

**June, 2008**



**2008**  
**Sterling Challenge**

**Feedback**  
**Report**

Miami-Dade County Medical Examiner  
Department

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## INTRODUCTION

The mission of the Florida Sterling Council is "To enhance Florida's competitive edge and quality of life through promotion, assessment, and recognition of performance excellence." The goal of the Governor's Sterling Award process is to improve organizational performance excellence throughout the State of Florida by using a proven world-class management system that applies to public and private sector organizations. The Award is designed not only to recognize organizations that are leaders in performance excellence and can serve as role models for others, but also to provide a self-assessment opportunity to help your organization optimize its operations and results.

Your organization has completed its Sterling Challenge application, and a team from the Florida Sterling Council Board of Examiners has been on site to verify and clarify the information presented. This Feedback Report is the culmination of the Examiners' site visit findings.

Managing for quality does not end with receiving this report or even receiving an award, but compels an organization to maintain and continuously improve upon its position of excellence. Consistent with this philosophy, the following report is intended to identify the vital few areas of strengths and opportunities for improvement on which an applicant organization may wish to take action. The Feedback Report also provides an **Executive Summary** of the observations of the Examiners regarding the organization's key strengths and opportunities for improvement. In addition, this report includes a scoring range for each item. This percentage range is based upon the scoring guidelines, which describe the characteristics typically associated with each percentage.

This report does not prescribe specific programs or techniques with which to improve. The intent is to reflect the views of Sterling Examiners *relative to the requirements of the Sterling Criteria for Organizational Performance Excellence* at the Challenge level. These views are expected to enhance your organization's ability to analyze its continuous improvement effort and to achieve consistently higher levels of performance. Ultimately, the success of Florida depends on the success of your organization; by taking your organization to the next level, you are helping make Florida "a state of excellence."

Applicant organizations read and use feedback comments in different ways. We have gathered some tips and practices from prior applicants for you to consider:

- Take a deep breath and approach your Sterling feedback report with an open mind. You applied to get the feedback. Read it, take time to digest it, and read it again.

- You know your organization better than the Examiners know it. There might be relevant information that was not communicated to them or that they did not fully understand. Therefore, not all their comments may be equally accurate.
- Although we strive for perfection, we do not achieve it in every comment. If Examiners have misread your application or misunderstood your staff during interviews on a particular point, do not discount the whole feedback report. Consider the other comments and focus on the most important ones.
- Celebrate your strengths and build on them to achieve world-class performance and a competitive advantage. You have worked hard and should congratulate yourselves.
- Use your strength comments to understand what the Examiners observed you do well and build upon them. Continue to evaluate and improve the things you do well. Sharing those things you do well with the rest of your organization can speed organizational learning.
- Prioritize your opportunities for improvement. You cannot do everything at once. Think about what is most important for your organization at this time and decide which things to work on first.
- You may decide to address all, some, or none of the opportunities in a particular Item. It depends on how important you think that Item or comment is to your organization.
- Use the feedback as input to your strategic planning process. Focus on the strengths and opportunities for improvement that have an impact on your strategic goals and objectives.

## Executive Summary

The Miami-Dade County Medical Examiner Department is in the early stages of building a fact-based performance improvement system and has made considerable progress in the areas of Leadership, Workforce Focus, and Process Management. Some of the most important strengths include:

- Senior leaders are focused and engaged in developing a culture of open, two-way communication and creating a sense of teamwork among all employees. They welcome and are reactive to employee and customer suggestions for improvements. They ensure that employees are conscientious about following statutes, standards of practice, and legal and ethical behavior. Senior leaders also set an example as champions of the department's mission, vision, and values, which employees at every level are able to emulate.
- The high level of staff professionalism, education, and longevity provide a key advantage for the department in achieving its mission. The department is renowned both nationally and internationally for the clinical and scientific expertise of its staff, and they use this expertise in support of key communities such as the educational system, professional associations, and law enforcement. Senior leaders have a good understanding of the department's core competencies and acknowledge that these are the things they do well, and they use these competencies in providing toxicology services to the FBI and in training military personnel on handling bodies during battlefield casualties.
- Systematic processes are in place to enable the department to respond to mass casualties or disasters. There is continued availability of data and information, as well as software and hardware using uninterruptible power sources, halon fire protection systems, and backup generators.

There are opportunities for improvement that include:

- A significant opportunity exists in the development of systematic approaches to achieving performance improvement. While the department does react to problems and concerns quickly, the department does not have systematic approaches for proactively anticipating and improving areas such as: deploying and expanding its customer satisfaction process; identifying key requirements that will engage employees at all levels to reach their full potential; or assessing employee satisfaction and dissatisfaction.
- The department lacks an integrated approach to select and analyze performance data that will provide an overall tracking mechanism for daily operations through all key measures that are important in the achievement of the mission, or to ensure that the appropriate priorities for improvement are identified.

CUSTOMER SATISFACTION ①  
EMPLOYEE SATISFACTION ②

- The department does not use comparative data from organizations within the industry or organizations outside the industry that have best-in-class processes to learn from the organization and transfer that learning to improve its own processes.
- The organization does not address succession planning for all of its leadership and management positions; nor does it ensure that senior leaders take an active role in succession planning to ensure the department remains sustainable.

The Organizational Performance Results category assesses Miami-Dade County Medical Examiner Department's trended and comparative performance in those areas of importance to the organization's key business factors. Some of the strengths and opportunities for improvement in the organization's results include:

- There are levels and trends reported for the department's most important performance measure, the release of remains within 24 hours, which has averaged at or below the goal for FY 07-08. Additionally, levels for some operational performance measures, such as autopsy protocol preparation time show a favorable drop from 12 days in January 2007 to nine days in March 2008.
- There are several levels and a few trends reported for other results, with some improvements in a few areas. These include a drop in outstanding pending cases, toxicology cases processed according to standards, and a reduction in days needed to complete the autopsy protocol preparation time.
- Few results are reported for other key strategic and financial challenges to assist the department in data-driven decision-making processes.
- There are no comparison data reported.

In order to help the Miami-Dade County Medical Examiner Department's management move to the next level on its journey for performance excellence, the Sterling Examination Team recommends the following:

- Develop a process to systematically identify key measures for tracking overall organizational performance and establish targets for these measures based on comparative data from like-industry benchmarks and other best-in-class organizations outside the department's industry.
- Continue building a performance measurement system for those measures and targets that are most important in enabling the department to make sound strategic and operational decisions in the fulfillment of its mission.
- Institute a systematic process to identify needs and requirements of employees and all key customer segments; develop customer and employee satisfaction and dissatisfaction assessment approaches; and analyze these results in order to move from a reactive to proactive mode to address concerns and issues.
- Develop a succession planning approach that incorporates all leadership positions and provides for active participation by senior leaders.

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## 1.0 Leadership

The **Leadership** Category examines how your organization's senior leaders guide and sustain your organization. Also examined are your organization's governance and how your organization addresses its ethical, legal, and community responsibilities.

**Scoring Range: 30% - 45%**

### Strengths

- Senior leaders communicate departmental values through the mission statement, which was established by the governing county administrator. These values are reiterated at the twice daily staff meetings, where employees are reminded of the organization's five core values: accurate, timely, dignified, compassionate, and professional death investigative services. Senior leaders and employees strive to achieve and uphold these values in every aspect of their duties.
- Senior leaders personally promote an environment that fosters and requires legal and ethical behavior by using a zero tolerance policy, and they lead by example by modeling the appropriate behavior. Additionally, all employees are required to attend the county's ethics training, where an emphasis is placed on the importance of conducting themselves in an ethical manner. As a result of this zero tolerance policy, eight employees have been terminated due to unethical or illegal behavior.
- Senior leaders encourage two-way communication and engage the entire workforce in a variety of ways. They utilize the "management by walking around" approach, face-to-face conversation, and open two-way communication. For example, an employee in the forensic investigations area suggested that investigators be allowed to process cases on-site. As a result, forensic investigators received medicolegal training through the American Board of Medicolegal Death Investigation. While the chain of command is respected, employees are free to address questions, problems, or ideas to any senior leader for consideration.
- The department reviews and achieves fiscal accountability with a clear understanding of budget issues, the need for a zero balance, and an awareness of the climate of budget reduction. For example, with current budget issues and due to the cost of processing, the department's Forensic Evidence Recovery Team uses a triage process to divert decedents to the proper facility when the department does not have the jurisdiction. Additionally, during downtime, technicians wash the vans, and morgue technicians process the washable gowns for re-use to save additional budget dollars.
- The department supports and strengthens its key communities by participating in law enforcement continuing education, the university system, and by involvement

### Strengths

in various professional associations. The department relies on and is relied upon by many diverse outside entities. For example, some senior leaders volunteer as adjunct professors at one of the local universities; another works to advance the knowledge base of forensic toxicology by serving as the current committee chair of Forensic Toxicology Laboratory Guidelines; and others co-author publications, which include a leading book on forensic pathology. The department's efforts strengthen local community services, education, and professional associations.

### Opportunities For Improvement

- Senior leaders do not have a systematic approach to participate in succession planning. While the Continuity of Operations Plan set an order of succession during times of disaster, and a senior leader who is retiring in three years has started grooming appropriate staff, there is no plan to address other instances of attrition. Without a systematic approach for leader participation in succession planning, the department may be unable to sustain its current level of service for future customers, including services in education, consultation, and research for the local and national medical, legal, academic, and law enforcement communities.
- Senior leaders do not systematically create an environment of performance improvement. While the Active Strategies Enterprise software provides the department with a mechanism to capture and track data, the department does not engage in a systematic process to determine if appropriate performance targets are being selected and examined to provide a basis for effective decision making. For example, mandated performance measures, such as cases handled and autopsies performed, are entered into the Active Strategy Enterprise system; however, the department does not engage in a systematic process to look at its performance challenges, determine performance indicators for those challenges, and set targets to overcome those challenges. As a result, the department may be unable to meet the demands created by increased workload or reductions in funding.
- Senior leaders do not have an approach to systematically provide recognition or take an active role in reward and recognition programs to create a focus on actions to accomplish the department objectives. Although annual employee evaluations are conducted, employees are tenured through county employment, and supervisors occasionally compliment their employees, no formal recognition program has been developed to recognize performance that is tied to the accomplishment of strategic goals or action plans. Without an approach to recognize and reward employees for their performance, employees may not continue to be fully committed to embracing the department's vision of Delivering Excellence Everyday.

## 2.0 Strategic Planning

The **Strategic Planning** Category examines how your organization develops strategic objectives and action plans. Also examined are how your chosen strategic objectives and action plans are deployed and changed if circumstances require, and how progress is measured.

**Scoring Range: 10% - 25%**

### Strengths

- The department conducts its strategic planning using input from various sources, and reviews this information in its business planning meetings. Senior leaders develop the business plan and annual budget, which identify the strategic objectives, and are aligned to the county's strategic plan. In monthly meetings, they discuss input from customers such as law enforcement, funeral home directors, the legal community, and families of the deceased. Additionally, supervisors are apprised of the strategic objectives and given updates at their monthly meetings.
- The department's strategic planning process addresses the regulatory environment through review of applicable laws and practice guidelines that include Florida Statutes 406, 497, 872, and 119, and the Florida Administrative Code Chapter 11-G, which mandates requirements of the work performed by medical examiners. Additionally, several senior leaders directly participate in developing current standards of practice for toxicology, medical examiners, and forensic pathology for death investigations. The rules and practice guidelines that govern state medical examiners help shape the department's business decisions.
- The department's strategic planning process addresses shifts in technology and customers, and includes a beginning approach to review strengths and weaknesses. For example, a remodeling project for the laboratory, including new instruments and specialized equipment in Forensic Imaging, was identified as a strategic objective based on improved technologies. Customer concerns shared during meetings with law enforcement and funeral home directors resulted in the creation of an objective to give law enforcement software access to case information for death investigations. Additionally, a departmental survey was initiated, and the results identified strengths and weaknesses. As a result, a committee was charged with evaluating issues and identifying solutions.
- The department identifies its key short and long-term strategic objectives, with timetables for completion. These objectives address the strategic advantages of maintaining professional certifications, providing professional training programs, remodeling the toxicology laboratory and purchasing laboratory instruments, restoring the network domain controller, and upgrading the public reception area.

**Strengths**

Additionally, the objectives address the department's strategic challenge of advancing its professional medical staff to the next pay grade level.

- The department develops action plans for key short and long-term strategic objectives, and enters them into the Active Strategies Enterprise software system. The Laboratory Information Management System and the Coroner Medical Examiner upgrade to a new version are strategic initiatives included in the Active Strategies Enterprise software system with specific action steps, timelines, and assignments to specific employees for completion. Ensuring development and deployment of action plans contributes to meeting stakeholder expectations of proper stewardship of taxpayer dollars.
- The department has identified some key performance measures for tracking progress. These include: total number of cases investigated/processed by the department; number of death certificates; number of autopsies performed; average autopsy protocol preparation time; number of toxicology cases received and tests performed; average release time per case; number of photographs taken; number of persons attending medical examiner seminars and workshops; number of cases processed by the Public Interment Program; and tracking of revenue and expenses.

**Opportunities For Improvement**

- The department's strategic planning process does not address opportunities and threats. Although the department has begun the process of addressing its strengths and weaknesses associated with its strategic plan, it has not engaged in a similar exercise for its external opportunities and threats. Without a systematic process to address external opportunities and threats, the department may be unable to make a business case to support the need for additional operational and capital funding, funding for salaries, or funding for equipment to remain technologically advanced. As a result, the department may find it difficult to maintain its key success factor of obtaining sufficient operational and capital funding.
- The department does not have a process to systematically identify department-wide strategic challenges and strategic advantages. Although several strategic advantages and challenges were identified, the department has not instituted a systematic process to do this department-wide. For example, employees from a cross-section of work units identified multiple challenges and advantages within their work areas; however, these issues have not been included as input for use during the strategic planning process. Without a complete picture and thorough

**Opportunities For Improvement**

analysis of its strategic advantages and challenges, the department may miss key opportunities to capitalize on its advantages such as maintaining its current professional staffing levels, and may not overcome its funding strategic challenge.

- The department does not have a systematic process for determining key performance measures to track progress on action plans. For example, the organization identifies the Laboratory Information Management System, the Medical Examiner upgrade, and the remodeling for the toxicology laboratory as strategic initiatives, but have not defined measures to track and record there progress. Without effective measures to indicate action plan performance, the organization may find it difficult to maintain its key success factor of obtaining sufficient operational and capital funding.

### 3.0 Customer and Market Focus

The **Customer and Market Focus** Category examines how your organization determines the requirements, needs, expectations, and preferences of customers and markets. Also examined is how your organization builds relationships with customers and determines the key factors that lead to customer acquisition, satisfaction, loyalty, and retention, and to business expansion and sustainability.

**Scoring Range: 10% - 25%**

#### Strengths

- The department identifies customers and customer groups through Florida Statute 406.11, the specialized nature of its business, and by identifying the various groups involved in the different stages of its processes. Customers are identified as: decedents who are brought to the facility for investigation and certification; the investigating police agency; family members of the decedent; the funeral home; and the criminal justice community.
- The department uses voice of the customer to determine key customer requirements, needs, and changing expectations through meetings with funeral home directors and law enforcement officers. For example, the department's law enforcement partners logged frequent complaints that it took the contracted vendor two to three hours to arrive at a scene to remove remains. The department procured additional funding from the county to set up an internal Forensic Evidence Recovery team to assume this responsibility, which resulted in the Forensic Evidence Recovery team working closely with law enforcement. As a result, the department is better able to meet the needs and expectation of its customers and improved the satisfaction of its law enforcement partners, as well as gained increased accountability over the process.
- The department enables customers to seek information, conduct business, or make complaints through several methods. These include the internet, telephone, and family requests for meetings with staff. Additionally, law enforcement officers have access to a web-based database which provides information regarding autopsy reports, cause of death, and the name of the attending physician, as well as providing access to toxicology reports. A similar database is available for family members.
- The department has determined its key customer contact requirements and deployed these requirements to everyone involved in the customer response chain. These requirements are reiterated through development and deployment of its mission statement and at the department's daily meetings. These contact requirements include timely access, accuracy, professionalism, and dignified and compassionate services. Examples include hiring bilingual staff to more effectively

**Strengths**

communicate with customers when needed, training staff in proper phone answering techniques, and extending hours staff are available until eight in the evening.

**Opportunities For Improvement**

- The department does not have a systematic approach to manage customer complaints and learn from them. Although the department has received a few complaints and those complaints were handled as appropriate, there is not a process in place to track complaints, learn from them, and take action to prevent future occurrences. Without a systematic process to effectively address and analyze complaints, the department may be unable to meet its customer expectations such as: sensitivity and professionalism for bereaved families; accurate and timely case information for the judicial system; and professional cooperation with law enforcement.
- The department does not have a systematic approach to determine customer satisfaction or dissatisfaction. Although the department is developing a comment card to provide to families of the deceased at the time they are in the facility, this process has not been implemented. Additionally, the department does not have a systematic process to determine satisfaction or dissatisfaction from other customer groups, such as law enforcement, the judicial community, funeral home directors, and other stakeholders. As a result, the department may be unable to adequately address its customer expectations, including the prompt release of the deceased, sensitivity, and professionalism.

## 4.0 Measurement, Analysis, and Knowledge Management

The **Measurement, Analysis, and Knowledge Management** Category examines how your organization selects, gathers, analyzes, manages, and improves its data, information, and knowledge assets and how it manages its information technology. Also examined is how your organization reviews and uses reviews to improve its performance.

**Scoring Range: 10% - 25%**

### Strengths

- The department selects, collects, and aligns data and information for overall departmental performance during its strategic planning process, and leaders manage the data by using the Active Strategies Enterprise system. Examples of data and information selected to track performance include: toxicology cases received and processed, cases handled, autopsies performed, and crime scene investigations. These data are mandated by the parent organization and are reviewed monthly to track performance.
- The department manages information resources to ensure the continued availability of data and information and hardware and software systems in the event of an emergency. This is accomplished through the interdepartmental agreement with the Miami-Dade Police Department for off-site disaster recovery storage of its on-line server and secured hard disk storage boxes. Additionally, the Continuity of Operation Plan identifies mission critical functions as they relate to mass fatality incidents with sister county agencies, and provides for the procurement of equipment needed to maintain these functions.
- The department ensures the integrity, reliability, accuracy, security, and confidentiality of data, information, and knowledge through multiple physical protections and information technology security processes and procedures. For example, confidential files include clearly identifiable markings on electronic and paper records of cases; identification tags are covered when bodies are removed from a scene; and change logs and redundant checking of electronic data are routinely performed. Additionally, data accuracy in the laboratory is monitored through quarterly proficiency samples.
- The department manages workforce knowledge and uses this knowledge in its strategic planning process. For example, an employee suggestion resulted in the initiative to convert the Forensic Imaging Unit from film to digital photography. The department went to great length to ensure the new process would withstand legal challenges. As a result, the department reduced the number of photos produced from 165,000 annually to 95,000 in 2006, thus maintaining its stakeholder expectation of being a good steward of tax dollars.

**Opportunities For Improvement**

- The department does not employ a systematic process to align and use data and information for tracking daily operations and organizational performance. Although the department meets twice a day to review current case loads and issues facing the department, very little information is gathered and no systematic process is undertaken to track data that is important to the department's performance such as: average release time per case, number of autopsies performed, or number of deaths certified. Without a process in place to align and use information that is important for tracking daily operations, the department may be unable to quickly identify trends which could adversely impact its most important service goals of releasing every body within 24 hours of its arrival.
- The department does not have a systematic process in place to use key comparative and competitive data to support operational and strategic decision-making and innovation. For example, the department gathers data from other local and national municipalities such as salary and benefits data, and the average number of autopsies per pathologist; however, it does not undertake a systematic process to use the data collected to identify benchmarks, enhance its learning, or discover and incorporate innovative practices. Without a systematic process to use carefully selected data from comparable best-in-class and benchmarks, the department may not be able to strategically plan improvements and sustain the services it provides to its customers.
- The department does not have a systematic process in place to use the information from departmental performance analysis and reviews to set priorities for improvement. Although the department recognized an increase in the volume for inventory (bodies), identified the cause, and obtained an operational order to improve the situation, it has not developed a systematic process to analyze and use performance information to set priorities for improvement. Without a systematic process to turn data into information for prioritized performance improvement activities, the department may be negatively impacting its ability to meet customer and stakeholder expectations such as the bereaved families' expectations for the prompt release of remains.
- The department does not have a systematic process in place to manage departmental knowledge, collect and transfer workforce knowledge, and quickly identify, share, and implement best practices. For example, there is some inter-departmental cooperation such as the triage process, established by the Forensic Evidence Recovery Team which is used to disposition calls from the Forensic Investigation Team, but there is not a systematic process in place to identify and share best practices, and collect and transfer workforce knowledge throughout the department. Without a systematic process to identify and share best practices and manage workforce knowledge, the department's on-going ability to provide accurate death investigations in a timely manner may not meet its shared mission of Delivering Excellence Everyday.

## 5.0 Workforce Focus

The **Workforce Focus** Category examines how your organization engages, manages, and develops its workforce to utilize its full potential in alignment with the organization's overall mission, strategy, and action plans. Also examined is your organization's ability to assess workforce capability and capacity needs and to build a workforce environment conducive to high performance.

**Scoring Range: 30% - 45%**

### Strengths

- The department fosters a culture conducive to high performance and a motivated workforce through inter-department cooperation. For example, the Forensic Evidence Recovery Team adopted a process for triaging phone calls from the Forensic Investigation Team. The manager and supervisor of those teams developed a program to train the Forensic Evidence Recovery Team in the triage process. The team was able to redirect outside agencies from mistakenly transporting the deceased to the department when they are outside the department's jurisdiction. This resulted in the reduction of 16 improper referrals during the short time this new team has been in operation.
- The department's workforce performance management system supports high performance work. This is accomplished by setting expectations and a zero tolerance policy for failing to adhere to the requirements of statutes and standards of practice. These are identified within the standard operating procedure as defined by: Florida Statutes 406, 119, 497, and 872; the Medical Examiners Commission; the department's Policy and Procedure Manual; and the Accreditation Council for Graduate Medical Education. Additionally, employees receive annual evaluations, job performance assessments, and professional growth opportunities in relation to expectations defined in their job descriptions and department-wide expectations.
- The department's workforce development and learning system addresses needs identified by the workforce. Senior leaders and supervisors address requests for training, and the department prioritizes training funds in its budget request. For example, forensic workshops, investigation of death schedule, and forensic odontology practicum are some of the trainings available to the department's workforce. Additionally, the department provides extensive professional trainings and seminars to employees, law enforcement, and students.
- The department utilizes the county's Supervisory Training Course as its development and learning system for leaders. This course covers policies and rules, principles and practices of good supervision, leadership attributes, departmental knowledge, ethical business practices, hiring procedures, and

**Strengths**

budget preparation. Additionally, the department emphasizes participation in professional seminars and conferences, such as the Society of Forensic Toxicologists, to support continued development of expertise in its toxicology core competency.

- The department ensures and improves workplace health, safety, and security for different workplace environments through bi-monthly safety committee meetings where employees review health and safety issues, and by upgrading facility safety standards. For example, the department has enclosed the front lobby reception desk with bullet-resistant material in response to threats from the public. The department has also upgraded security cameras and placed the buildings under police watch. Additionally, the facility participates in an annual Risk Management assessment by the county, and staff are required to watch OSHA Safety videos. Staff are also inoculated for Hepatitis AB and tetanus and are supplied with safety gear, including protective clothing, gloves, and masks.

**Opportunities For Improvement**

- The department does not have a systematic approach to determine key factors that affect workforce engagement and satisfaction for different workforce groups. Although there is ongoing communication across work units, and open two-way communication between management and staff, there is not a process in place to determine what factors engage the workforce in Delivering Excellence Everyday. Without a systematic approach to determine what factors engage its unique workforce, the organization may find it difficult to attract and retain employees who are highly degreed, licensed, and certified professionals, and could negatively impact its ability to overcome its funding strategic challenge.
- The department's development and learning system for leaders does not address performance improvement. Although the department values its investment in professional training, and works hard to ensure budgetary limitations do not adversely affect training dollars, its leaders do not receive training related to performance improvement. Without a systematic approach to ensure leaders receive appropriate performance related training, they may not develop the capability needed to ensure priorities are set and analyzed, and may be unable to make data-driven decisions that lead to high levels of service in the future.
- The department does not employ a systematic approach to evaluate the effectiveness of its workforce and leader development and learning systems. Although courses such as the 40-hour Supervisory Training and job specific trainings are provided, the department does not engage in a systematic process to

### Opportunities For Improvement

assess and analyze the effectiveness of its training to determine opportunities for improvement or to determine whether the training positively affects job performance. Without a systematic process to determine the effectiveness of its trainings, the department may not develop and retain competent professionals at all levels to sustain high levels of performance in Delivering Excellence Everyday.

- The department does not have a systematic process to assess workforce engagement and satisfaction for different workforce groups and segments. Although the department participates in an informal process where supervisors work closely with employees to address problems, and an employee satisfaction survey was administered recently, the department does not have a systematic process to assess workforce engagement and satisfaction for differing groups of employees. Without a systematic process that assesses employee engagement and satisfaction, the department may be unable to optimize those areas that would enhance employee satisfaction and help maintain its key advantages of a highly professional level of staff and staff longevity.

## 6.0 Process Management

The **Process Management** Category examines how your organization determines its core competencies and work systems and how it designs, manages, and improves its key processes for implementing those work systems to deliver customer value and achieve organizational success and sustainability. Also examined is your organization's readiness for emergencies.

**Scoring Range: 30% - 45%**

### Strengths

- The department's core competencies as they relate to the mission are derived from senior leaders and the Florida Statutes. Senior leaders determine their core competencies to be expertise in toxicology, pathology, photography, and processing of decedents as it relates to professional death investigative services. The department is acutely aware that these are their greatest areas of expertise because other local and national agencies have utilized their services over the services of others. For example, the Federal Bureau of Investigations chose to use the department's toxicology services because they provide better service than the national laboratory, and the military uses the department to train personnel on handling casualties on the battlefield. These core competencies help drive the mission to provide accurate, timely, dignified, compassionate, and professional death investigative services.
- The department designs and implements its clinical work processes based on Florida Statutes and the Florida Administrative Code Chapter 11-G, which mandates requirements of the work performed by medical examiners. Senior leaders participate in developing current standards of practice for toxicology, medical examiners, and forensic pathology for death investigations. Additionally, the department coordinates work systems to deliver these services through scheduled meetings and communication between supervisors of various work areas. For example, at the 8:00 A.M. meeting, daily caseloads are coordinated for pathologists, investigators, photographers, morgue technicians, and toxicologists. At this meeting, priorities for the day are assigned, the order of cases is determined, and resources are allocated.
- The department has identified its key work processes as pathology examinations, analysis of toxicology samples, creation of a photographic record, death investigation, and receipt and processing of bodies. Each key work process is linked to the department's established core competencies of toxicology, pathology, photography, and processing of decedents as it relates to professional death investigative services.

**Strengths**

- The department ensures work system and workplace preparedness for disasters and emergencies. The department partners with the Federal Disaster Mortuary Operational Response Team and the Florida Emergency Mortuary Response System to address workforce capability and capacity in the event of a mass fatality incident. The department Disaster Plan outlines its response protocols to mass fatality disasters occurring within its jurisdiction. It has prepared a Mass Fatality Memorandum of Understanding with five surrounding counties that outlines a plan for handling mass deaths in a very restricted period of time. The Continuity of Operations Plan outlines protocols in response to a disaster that affects the department. These plans are reviewed annually by the Director and with the staff.

**Opportunities For Improvement**

- The department does not systematically use input from customers, partners, and collaborators to determine requirements for all of its key work processes. For example, the department uses standards of practice and statutory requirements to determine key work process requirements for clinical processes, but it does not engage in a systematic process to determine requirements for all of its key non-clinical work processes, including its Administrative Services Department. Failure to determine these requirements may have an adverse impact on the department's ability to support and achieve its most important performance goal of prompt release of decedents.
- The department does not have a systematic approach to implement, manage, and measure some work processes to ensure they meet design requirements. For example, the toxicology laboratory performs routine measurements and reviews the accuracy of its processes, and the photography unit works with exacting specifications; however, these processes are not systematically undertaken throughout the department in the non-clinical areas. Without a systematic process, the department may miss opportunities to detect those work processes that are not functioning effectively and may be unable to achieve the mission of providing accurate and timely death investigative services.
- The department does not have a systematic approach to improve its work processes to achieve better performance, reduce variability, and improve services. For example, there are instances of the department improving processes like the creation of the Forensic Evidence Recovery Team which facilitates processing at the scene, and switching to digital photography; however, the department does not have a systematic approach to proactively address work processes in non-clinical areas to achieve performance improvement. Without an effective, systematic approach to improving work processes, the department may find it difficult to meet its customer's expectations such as: a prompt response to crime scenes for law

**Opportunities For Improvement**

enforcement; prompt and accurate death certification for the Bureau of Vital Statistics; or prompt release of remains for bereaved families.

## 7.0 Results

The **Results** Category examines your organization's performance and improvement in all key areas – product and service outcomes, customer-focused outcomes, financial and market outcomes, workforce-focused outcomes, process-effectiveness, and leadership outcomes. Performance levels are examined relative to those of competitors and other organizations providing similar products and services.

**Scoring Range: 10% - 25%**

### Strengths

- Service and performance levels show favorable results for:
  - Medical Examiner Release Time (monthly average time in hours) for Body Processing varied from 23 hours in October 2004 to 24 hours in August 2005, 35 hours in October 2005 to 31 hours in August 2006, 38 hours in October 2006 to 29 hours in August 2007, and from 24 hours in September 2007 to 23 hours in March 2008;
  - Total Number of Cases Investigated / Processed by the Medical Examiner rose favorably from 9,723 in FY 2002 to 10,374 in FY 2007;
  - Outstanding Pending Cases dropped favorably from 264 in Jan 2007 to 161 in Mar 2008; and
  - The Public Internment Program trend rose favorably from 769 in FY 2002 to 788 in FY 2007.
  
- Financial performance levels show favorable results for:
  - General fund allocation increased from \$4.8 million in FY 2001-2002 to \$8.4 million in FY 2006-2007;
  - Additional Revenues Generated of \$700,000 in FY 2006-2007;
  - Prompt Payment of Invoices at 98% within 45 days during FY 2006-2007;
  - Accounts Receivable Payments at 95% of invoices paid in a timely manner in FY 2006-2007;
  - Payment within 30 days at 85%; and
  - 98% of invoices are completed within 45 days in FY 2006-2007.
  
- Workforce capability results for Training Activities for public safety agencies and the community rose favorably from 101 in 2005 to 132 in 2007.
  
- Workforce and leader development results show favorable results for the number of professionals attending medical examiner seminars. Attendance rose from 159 in FY 2005 to 246 in FY 2007.

**Strengths**

- Operational performance shows favorable results for:
  - Non Medical Examiner cases (Jurisdiction Declined) rose from 33 in January 2007 to 44 in March 2008;
  - Toxicology Cases Processed (Outside Districts) rose favorably from 44 in January 2007 to 58 in March 2008;
  - Number Toxicology Cases Performed (ME District 11) rose favorably from 35,717 in FY 2001 to 40,197 in FY 2007;
  - Number Toxicology Cases Received (ME-District 11) rose favorably from 1,613 in FY 2001 to 1,799 in FY 2007;
  - Autopsy Protocol Preparation Time (days) trend dropped favorably from 12 days in January 2007 to 9 days in March 2008;
  - Number of duplicative photographs taken dropped favorably from greater than 165,000 in 2000 to fewer than 95,000 in 2006; and
  - Processing of Public Records dropped favorably from more than 16 days in 2005 to less than 8 days in 2007.
  
- Toxicology laboratory testing time per case shows 90% of cases are completed within 60 days and most non-pending cases within 30 days.
  
- Leadership results for ethical violation results are favorable at one incident in 2003 and one in 2005; and 100% of employees attending ethics training.

**Opportunities For Improvement**

- There are no trends or comparative data for law enforcement photographs reported for FY 2007.
  
- The trend for the percentage of Medical Examiner cases that are bone, tissue, or organ donors is flat from three in January 2007 to four in March 2008, with no results reported past one year.
  
- There are no results reported for customer satisfaction or dissatisfaction.
  
- There are no results reported for financial performance for revenue versus expenditures or percent over / under budget.
  
- There are no comparisons reported for the General fund allocation.

**Opportunities For Improvement**

- Many financial performance levels have been reported without trend and comparison data for:
  - Additional Revenues Generated;
  - Prompt Payment of Invoices within 45 days;
  - Accounts Receivable Payments of invoices paid in a timely manner;
  - Payment within 30 days; and
  - Invoices completed within 45 days.
  
- There are no results reported for operational performance in:
  - Safety standard violations;
  - Compliance with Operational Order #07-02 (Completing a Medical Examiner Case File);
  - Closure of Investigative Cases Within 180 days;
  - Progress on action plans;
  - Accuracy of investigative reports;
  - Property receipts;
  - Legal challenges of photos in court;
  - On-time filing of death certificate; and
  - Effectiveness of chain of custody handling.
  
- Some operational performance results are unfavorable such as:
  - ME Autopsy Completion dropped unfavorably from 183 in January 2007 to 176 in March 2008, meeting the target set in only one of six months;
  - Final Body Disposition Requests Processed dropped unfavorably from 7,737 in FY 2002 to 6,913 in FY 2007;
  - Death Certified Monthly varies from a low of 186 to a high of 225 in the time period from January 2007 to March 2008;
  - Death Certified Annually (Autopsies, External Examinations, Skeletons) trend is unfavorable, dropping from 3,125 in FY 2002 to 2,704 in FY 2007, with 2005 – 2007 results below target;
  - Number Toxicology Cases Performed (outside clients) varies from 10,336 in FY 2001 to 9,065 in FY 2007, with a low of 6,157 during FY 2002 to a high of 24,900 during FY 2005, and FY 2007 actual of 9,065 and below the target set of 9,300;
  - Toxicology Cases Processed Monthly (ME District 11) varies from a low of 79 in February 2008 to a high of 209 in December 2007, with no data reported past one year;
  - Number Toxicology Cases Received (outside districts) trend dropped unfavorably from 432 in FY 2001 to 379 in FY 2007; and
  - Ratio of Toxicology Cases Completed to Cases Received varies from a low of

**Opportunities For Improvement**

.79 in February 2008 to high of 1.30 in June of 2007, with no data reported past one year.

- There are no comparative data and competitive results reported.