



Accreditation Policy and Procedure Manual

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Approved by the IACME Board of Directors: February 16, 2025

A. THE IACME ACCREDITATION PROGRAM

The International Association of Coroners & Medical Examiners (IACME) Accreditation Program is focused on improving the quality of medicolegal death investigation. Accreditation by the IACME demonstrates an office has met the minimum requirements to provide a medicolegal death investigation office the necessary environment to conduct sound medicolegal death investigations. The IACME Accreditation Program therefore focuses on policy and procedures and does not guarantee accurate investigative outcomes.

The IACME Accreditation Program functions as a peer review process wherein a set of standards set forth by the IACME are evaluated in an office applying for accreditation. These standards were vetted through a system of peer review in which practicing medicolegal death investigation professionals identified what constitutes adequate facilities and what is required for a complete death investigation. The accreditation checklist universally applies to large and small jurisdictions, and all types of coroner and medical examiner offices.

B. THE ACCREDITATION CHECKLIST

The accreditation checklist is constructed from the IACME standards. These standards provide a realistic assessment of the quality of the office applying for accreditation. The checklist is designed to be clear and concise, and assist in an office's preparation for accreditation. The checklist provides the auditors a tool to evaluate an office objectively and reduce interpretive differences among auditors. Each standard is labeled clearly, numbered, and designed to produce a "Yes", "No", or "N/A" (not applicable) response. The adequately verified response to these standards will be applied to validate whether an office is a candidate for accreditation. The scope of the checklist includes items that in many offices would be considered ancillary services; for example, many offices use private laboratories for toxicology. The IACME Accreditation Program requires only that offices use ancillary services that are accredited by their own representative agency and that the office provides documentation of that accreditation/certification. The IACME accepts in good faith that the documentation of accreditation/certification of ancillary labs is factual and up to date.

C. AUDITORS

The IACME Accreditation Program operates as a peer review mechanism, relying heavily on the role of auditors. The auditors are professionals with significant expertise in medicolegal death investigation. They are selected through a formal interview process and receive specialized training to ensure they are proficient in the accreditation process. Their primary objective is to conduct an impartial, comprehensive, and fair audit. Applicant offices should view the identification of deficiencies during the audit as opportunities for improvement rather than criticism. Auditors understand the diversity among medicolegal death investigation offices and conduct a careful and considerate evaluation of each item on the checklist.

D. STANDARDS SETTING

The IACME accreditation standards were vetted through several rounds of questionnaires provided to the medicolegal death investigation community. Using the Delphi process, a set of required and recommended standards were developed. These final standards then underwent approval by the IACME Board of Directors prior to adoption.

E. FEES

Cost of accreditation varies with the population of the jurisdiction that an office serves. The following fee structure applies to the accreditation process as well as the re-accreditation process.

Accreditation Application Fees:

Population <100,000 Class I - \$2,000

Population 100,001-500,000 Class II - \$3,000

Population >500,001 Class III - \$4,000

Additional Costs:

All offices are required to have an on-site audit conducted by two auditors.

Reimbursement for all transportation, meals per diem, lodging, and associated incidentals are the responsibility of the office being audited. The IACME will make all travel arrangements in an economical, practical, and appropriate manner and will invoice the office following the auditors' visit.

F. PROCEDURES

1. Pre-Audit Preparation

Offices applying for accreditation should undergo a complete self-evaluation of their existing capabilities, facilities, and procedures prior to applying for accreditation. A review of the accreditation checklist should be undertaken so that deficiencies can be corrected early on in the process before the actual audit occurs. The data used to verify responses to the standards should pertain to the previous calendar year, depending on the month of audit, the auditor should use their discretion to allow for an alternate reasonable time frame. The checklist can be obtained via the IACME's website or by contacting the IACME. Questions related to the standards or the checklist can be directed to the IACME for guidance on what constitutes sufficient compliance.

2. Application Process

Offices wishing to apply for accreditation must apply online. The application can be found at www.theiacme.com.

Once the application is submitted the applicant office will be contacted to schedule an initial orientation meeting with the IACME and invoiced the accreditation fee.

The applicant office has one year from the date of application to complete the process. A request for extension shall be submitted in writing to the IACME prior to the expiration of the initial one year term. The extension request must include a short summary of the circumstances surrounding the need for an extension. It will then be reviewed for approval or disapproval by the Chairperson of the IACME Accreditation Committee.

3. Appointment of Auditors

Once an application is submitted, the initial orientation meeting is complete, and the fee is paid, the IACME will appoint two auditors. One of the two auditors will be designated the lead auditor and will be the single point of contact for the applicant office. An applicant office may not request specific auditors. Concerns with an assigned auditor should be communicated to the IACME.

4. Audit Procedure

a) Preparing for the On-Site Audit

The applicant office will complete the pre-audit checklist to be reviewed and verified with the assigned auditors.

Documents and images addressing checklist verification should be attached directly to the checklist for review by auditors. This will be reviewed directly with the auditors in preparatory meetings prior to physical audit of the applicant office.

If an entire policy is uploaded, the section specific to the standard shall be highlighted. While communication through the checklist platform is integral to this process, regular communication by email, telephone, video chat, etc. is also an effective means of assistance during the time leading up to the on-site audit.

When a deficiency is identified prior to on-site audit by the chief medicolegal officer or designee, it should be communicated to the lead auditor. Auditors recognize that they are the peers of those requesting accreditation and the goal is the improvement of their office. "No" responses may be able to be successfully resolved before scheduling the on-site audit.

b) Scheduling the On-Site Audit

Once the standards checklist has reached the point of completion with adequate verification, the date of the on-site audit will be coordinated between the lead auditor and the applicant office.

c) Local Arrangements

Local arrangements for auditors are the responsibility of the accreditation auditors and will be coordinated with the applicant office. Auditors will submit all receipts and an expense report to the IACME at the conclusion of the on-site audit, and these direct expenses will be billed to the applicant office following the on-site audit.

d) On-Site Audit

The auditors will arrive at the office on the designated date for the audit. Due to variation in offices an exact timeline for the on-site audit will vary however, most should be completed within one and two days. The auditors will use the accreditation checklist as their guide for evaluating the applicant office.

The auditors should request to be introduced to staff, as they can provide a valuable resource in determining compliance. The auditors will provide an overview of the audit process and what is to be expected. A tour of the entire facility should be completed early on in the process to become familiar with the applicant office and its staff.

The office head or their designee should be available during the entire process to answer questions related to each checklist item. All documentation and evidence related to each standard is expected to be available for inspection. Some of this material may be requested before the actual arrival of the auditors to expedite the process. If documentation and evidence is not provided, the auditors will mark that standard with a “No” response with written explanation within the auditor comment box.

The auditors should be provided with a private office or area from which they can thoroughly review policy manuals, case files and other documentation. This private area can also be used to conduct prearranged interviews with various staff members and external stakeholders. It is the responsibility of the office to make arrangements with the staff and stakeholders to be interviewed, and every effort should be made to have those interviews.

The lead auditor is solely responsible that the accreditation checklist is filled out correctly. A “Yes”, “No”, or “N/A” must be filled out for each question. There should only be one verified response to each standard.

e) Audit Debriefing

At the end of the audit a final debriefing will be held with the applicant office. The debriefing should include an overview regarding the objectives of obtaining accreditation. A review of the auditors' findings should be summarized including deficiencies with recommendations on how to correct them. The purpose of this debriefing is not to confer accreditation but to provide the auditors and the applicant a final opportunity to discuss the process and advise the applicant office what they can expect in the final audit report. Disagreements over interpretations of standards and/or responses can be addressed and documented by the auditors at this time. This meeting should be viewed as a constructive non-confrontational opportunity for dialogue.

f) Auditors Report

The final report will be written by the lead auditor with input from the second auditor, and will include an executive summary with information about the office/system and the community they serve, as well as any recommendations and relevant observations from the audit. Additionally, the report includes the number of "Required Standards", "Standards", how many were marked "Yes" or "No" in each section, and a total. The last page includes a statement of recommendation or non-recommendation of accreditation and is signed and dated by both of the auditors.

After the report is reviewed and approved by the Chairperson of the IACME Accreditation Committee, the office will be notified of the audit outcome and provided a copy of the report within 30 days. If the audit is successfully completed, the date of issuance of this notification marks the beginning of the accreditation period.

For offices not being recommended for accreditation, these are handled on a case by case basis in coordination with the auditors and the IACME. If there is a required standard deficiency that can be resolved in a timely manner, the auditors can verify correction of the deficiency and confer accreditation at that time. If an office does not complete the accreditation process, a report will be issued stating such.

For offices granted accreditation status, official IACME accreditation certificates and/or plaques will be prepared and presented to the office at the annual training symposium, or delivered to the office sooner if requested

g) Appeals

Appeals to an auditor's and/or reviewer's findings may be lodged by written submission to the IACME within ten (10) working days of the issuance of non-accreditation. A copy of the written appeal will be immediately sent to the Chairperson of the IACME Accreditation Committee. The Chairperson may bring the question to the Accreditation Committee. The Chairperson may also consider conducting another on-site audit as

needed which may or may not include a new audit team. In certain circumstances a secondary audit could result in additional cost to the office. The IACME will notify the office prior to incurring any additional expenses. If resolution still cannot be achieved, the appeal may be brought to the IACME Executive Committee for a vote. In any event, resolution must be achieved within nine (9) months; otherwise, unresolved issues will be settled according to the findings of the original audit, in accordance with the findings of that audit.

The IACME will respond in writing within ten (10) working days of resolution of the appeal which is considered final. The applicant office may re-apply for accreditation after such time that they are able to demonstrate sustained resolution. The resolution must be reduced to a written Letter of Response to an applicant office's appeal sent to the applicant office within ten (10) working days of resolution.

An applicant office may challenge this response, but the subsequent IACME Letter of Response to this challenge will be considered the final disposition. The applicant office may re-apply for accreditation.

5. Accreditation

To avoid lapse in accreditation, offices must apply and be accepted for accreditation within a timeframe adequate to ensure re-accreditation by the end of the previous five-year accreditation cycle.

Accreditation certificates are issued to the office and will include the date upon which the accreditation is conferred and the date of expiration. The date of expiration will be December 31st of the final year of the accreditation cycle.

6. Maintenance of Accreditation

Once an office has been accredited, an Annual Statement of Compliance is required with an annual maintenance fee. The annual maintenance fee and Annual Statement of Compliance shall be due by September 1st of the respective year. The maintenance fee does not apply to the year of re-accreditation. The maintenance fees are determined by the class of the office.

Annual Maintenance Fees:

Population <100,000 Class I \$300

Population 100,001-500,000 Class II \$600

Population >500,001 Class III \$1,200

An Annual Statement of Compliance is sufficient to continue accreditation during interim years (between on-site accreditation audits) unless there is a significant change in circumstances, staffing, or other components associated with accreditation that would otherwise require a

change in response to the accreditation checklist.

Example:

2025 Initial or re-accreditation audit year; no Annual Statement of Compliance needed.

2026 Submit Accreditation Statement of Compliance no later than 1 September 2026

2027 Submit Accreditation Statement of Compliance no later than 1 September 2027

2028 Submit Accreditation Statement of Compliance no later than 1 September 2028

2029 Submit Accreditation Statement of Compliance no later than 1 September 2029

2030 Reaccreditation year.

7. Renewal

Five years after the date of accreditation an office will be required to reapply and repeat the accreditation process.

8. Miscellaneous

a. Records Administration

The IACME shall maintain a current roster of accredited offices.

b. Commentary File

An electronic file will be kept by the IACME office of all commentary, complaints, and recommendations made regarding the Accreditation Checklist and the audit process.

c. Publication of Accredited Offices

The roster of currently accredited offices will be made public (including, but not limited to, being posted on the IACME website).