COUNTY OF COLLIN
STATE OF TEXAS
OFFICE OF THE MEDICAL EXAMINER
FY 2020

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OUR MISSION

To uphold Article 49.25 of the Texas Code of Criminal Procedure.

This includes establishment of a competent cause and manner of death for all reported cases to the office. The Medical Examiner is also tasked with the issuance of cremation permits, facilitating organ and tissue procurement, as well as meeting the needs of families, law enforcement, the District Attorney, Office of Emergency Management, medical and legal communities and funeral directors.

HISTORY

The Collin County Medical examiner's Office was created in 1986 and opened on January 1, 1987. Under the requests and orders of the Commissioners Court, William B. Rohr M.D. was appointed as the County Medical Examiner who retains this position to this day. The Office has full accreditation by the National Association of Medical Examiners. Part-time Assistant Medical Examiner Lynn A. Salzberger M.D. retired on September 30, 2016. Stephanie S. Burton, M.D. was added as the first full-time Assistant Medical Examiner on October 1, 2016. Converting the part-time position to full-time status enabled Dr. Rohr to maintain a personal workload acceptable for accreditation in a cost-effective manner. The office operated on an annual budget of $2,204,028.00 FY 2020. Growing population and the establishment of trauma centers in Collin County continues to increase the caseload handled by this office in terms of pathology, toxicology, investigation, evidence, property storage and disposal, transportation of bodies and courtroom testimony. These trauma centers receive cases from all over north Texas, east Texas west Texas and south Oklahoma. Once pronounced dead in these trauma centers, the case comes under the jurisdiction of the Collin County Medical Examiner.

Adult and Child Fatality Review Teams continue to be active. Both are chaired by Dr. Rohr.

Five-year on-site inspection of the Office by the National Association of Medical Examiners (NAME) took place in mid-August 2016. The Office was inspected by Barbara Wolf, MD, head of the NAME Inspections and Accreditation Committee from Leesburg, Florida and Ponni Arunkumar,

M.D., Chief Medical Examiner of Cook County, Illinois. As a result of this office inspection, Full Accreditation was maintained. Only one deficiency in a lengthy checklist was noted: Dr. Rohr well exceeded the recommended case load of less than 250/year. It had approached 325/year. This situation was corrected for FY 2017 by the conversion of the part-time medical examiner position to full-time. The position was filled by Dr. Burton. Each medical examiner is expected to have a case load under the recommended 250/year through FY 2017. In April 2017, April 2018, April 2019 and April 2020 the Office had Full Accreditation maintained. Full Accreditation is again expected to be maintained in April 2021. Recommended physician case load below 250/year continued throughout FY 2020.

Information presented in this annual report has been compiled on the deaths reported to the Collin County Medical Examiner's Office during FY 2020. It is meant to reflect workload and Office activity, especially with respect to the pandemic.

The statistics for FY2020 continue to reflect significant differences in how workload is handled compared to FY 2016. Fewer deceased individuals are now brought into our office in favor of record review only to establish cause and manner of death. The decision to bring cases into the office has become more of a negotiation between law enforcement and the family. This modified decision making is based on two issues. First and most importantly, morgue space has become a concern with our ever growing population. This situation was addressed by acquisition with grant funding of a portable morgue kept near the loading dock area. This has increased capacity for body storage. Second, concerns by human resources and administration about overtime and potential additional personnel, has driven the office to perform fewer scene visits and bring in fewer cases. Doing more by record review only is becoming more prevalent across the United States, not just Collin County.

An autopsy assistant was finally hired as a full-time county employee. Employment began August 2019. A second position was added FY 2020. Individuals holding these positions were trained on the job. Both examiners utilize the assistants to the fullest extent possible. County full-time assistants now provide coverage 365 days per year.

The on-line cremation permit and funeral home fee collection for permits was instituted January 2019. This software was developed by the

county. It has been a success. Funeral homes adapted this process immediately, no money passes through the office and permits are issued quicker. The cremation rate is increasing with the COVID-19 pandemic. The introduction of this software was timely. At this time, operating without it would be extremely difficult.

The case management system was introduced into the Office on January 1, 2017. Office personnel responded with great acceptance. It has streamlined many office practices and helped everyone with organization of their work; it continues to do such throughout FY 2020. As software usually is, one continues to explore its capabilities. This certainly remains true for the case management system as the Office continues to find new uses for it. It continues to undergo modifications. Statistics for this report were compiled from the case management system and in-house spreadsheets.

The portable morgue now parked in the driveway of the loading dock area has been an important addition to the office. This was placed in service during the fall of 2019. It is being used for overflow during times of surge. It will serve as a storage area if a mass fatality strikes the community. With its rack system providing a capacity of 24, the total capacity of the facility is boosted to 39. A constant refrigerated temperature is maintained at all times.

COVID-19 has created a particular burden on the office. A COVID screen of 13 questions is performed for each case brought into the office, all done by the Field Agents. Mr. Bilyeu and the County Health Unit arranged for the installment of an ABBOTT ID NOW nucleic acid isothermal amplification laboratory instrument to test all cases for COVID-19 positivity. It arrived July 2020. This testing is done by the pathologists and autopsy technicians. Initially, many of the results were inclusive. This issue has been resolved. Additionally, in peer reviewed journals, this instrument did not fare well with regards to sensitivity. This office then subscribed to the College of American Pathologists newly instituted COVID-19 Survey Program. The program will send three specimens at least twice a year for testing. Our only specimen group sent so far has been tested and results submitted. Our specimens revealed that the correct result was achieved for each of the three. But more importantly, with over 600 other participants using the same instrument, the false positives were about 1% and false negatives 2-3%. This is actually a remarkable result for an instrument that can produce a result in 12 minutes or less.

Universal precautions are and have been used for all examinations. The low pressure room has been used for examination of COVID-19 positive cases. Building maintenance arranged for professional engineer testing of air flow through the room which had been constructed in 1988. This revealed a complete exchange of air 6.2 times per hour. This is acceptable for 1988 construction. New construction requires 12 times per hour.

How has the pandemic affected the number of cases reported? The answer is: significantly. Looking at statistics contained elsewhere in this report, the cases reported (not brought in for examination) increased, in fiscal year, by 262 in 2017, 292 in 2018, 18 in 2019 and 694 in 2020. Most of this increase in 2020 was due to deaths declared to be the result of COVID-19 infection. Another way of looking at this is by total deaths occurring in the county per calendar year. These numbers are easily obtainable for physicians through the state of Texas (TxEVER) death statistics via the internet. For Collin County the total number of deaths (all deaths in Collin County, including those that were not reported) per calendar year have increased in this fashion:

2015 up 363 to 4769
2016 up 231 to 5000
2017 up 310 to 5310
2018 up 402 to 5712
2019 up 319 to 5931
2020 up 1172 to 7103

Obviously, COVID-19 is responsible for this large increase in 2020. This office had 702 COVID-19 deaths reported. This is a higher number than that reported by Collin County Epidemiology. Why? Because Medical Examiner numbers are calculated to include all of those individuals brought into Collin County for a higher level of care who then died at one of the county's acute care hospitals. Epidemiology does not count these individuals as Collin County deaths to avoid counting deaths twice. These additional cases were infection contracted outside of Collin County. This is standard public health/epidemiology practice.

Of note is the number of suicides in Collin County during the pandemic. There has been no suicide increase during the pandemic. FY 2019 had 145 deaths certified as suicide. FY 2020 had 125 deaths certified as suicide. This is a significant drop in suicide numbers.

To understand just what these charts and graphs represent a glossary is included:

DEATH REPORT: Any reported death.

NO CASE: A reported death in which the attending physician is allowed to sign the death certificate. The death must meet four criteria.

1. Death in the presence of a good witness.
2. There is a physician able and willing to sign the death certificate.
3. Death not under confinement by law enforcement or a mental health institution.
4. Death unrelated to any possible trauma.

CASE: A death not meeting all of the above four criteria and requiring an examination by the medical examiner. The medical examiner always signs the death certificate.

ABSENTIA (IN ABSENTIA): A death not meeting all four of the above criteria but not undergoing an examination by the medical examiner. The medical examiner always signs the death certificate.

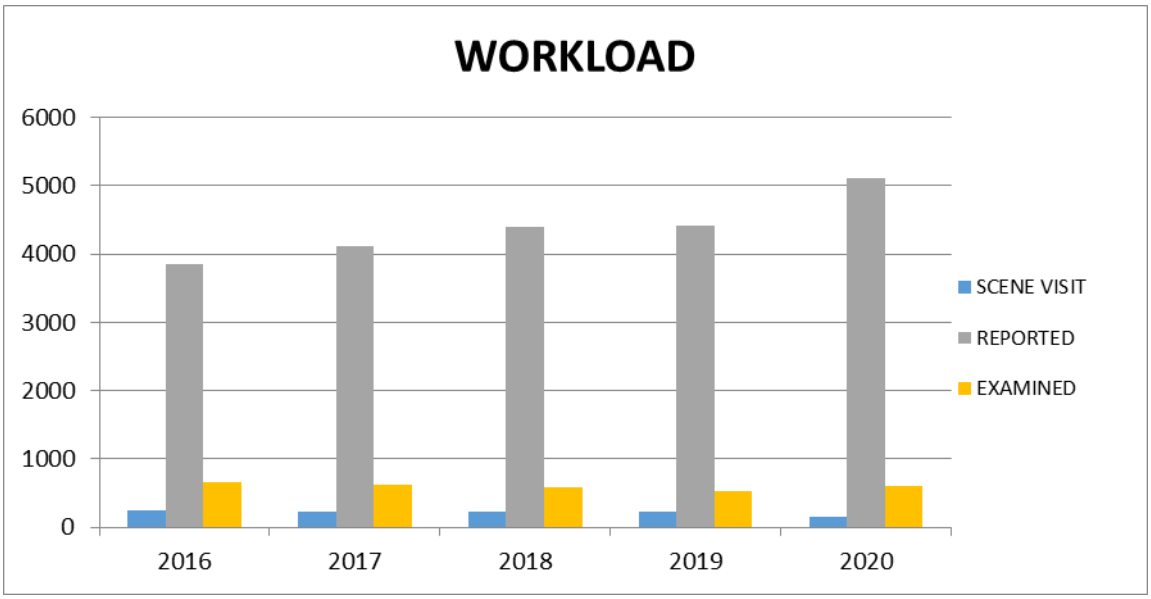
EXAMINED: Another term for case. There are two types of examination by the medical examiner. INSPECTION in which the body is only examined externally. AUTOPSY in which there is an external and internal examination of the body. Body fluids are obtained externally for further testing in either type of examination.

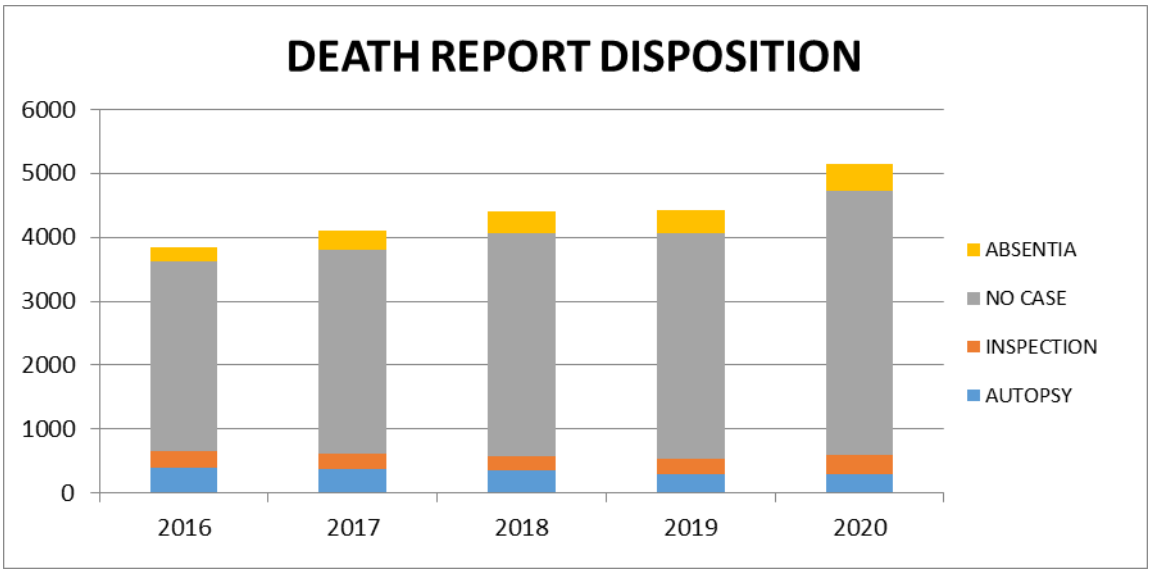
SCENE: The field agent travels to the scene of death to gather further information for the medical examiner and to assist law enforcement with their investigation. A medical examiner attends in select cases.

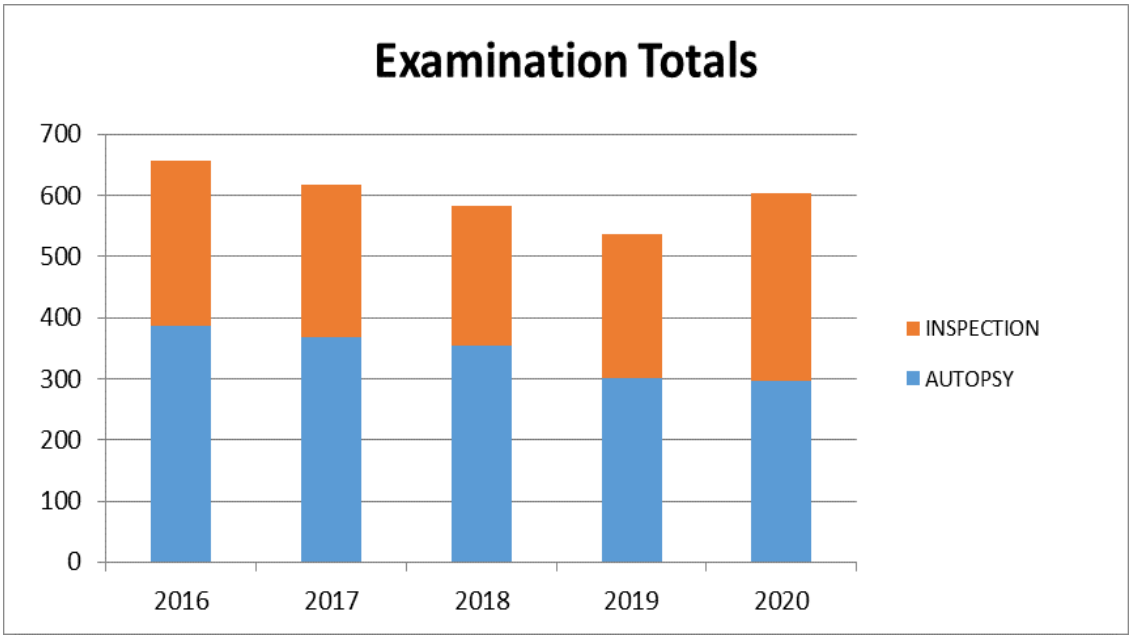
CREMATION PERMIT: A certificate issued by the medical examiner allowing a cremation to go forward. The certificate is required by the Texas Code of Criminal Procedure. Authorization for the cremation always comes from the family. A short informal investigation is always undertaken by the Office before the certificate (permit) is signed. A few requests require a more significant investigation including full autopsy. There is a fee of $25 charged for every permit issued. For FY 2019 a system was instituted to collect these fees electronically.

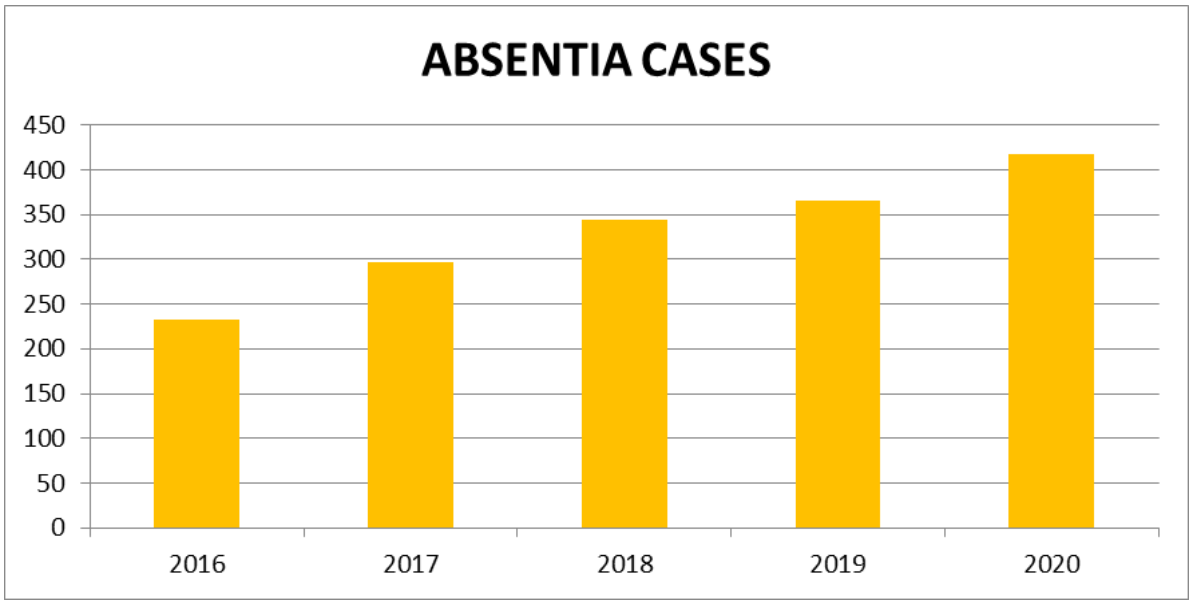
MANNER OF DEATH: This is the fashion about which death occurred. The medical examiner is required to make this determination for each death reported to the Office. There are several choices for manner of death. NATURAL is a death completely unrelated to trauma. ACCIDENT is when a death is in any way related to trauma. SUICIDE is a special type of traumatic death in which one dies at their own hand. HOMICIDE is a special type of traumatic death in which one dies at the hand of another. UNDETERMINED is when the medical examiner lacks sufficient information to make one of the above four determinations.

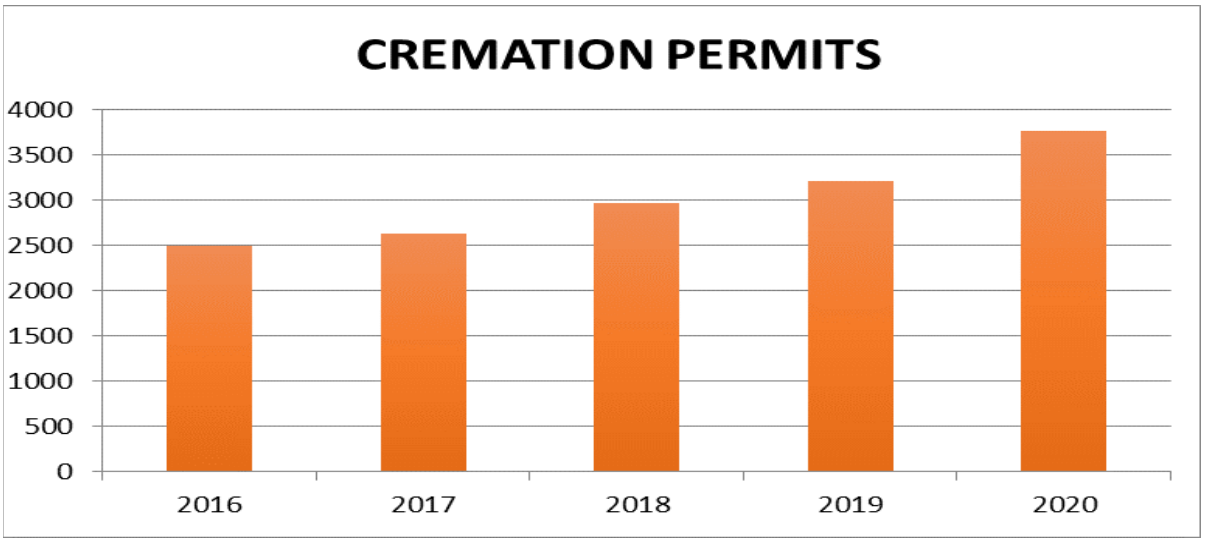
For the following charts and graphs years are fiscal years, not calendar years.



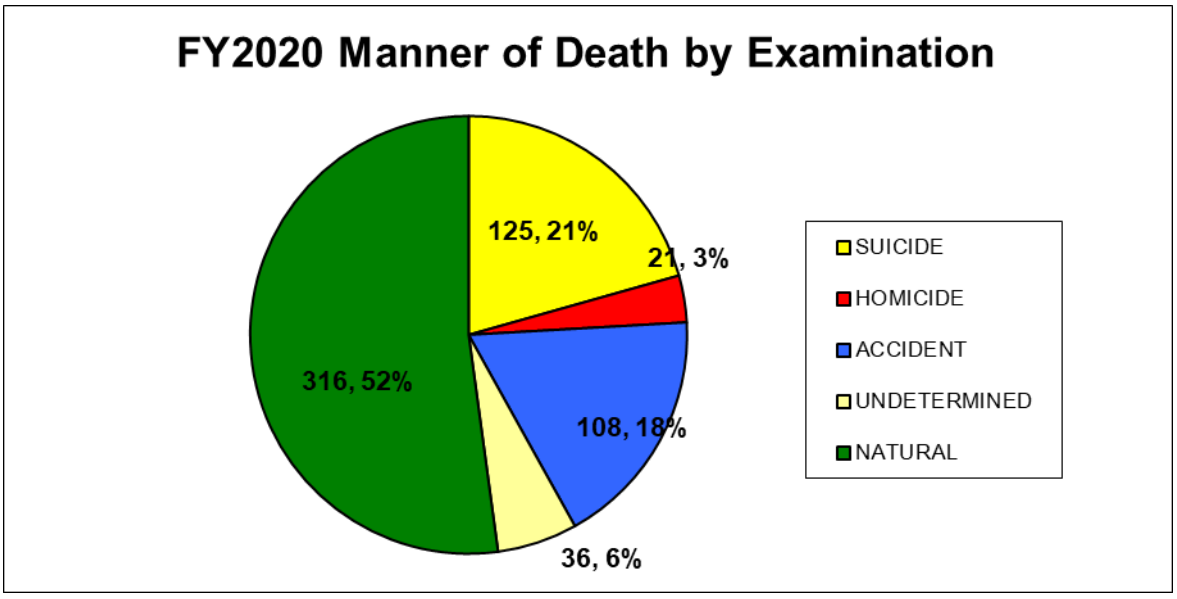

DEATH REPORT DISPOSITION
6000
5000
4000
3000
2000
1000
0
2016
2017
2018
2019
2020
ABSENTIA
NO CASE
INSPECTION
AUTOPSY


Examination Totals
700
600
500
400
300
200
100
0
2016
2017
2018
2019
2020
INSPECTION
AUTOPSY


ABSENTIA CASES
450
400
350
300
250
200
150
100
50
0
2016
2017
2018
2019
2020


CREMATION PERMITS
4000
3500
3000
2500
2000
1500
1000
500
0
2016
2017
2018
2019
2020

Homicide examinations generally create the most work. Natural deaths generally create the least amount of work. Homicides are almost always autopsied. The manner of death least likely to result in an autopsy is natural.



Y2016 through FY2020

	2016	2017	2018	2019	2020
SUICIDE	122	135	119	145	125
HOMICIDE	24	38	25	19	21
UNDETERMINED	36	26	26	35	36
CREMATIONS	2501	2632	2969	3211	3763
ABSENTIA	232	297	344	366	417
SCENE VISIT	248	222	232	220	163
REPORTED	3848	4110	4402	4420	5114
EXAMINED	656	617	582	537	604
ACCIDENT EXAMINED	180	185	177	87	108
NON-TRAUMA EXAMINED	284	219	230	246	316
AUTOPSY	373	369	355	286	296
INSPECTION	270	248	227	236	308
NO CASE	2960	3196	3477	3517	4116

ADULT FATALITY REVIEW TEAM FOR FY 2020

The Adult Fatality Review Team meets on the last Friday of every month at the Collin County Medical Examiner's Office. The team members are:

Dr. William Rohr – Chief Medical Examiner (Collin County)

Dr. Stephanie Burton - Deputy Medical Examiner (Collin County)

Sue Schultz, LPC, LMFT – Collin County CFRT Coordinator

Sabina Stern – CFRT Member

Jawaid Asghar MBBS, MHA– Epidemiologist - Collin County Healthcare

Representatives from the following organizations also in attendance:

Texas Health Resources of Plano
Plano Police Department
U.S. Drug Enforcement Agency
Collin County Substance Abuse
Allen Fire Department

The purpose of the Collin County Adult Fatality Review Team is to review all deaths of adults in Collin County from a public health perspective and to enhance the skills of those investigating death in Collin County, especially the Medical Examiner, Epidemiology, Substance Abuse, and Mental Health.

The interaction that takes place among these agencies during the Review Team meetings gives insight to everyone involved and helps them to understand why these deaths take place with a focus on prevention.

CHILD FATALITY REVIEW TEAM FOR FY 2020

The Child Fatality Review Team meets the first Friday of every month at the Collin County Medical Examiner's Office. The team members are:

Dr. William Rohr – Chief Medical Examiner (Collin County)

Dr. Stephanie Burton - Deputy Medical Examiner (Collin County)

Sue Schultz, LPC, LMFT – Collin County CFRT Coordinator

Sabina Stern – CFRT Member

Jawaid Asghar MBBS, MHA– Epidemiologist - Collin County Healthcare

Dr. Jessica Williams - ED Physician

Dr. Kristen N. Reeder, Reach Program

Representatives from the following organizations also in attendance:

Collin County District Attorney's Office
Collin County Child Protective Services
Collin County Advocacy Center
Plano Fire Department
Plano Police Department
Allen Police Department
Allen Fire Department
McKinney Police Department
McKinney Fire Department
Frisco Police Department
Medical Center of Plano
Presbyterian Health Hospital of Plano
Texas Health Resources of Plano

The purpose of the Collin County Child Fatality Review Team is to review all deaths of children in Collin County from a public health perspective and to enhance the skills of those investigating death in Collin County, especially the Medical Examiner, law enforcement and Child Protective Services. The interaction that takes place among these agencies during the Review Team meetings gives insight to everyone involved and helps them to understand why these deaths take place with a focus on prevention.