016 was $160,546 and the 2016 tax levy was $49,796. The actual expenses of $183,038 exceeded the budget for the year resulting in an overall negative variance of $22,492.

ISSUES & CHALLENGES AHEAD

The largest challenge facing Sheboygan County and the state of Wisconsin is the future of the Coroner/Medical Examiner system. It has become painfully obvious the Wisconsin Coroner Medical Examiner Association has not been able to resolve the lack of standardization, organization and establishment of requirements for holding the office of Coroner or Medical Examiner in the State of Wisconsin. There are no criteria or qualifications to hold the position of Coroner, only the appointed Medical Examiner position can write their own qualifications. There are statutes that need to be rewritten, guidelines set, and training mandated. A licensure program needs to be set up or a governing and regulatory body put into place. This is not a new concern but rather has hit the revolving door for over thirty years without resolve.

GOALS FOR 2017

My main goal is continuing education and opportunities for all staff to receive training. In addition, I would like to examine the possibility of developing a training fund that is not tied to the budget, meaning if there is money left in the fund at the end of the year it can be carried over to the next year. This could be done in cooperation with the tissue donation organization we currently work with. They pay the County a fee for the use of the morgue, that fee would continue to go to the County. They also provide an administrative fee for the work my office does to set up the donation. I would like that money to go into an ongoing training fund. Either managed by the County or RTI, funding for seminars would come from that fund.

Another goal is to take a proactive approach with tissue donation request to stimulate the donations. The State mandates hospitals to ask families of those that die in the emergency departments if the decadent wanted to be a tissue donor. We also would compassionately ask families of those that meet the criteria, if their loved one would have wanted to be a tissue donor, and then refer them to RTI. Tissue donation has provided great comfort and a feeling of giving, satisfaction, and closure.