Illinois Forensic Science Commission

Quality Systems Subcommittee

Meeting Minutes

May 1, 2025, 1:00 p.m. meeting

I. Call to order
Subcommittee Chairperson Claire Dragovich, called the meeting to order at approximately 1:00 p.m. The meeting was held via Web Ex.

II. Roll-call
The following people were present:
1. Claire Dragovich, FS Commission Member, Subcommittee Chairperson
2. Jeffrey Buford, FS Commission Member, Subcommittee Member
3. Frances Kammueller, NIRCL, Subcommittee Member
4. Joanne Liu, Illinois State Police, Subcommittee Member
5. Jillian Baker, FS Commission Member
6. Amy Watroba, Executive Director-Forensic Science Commission
7. Mary Margaret Greer-Ritzheimer, DuPage County FSC

III. Review of Minutes: The minutes of the April 18, 2025, subcommittee meeting were approved.

IV. Discussion: Compiling information for and drafting of 2024 Significant Non-Conformity Report for publicly funded ISO 17025 accredited forensic laboratory systems in Illinois.

Ms. Dragovich explained that this meeting is a continuation of the subcommittee's previous meetings during which the subcommittee began reviewing the self-reported significant non-conformities of public funded ISO 17025 accredited forensic laboratories in Illinois. The subcommittee previously reviewed the reports submitted by the Northeastern Illinois Regional Crime Laboratory (NIRCL), the Cook County Medical Examiner's Office (CCMEO), the DuPage County Forensic Science Center (DPC) and the Analytical Forensic Testing Laboratory (AFTL). Today the subcommittee will review the report submitted by the Illinois State Police Forensic Sciences Command (ISP).

Joanne Liu shared the spreadsheet portion of the summary report submitted by ISP and provided an explanation and summary of ISP's submission. ISP reported 40 significant non-conformities that were evaluated and completed in 2024. Ms. Liu explained that a Quality Issue Report (QIR) is generated for every reported

non-conformity. A QIR is the mechanism ISP uses to record a non-conformity or quality issue and any corrective actions taken. The QIR includes thorough and complete documentation for each non-conformity and any corrective action taken. The content and length of the QIR vary based on the type of quality issue and the type of corrective action taken. Ms. Liu shared an example of a QIR and explained the type of information included in each section and how the evaluation of the quality issue, cause analysis, impact analysis, and corrective action could differ in various scenarios.

For background, Ms. Liu explained that every different laboratory system (e.g. ISP, DPC, NIRCL) has its own policy as to when it wants to initiate its version of a QIR. ISP attempts to be consistent as to when to initiate the QIR and corrective action process. Using a streamlined reporting approach, Ms. Liu summarized the significant non-conformities completed in 2024 by ISP.

Ms. Liu explained that ISP completed 13 QIRs involving proficiency tests in 2024. ISP initiates a QIR even in situations where an analyst's answer on a proficiency test is concordant with the expected vendor response if it is observed that there was non-compliance with a procedural policy. Technical competency was the primary cause of several of the quality issues in this category. For 2 of the QIRs, procedures or policies were updated to remediate the quality issue. For 2 other QIRs it was determined that the analysts complied with all procedures and policies, and their original test results were verified independently. Ms. Dragovich inquired as to whether the issue was related to a toxicology proficiency test because NIRCL reported a problem with a toxicology proficiency test provided by a vendor. Ms. Liu and Ms. Dragovich discussed the quality issues observed at the two laboratories with toxicology proficiency tests and the decision-making process behind ISP's decision to initiate a QIR under certain facts.

ISP completed 2 QIRs involving the Command Internal Audit conducted annually at each laboratory. None of the audit findings impacted the quality or accuracy of casework performed and policies and procedures were revised as necessary.

ISP completed 2 QIRs involving missing evidence in 2024. Ms. Liu explained that these types of issues are usually identified during audits or by an agency and explained how the cause analysis and remediation differs in situations where the evidence is not located.

ISP completed 13 QIRs categorized as technical competency by the Commission. Ms. Liu explained that these situations generally involve non-compliance with methods and procedures, minimum standards and controls, or best practices. In all these situations additional cases are reviewed to determine if the situation is

isolated. Immediate corrective actions taken include reanalyzing or amending reports. Once a cause evaluation is conducted, remediations may include focused technical reviews, mentoring, and/or a performance improvement plan.

ISP completed 10 QIRs related to non-conforming work in 2024. This category includes situations when laboratory personnel did not comply with methods or procedures, but technical competence was not involved, such as chain-of-custody or timeliness of reporting results. Corrective actions taken include amending reports and reviewing additional cases.

Ms. Dragovich asked if any of the proficiency test QIRs involved issues with the proficiency tests themselves. Ms. Liu responded that there were 2 situations where the proficiency test was questionable. Ms. Dragovich commented that she tracks such situations to inform decisions regarding the purchase of proficiency tests. Ms. Liu described ISP's procurement process and explained that if they have sampling concerns with a particular vendor they can inform their fiscal department and switch to another vendor if possible.

Ms. Dragovich inquired about ISP's rate of technical reviews on cases. Ms. Liu responded that it is 100%. They utilize checklists which are imbedded in LIMS. Ms. Dragovich asked whether ISP was satisfied with the effectiveness of the corrective actions implemented for the reported significant non-conformities. Ms. Liu explained the review process used to determine whether the corrective actions are still effective, which differs based on the nature of the QIR. Ms. Dragovich observed that most of ISP's significant non-conformities were identified outside of an audit, which reflects the robustness of ISP's quality system. When issues are identified in as close to real time as possible, it allows for a speedy resolution.

Discussion ensued regarding next steps, which will involve compiling the submitted reports into a draft report which will be discussed at the next subcommittee meeting.

V. Old Business
None.

VI. New Business
None.

VII. Public Comment
No public comment offered.

VIII. Next Meeting/Adjournment

The next meeting will be scheduled via Doodle Poll. Meeting adjourned at approximately 1:38 p.m.