



**Office of the
Dane County Medical Examiner**

Agnieszka Rogalska, MD
Chief Medical Examiner



December 12, 2022

Good Afternoon Chair Andrae,

Thank you for sharing this document with me. I remember our meeting with you, Supervisor Grey, and the Director of Operations Cristina Figueroa-Soto earlier this year very well. We talked about the impact of the article on the DCMEO, you asked about my impressions of why people left, how we know/how the staff show their morale (we discussed “Kenny” the knit dinosaur); we talked about D-FIRST, training of the new Director of Operations, her request to have the same level of training and support from the Interim Operations Manager as was afforded her predecessor, and the HRD dog program; you asked about the Brown County IGA and the dissolution; and we discussed the investigation at the Zoo and a potential alternative for the DCMEO in the form of a third party business management review. As I understood it, this would be a third party organization which would help us identify management strategies for the new administration, and help assess staff morale in the shadow of the newspaper article.

I do not recall discussing any restructuring to our office staff, evaluating LTE vs FTE positions, creation of new FTE positions or removal of LTE positions, and certainly nothing about restricting or terminating the Intergovernmental Agreements or services with other counties. We also did not discuss anything regarding the DCMEO budget, other than this study would not be the burden of the DCMEO.

In this light, I cannot agree to the statement that I am amenable to the proposal as outlined in your email. I was not opposed to a third party investigation of the office similar to what occurred with the Henry Vilas Zoo, and I understood that the direction may include a third party agency rather than a retired judge. I am very open about who we are as an office, what we do, and how we work. However, as I was not involved in or consulted with during the crafting of this proposal, and see some information that would greatly benefit from clarification, I think it is hasty to say that I agree with the proposal as submitted, or to imply that I am in favor of either changing the LTE/FTE organization, our IGAs, or the budget of the office. I appreciate your effort in providing us with resources to improve our management skills, and your concern for the morale of the office. But I would be remiss if I did not highlight the following points in your proposal that would benefit from further explanation or that I have questions on.

Background and Scope:

First, our staffing adjustments and resource allocation in 2022 was not due to the loss of the Brown County IGA. Neither Dr. Tranchida’s stepping down nor Barry Irmen’s retirement were sudden or unexpected, and were actually delayed in part by the COVID pandemic as they chose to support the office in a time of national crisis. Retirement of long term staff often results in turnaround in any institution. Despite our best efforts to ensure a smooth transition, additional changes in staffing were expected as part of the natural evolution of the office.

Although the dissolution of the Brown IGA was quickly settled, I would like to emphasize that the ultimate goal of Brown County was to establish an independent Medical Examiner Office when their staff were able and willing to oversee such a venture without assistance. Brown County has been a good partner, and we are excited and happy for them as they provide desperately needed forensic services to Northeastern Wisconsin. The changes in our 2023 budget, although related to changes in the Brown IGA, reflect a streamlining of resources in light of decreased need to staff and oversee the Brown County office, rather than a loss of resources associated with the IGA. Likewise, Rock County continues to be a good partner and we are proud to serve the staff and residents of Rock County like those in Dane. Indeed, all the counties we work with make as strong of commitments to Dane County and best practice in death investigation as we make to our partners. I feel I must stress the value of these relationships, and voice strong opposition to any actions that jeopardize them.

In addition, I would like to clarify the use and scope of our LTE staff. In your proposal, you reference that we “heavily rely on contracted LTE’s and out-of-state experts”, and that this is due to “inconsistency in cases.” We have one contracted LTE physician who is here for approximately 1/4 of a month. This physician is a respected colleague who reached out to us in a time of need, and we are grateful for his help and consideration. Our morgue and investigative staff are supported by LTE employees who participate in the schedule to cover holidays, vacations, sick leave, unexpected vacancies, and simultaneous calls. Additionally, our carefully designed schedule – created in conjunction with the employee work group, provides a dedicated day each week for LTE employees in order to ensure adequate exposure and skill set development. Our schedule is both carefully coordinated to ensure work-life balance, yet still flexible enough to adapt quickly to daily needs. I would like to assure you that our case acceptance and evaluation is based on set guidelines and protocols designed specifically to ensure consistency between physicians and investigators. These protocols were created with best practice guidelines applied to the size of our population and resources. To that end, I am not sure what inconsistencies you are referring to, and would ask for more clarification on this point. I also would ask for clarification on what role our case jurisdiction plays in the hiring of LTE staff.

Research Questions and Actionable Potential:

I would like to clarify that our office has indeed had several office-wide evaluations in the last several years. First, I would refer you to the investigation conducted by Employee Relations in 2020, which can be accessed on the County website: <https://admin.countyofdane.com/documents/DirectorNews/DCMEO-Letter-to-Employees-final-1-12-21.pdf>.

In this investigation, Employee Relations met with all employees of the DCMEO, and identified concerns presented by physician, investigative and administrative staff. The investigation concluded that many of the recommended management practices were already in place, and provided additional recommendations which have been implemented in our office as needed. As you are aware, ER has also conducted a follow up to this investigation just a few months ago, and supplemental evaluations are ongoing. In addition to your notes regarding scheduling, we have engaged in regular (quarterly) meetings with our full staff to address updates/concerns/plans and to share what is going well and what can be improved. We have met as a large group, and I have met with staff individually, as you suggested, and we work as a team to make an impact FOR the team. If the argument is made that this is not enough, then I would whole-heartedly agree. Judging the performance of an office rising from the ashes of a COVID pandemic, and a series of retirements, and a

transition of staff absolutely requires more than just the first few months after the dust clears! This office has not even had one full year to address these changes, and I would argue that any statements regarding stability or progress of the department is done without sufficient opportunity to create change, or the necessary perspective to make comparisons.

And finally, I would add that the medical profession in this nation – and indeed the world, is suffering from staff shortages in all specialties. Forensic pathology is being hit very hard both through attrition of seasoned professionals, as well as decreased influx of interested residents. There is no study by any county or state that can remedy this crisis, irrespective of how well designed it is. The current work shortage has placed every Coroner and Medical Examiner Office in the United States in a defensive posture, and the practices of any one office as a “standard” are no longer comparable to any other office. A Google search into the topic will reveal gaps in service, divergence of practice, and great diversity of explanations for the attrition of forensic pathologist between every Coroner and Medical Examiner office in Wisconsin, and more so between offices in every State. Our office has always sought ways to improve our practice through attendance of national conferences, discussions with learned colleagues, review of best practices advocated in the literature and by organizations such as the NIJ, AAFS, ABP and NAME. However, you should be aware that guidelines are currently being strongly tested as the COVID pandemic after the opioid pandemic stress the resources of ME Offices nationally, and there will likely not be a higher standard than the one we set for ourselves: to serve the people of Dane County and our patients with the level of commitment we have sworn to as physicians; to serve our patients with their best interests-not our own, in mind; and to provide our patients with the care and compassion we would demand for our own loved ones.

As I say above, I am very much in favor of transparency and open to a robust and fruitful discussion, but also eager to participate in the process and learn of opportunities available to us before final steps are taken. I hope that I have sent this in time for you to forward my concerns to the appropriate Supervisors. If you feel that this information should come directly from me, please let me know and I will be happy to email the Supervisors. I know you are busy and may not have the opportunity to distribute this information yourself immediately, so I have taken the liberty of cc'ing Chair Miles.

I hope this information is helpful to you and to our further discussion. Please do not hesitate to email me with any questions or concerns.

Sincerely,

Agnieszka Rogalska, M.D.
Chief Medical Examiner
Dane County Medical Examiner's Office