



Overflowing Morgues: More Lessons from COVID-19

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1

Caring Doesn't Stop When Life Ends

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2

2

Mary's Story

“Mary Alice Lockheart Cooper - Born July 23, 1931, in the small Midwest town of New Castle, Indiana. Her husband Richard Eugene Cooper, eldest son Bradly Morris and youngest son Barrett Marshall. Mary was the tough, super supporter of 3 musicians in Southern California where she spent close to 2/3 of her life far away from most of her own family. I loved her dearly and she was my biggest fan!”

Barry Cooper

3

3

Mary's Story (cont.)

- Mary tragically passed as a result of complications related to COVID-19
- Struggling to find her family, Mary remained with Henry Mayo from December 10, 2020, to March 25th, 2021, a total of 105 days
- While processing the Public Assistant paperwork Margery Link, Chaplain, and Lorisha Rathnum-Clark, Admin Nursing Supervisor, refused to give up the search for her family

4

4

Mary's Journey

Mary's story is a reflection of a worldwide struggle against COVID-19.



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Mary's Journey Helps to:

- Define operations for staff, space and stuff, related to decedent management during surges that exceed facility routine operations.
- Identify organization-wide triggers for activation, stand-by and demobilization of decedent surge operations.
- Describe components of Just-in-Time education and training for decedent management support staff during a surge.

6

6

The Challenges of Extended Activations

- The sudden surge of decedents contributed to already logistically challenged hospitals and systems.
- Hospitals struggle to accommodate patients, remains, and to cope with the ever changing political landscape.
- Labor supply levels are being challenged nationally, costs increased across the nation.



7

7

Additional Challenges Related to: Staff, Space and Stuff

Operationally, staff are asked to perform additional duties and utilize resources that are not typically available.

Examples include:

- Transport takes on additional patient transports and decedent management roles
- Security Staff expands their role
- Environmental Services are forced to expand their scope of work
- The Facilities team takes on additional special projects (converting Med Surg Units into COVID ICU's)
- Incident Management Team oversees scarce resources

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The Burden is Placed on the Hospitals

Whether you are over capacity by one patient or a hundred, there are costs that cannot be avoided.

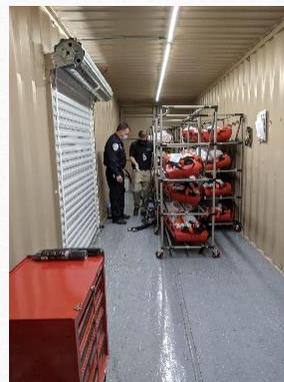
- Labor Costs
- Electrical support services
- Refrigeration
- Additional security requirements
- Logistical costs
- Regulatory restrictions

9

9

Organizational Triggers For Activation

- Many organizations have very little refrigerated holding capacity.
- Methods include creating a secondary storage location to decompress hospital holding areas
- Frequency of deaths, length of holds due to back ups with Morgues may necessitate daily decompression duties and/or movement of decedents



10

10

Triggers for Sustained Operations

% of vacancies in decedent holding area will dictate operational status

- Online: System is running and may be occupied
- Standby: System is operational but not occupied
- Offline: System is off, operationally capable, and not occupied
- Decommissioned: System is not operational, but had been at some point

11

11

Sustaining Secondary Holding Areas

Organizations need to subsidize additional costs for sustaining holding areas and responding to decedent surges

“It is not wasted space!”



12

12

Operating Costs for Surge Upgrade	
Power	
Generator Rental 1400amp (monthly) **3 day run cost discount for hospital vs full time**	9,000.00
60kw generator	5,460.00
Generator Service @ 300hrs (Tent System twice a monthly)	800.00
60kw generator	800.00
Fuel (variable Tent System Monthly)	3,000.00
60kw generator	2,000.00
5 ton AC (6) units (\$475/week/per unit)	11,400.00
Distribution Equipment (\$300 a week)	0.00
	32,460.00
Misc	
Bathroom Rentals	\$400.00
Tent Rental	
Tent 3 Install (1 time cost monthly cost after would be 6,262.50)	22,205.00
Plus Tent 3 (monthly 6,262.50)	18,787.50
Total Monthly Costs	
	\$51,647.50
Discounts to be aware of:	
Typical costs for power generator power supply without discount for hospital	
\$12,700.00 60kw monthly	
\$21,000.00 1400amp monthly	
Typical cost for HVAC is \$475/day	
Mortuary Move from Camp Snoopy Cost Savings (Monthly)	8,260.00
Power Plant Electrical Energy Source Install Savings (Monthly)	12,800.00
Combined Savings - Mortuary Move and Power Plant Install (Monthly)	21,060.00



13

13

Demobilization is an Art Form



- Demobilizing too soon can necessitate unnecessary redeployments which is costly and demoralizing
- Future activations should be considered when storing response equipment

14

14

Just-in-Time Training!

- Infection Prevention
- Personal Protective Equipment
- Medical Waste Management
- HIPAA - Health Insurance Portability and Accountability Act
- Safe Patient transfers and Body Mechanics
- Patient Tracking and Identification (Standardize across holding areas)

15

15

What would you go back and tell yourself,
before this all started?

- Fight for permanent, secure and private, decedent surge capability and real estate



16

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What would you go back and tell yourself, before this all started? (cont.)

- Practice with the nursing staff, the house supervisor team, transportation, and security, on how to manage and store the overflow decedent population



17

17

What would you go back and tell yourself, before this all started? (cont.)

- Have externally accessible power outlets with needed power output capability.



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What would you go back and tell yourself, before this all started? (cont.)

- Build a daily decedent tracking and report out. Using this now, will mean you are prepared for tomorrow.

Date of Death	DECEDENT Name	OVERFLOW Account #	LIST Age	Sex	Unit	Morgue Location			Current Date:	9/7/2021	Days in Morgue	Comments
						Hldg 1 Main	Hldg 2 Hosp	Hldg 3 Extern				
9/7/2021	John Doe	#####	55	M	ICU	1			#####	1		
6/1/2021	Jane Doe	#####	61	F	MS4	1			#####	0		
	Holding 1 = Main Morgue	2							Deaths during shift	1		
	Holding 2 = Hosp/Old C	0							Bodies removed in shift	0		
	Holding 3 = External	0							NO MORTUARY	0		
	TOTAL	2							PA CASE	0		

19

19

What About Mary?

- Mary's family was located 23 hours before cremation.
- The youngest son Barrett, stopped by the hospital and thanked the team who courageously continued their search to find him.
- Mary's family can now rest after finding their mother and ensuring her wishes were met.



20

20

Morgue Management During A Pandemic

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Director of Environmental Health & Safety
Riverside Community Hospital*

21



21



Riverside Community Hospital

22



22



Kendall Jones, M.Div., MBA-HM, HEM
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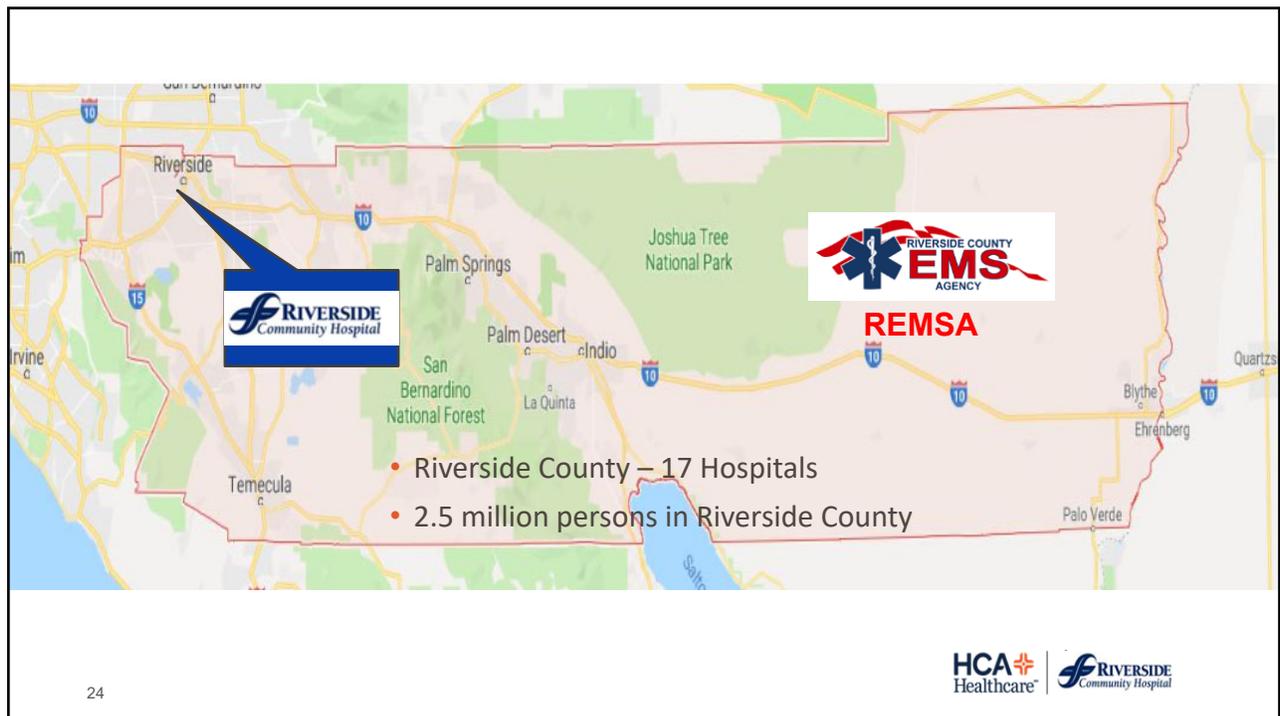
DUTIES:

- *Safety Officer**
- *All 6 Chapters of The Joint Commission’s Environment of Care and Emergency Management**
- *Safety and Security – 6 Officers on per shift; Morgue Management**
- *PBX**
- *Front Desk Concierge / Visitor Management Service – COVID Screening stations**
- *ILSMs and 24/7 Fire Watches**
- *Interim Director of Facilities – over 30 active construction projects**

23



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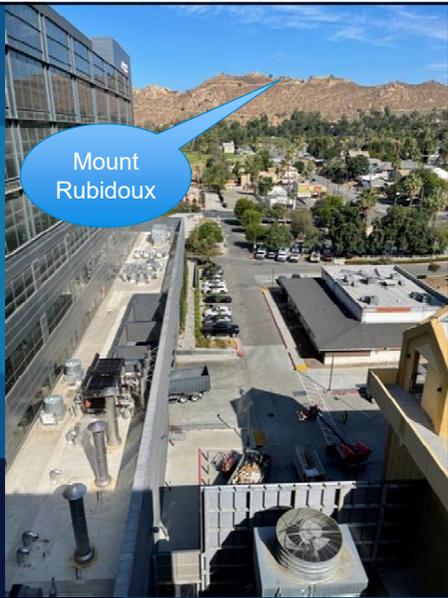


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A High Level Look At RCH



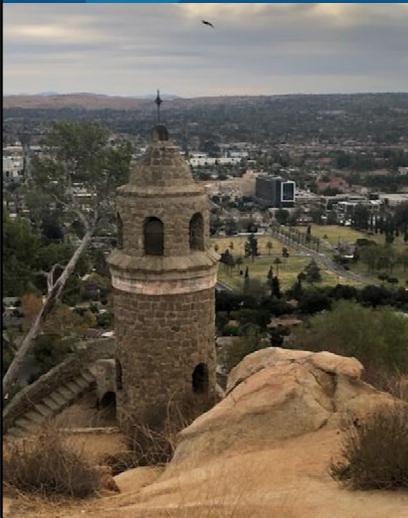
Mount Rubidoux

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View From Mount Rubidoux



- 478 Licensed Beds
- 69 ICU Beds
- 64 ED Beds
- 16 NICU Beds
- 2299 Staff Members
- 350 Medical Staff Members
- Currently Undergoing ED and NICU Expansion Projects



RCH
Emergency
Department

26



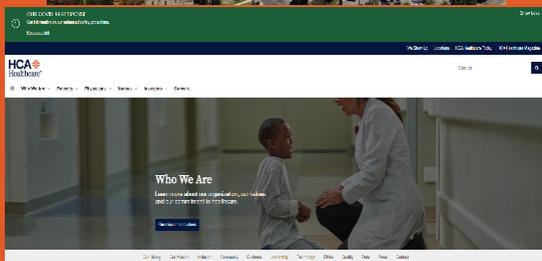
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Above all else, we are committed to the care and improvement of human life.

Riverside Community Hospital is a 478-bed tertiary care facility offering leading edge technology and advanced healthcare services. Key services include:

- ER & Level I Trauma/ STEMI Receiving Center
- Complex Cardiovascular Services
- Comprehensive Stroke Center
- Family Birthplace and Level III NICU
- Cancer Center
- Robotic Surgery/ Non-invasive treatment and screening
- Comprehensive Transplant
- Bariatrics



HCA Healthcare is dedicated to giving people a healthier tomorrow. As one of the nation's leading providers of healthcare services, HCA Healthcare is comprised of 185 hospitals and 2,000+ sites of care in 20 states and the United Kingdom.

In addition to hospitals, sites of care include surgery centers, freestanding ERs, urgent care centers, diagnostic and imaging centers, walk-in clinics and physician clinics.

HCA Healthcare

Pandemic Numbers

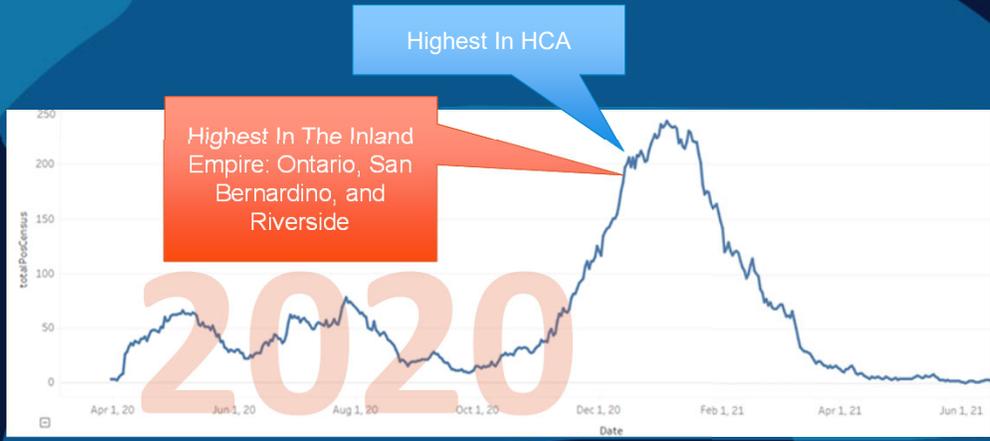
COVID-19



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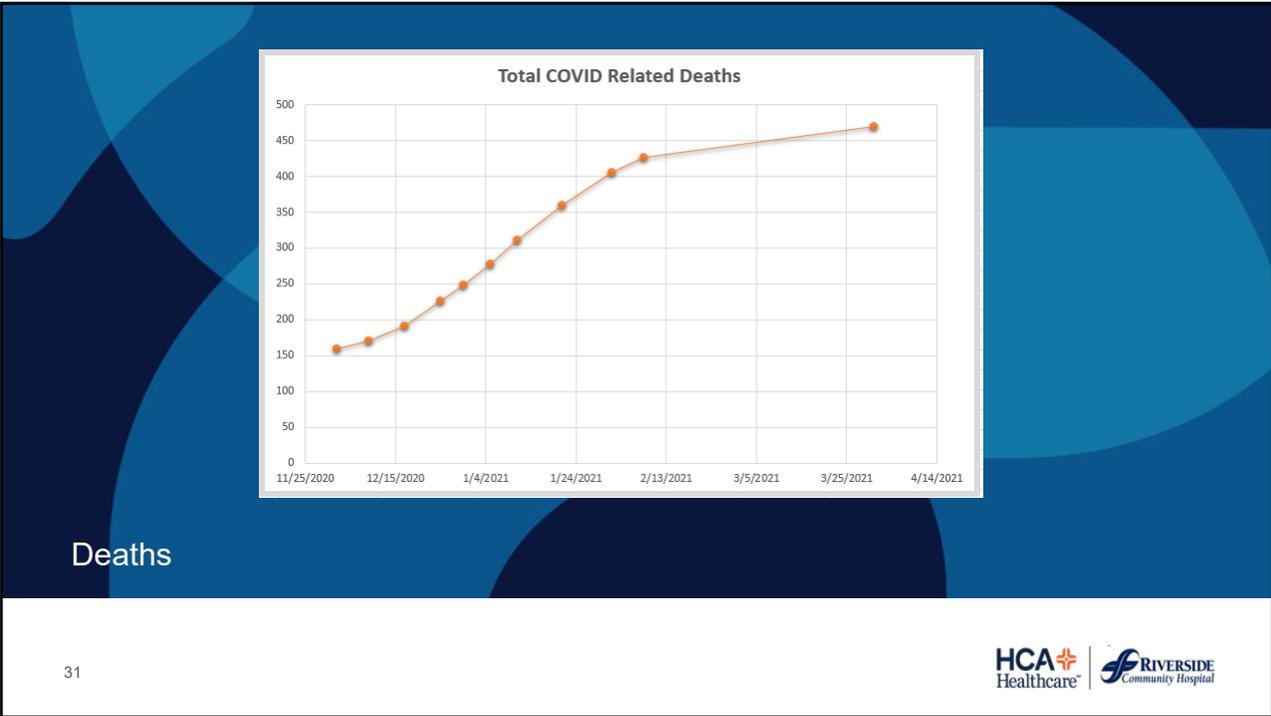


COVID Positives

30



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31

Internal Morgue

- 8 spaces available
- Public Safety manages the morgue
 - Decedent Pick Up and Check In
 - Decedent Release To Mortuaries

32

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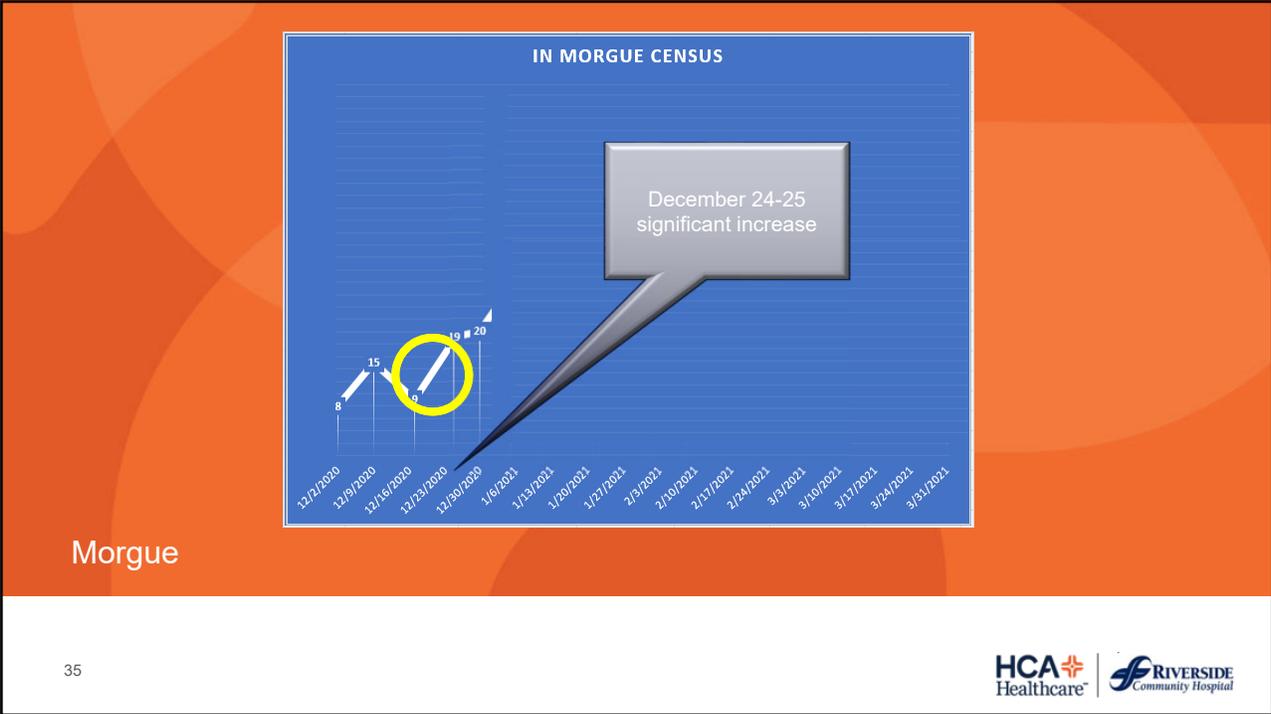
Internal Morgue Expansion

- Old decommissioned cafeteria has 4 functional walk-ins
- Applied to CDPH for program flex for use of the 4 walk-ins
- Expanded capacity to accommodating 22 decedents on gurneys

34



34



35



36

Coroner would agree to take 5 decedents

Must Find Transportation

Must Come Within The Hour Because The Coroner Was Leaving To Investigate A Potential Homicide

No One At Coroner's Office To Help Move Decedents

HAD TO SCRAMBLE TO FIND A VOLUNTEER

Perris (20 Miles)

Self Transport

37

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37

Process Challenges

- Storage Space
- The morgue had become a full-time job for Public Safety – PTSD; FEAR of COVID and of the unknown
- Mortuaries were not picking up
- Crematoriums were not operating

Immediate Process Challenges

38

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38



Process Challenges



- Becoming “best friends” with the Coroner
- The Coroner had a specific set of operational requirements
 - Documentation
 - Capacity issues
 - Weight restrictions
- Everyone was short staffed
- RCH internal processing of decedents
- Families were not making decisions regarding their decedents because they were waiting until they could have a funeral

Immediate Process Challenges

39



39

Need More Storage Capacity On-Site



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Freezer Trucks

40



40

Need More Storage Capacity On-Site

Freezer Containers ---- YES!



41



41

Location? Power? OSHPD? CDPH?



Where to Store?

42



42



43



44



45



46

ENVIRONMENT:

Uneven Surface

**Entering The
Freezer Container**



47



47

**POSSIBLE
INJURIES:**

**Three Levels of
Shelves**



48



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USE OF EQUIPMENT:

Safety and Dignity



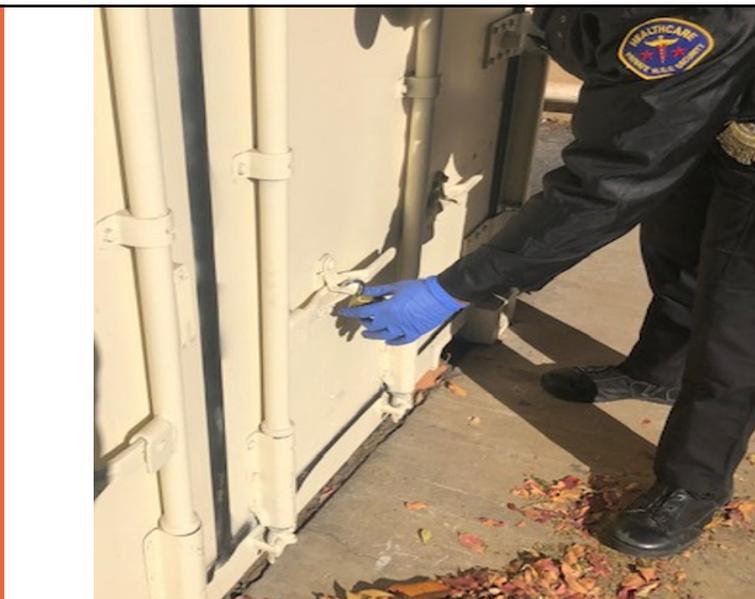
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SECURITY:

Securing and Monitoring of Containers



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Still Need More Space

51



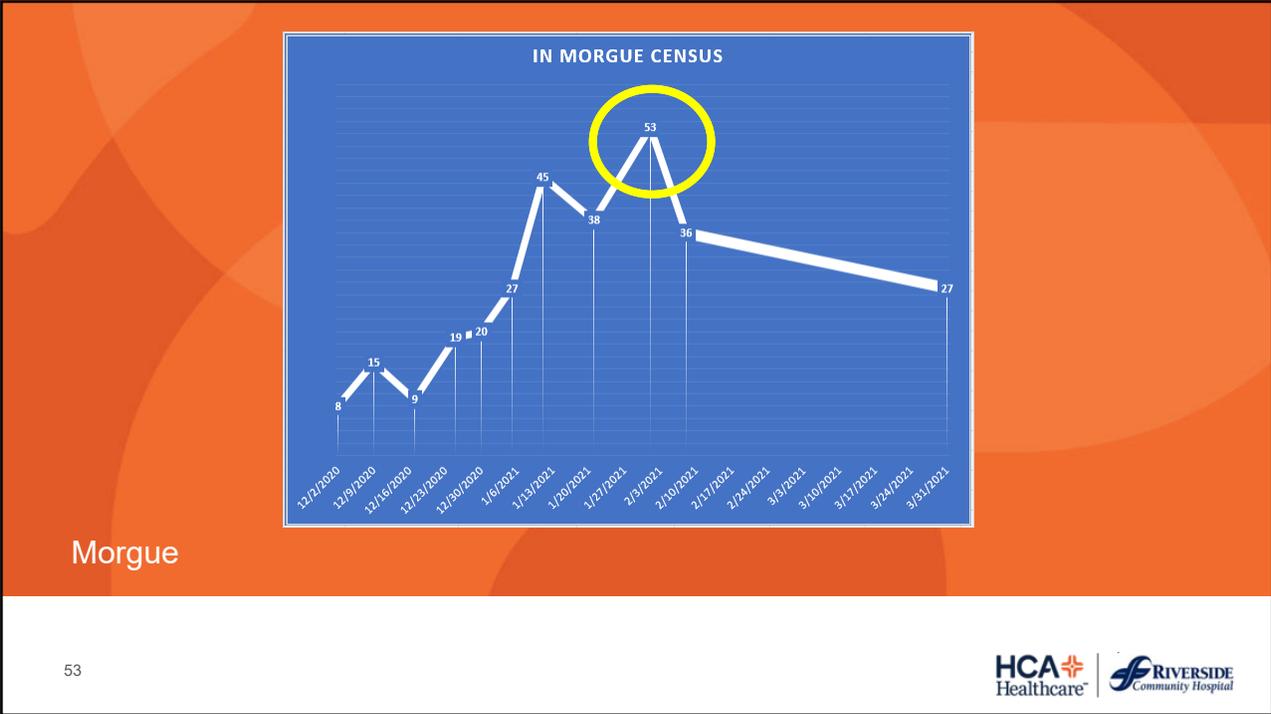
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53

Real Life In The Midst of Death

2 Public Safety Officers responded to a room on a COVID unit to pick up a decedent as they had done so many times during the pandemic...

PTSD

54

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54

Real Life In The Midst of Death

... when they went to look at the tag of the decedent for log purposes, they suddenly realized the decedent was one of their own officers who had resigned a couple of weeks prior. They had not known that one of their own was a patient ... who had passed away ... one they had to bring into the morgue that they managed.

PTSD

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55

Newly Hired Officers Quitting

“I just can’t handle all of the death” ...

The officers who stay, are already working very long hours because of being short staffed ... and with each new officer quitting, they were wondering themselves how much longer they could hold on as well.

PTSD

56



56

A Transporter's Story

- During one large pick up by the Coroner, a couple of Transporters were helping with moving the decedents out. During the transfer I was telling the story of the deceased Public Safety Officer and how the Officers were facing tough times; a nearby Transporter said the following:

PTSD

57



57

A Transporter's Story

“I know what that’s like ... I had a couple of family members pass away from COVID here. I helped move my cousin and Uncle into the Coroner’s truck.”

Stunned, I said: “I can’t imagine what that was like for you.”

PTSD

58



58

A Transporter's Story

He said, "It was very hard ... but we have to do what we have to do, we are all in this together; we just have to get the job done for everyone else."

PTSD

59



59

- Restructured the decedent pick up process by having Transporters pick up the decedents and deliver decedents to the morgue in the care of Public Safety
- Clarified the process between Nursing, Public Safety and Transport of how decedents would be prepared for transfer from the patient room to the morgue



Process Change

Changes Made

60



60

Process Change

- Came to an agreement with the Coroner's office of which days would most likely be days and times in which they could do pick ups
- Patient Care Services dedicated one individual who was responsible to ensure constant communication took place with decedent's loved ones, mortuaries, Physicians 'cause of death' documentation, and Coroner's office documentation requirements



Changes Made

61



61



62



62

Lessons Learned

- **As Leaders, We Cannot Lead From Afar**

- During the first decedent transfer of 20 decedents to Coroner, our COO Peter Hemstead and CNO Annette Greenwood were present helping with the transfer. Peter regularly was present and helping move decedents when the Coroner was on-site. I also assisted with every transfer. This was a tremendous morale booster for the Officers and Transporters

- **Do Not Underestimate Fear Amongst Staff Members**

- Fear was a tremendous driver in how situations were handled and not handled by staff members
- Regularly engage staff members with a personal connection to encourage them
- Look staff members in the eye and thank them for all that they are doing and enduring and let them know we could not do it without them –
- Recognition of staff by way of free meals and thank you cards



Peter Hemstead
Chief Operating Officer



Annette Greenwood,
BSN, MHA, RN
Chief Nursing Officer

63



63

Lessons Learned (cont.)

- **In Disaster Planning, Factor In Long Stays In The Morgue**

- **Conservation Of Resources Early On Was The Right Plan**

- PPE was tightly regulated as directed by HCA, and even though this was a sore spot for many staff members, as the pandemic drew on and other systems suffered with PPE, RCH was able to keep going with the help of state and county resources as well
- Regularly review morgue processes and communication with Nursing Administration – this includes decedents' belongings. How will belongings be handled and stored and how will those be released

- **In Disaster Planning, Factor In Security of Alternate Morgue Sites**

- A transient found a power switch that happened to be connected to the morgue containers and shut it off; fortunately, we had instituted rounds by our maintenance staff and it was discovered before it could have been a problem; this included temperature checks of all morgue holding areas
- We never considered after getting a 40' container that we would require 3 more which left us in a potentially compromised position with power issues and finding locations for storage – have a plan for this type of situation

64



64

Lessons Learned (cont.)

- **In Disaster Planning, Factor In The Possibility of Self Transport Of Decedents**
 - We had to scramble to find a mode of transportation when needed
 - The fear of COVID contamination caused employees who we might normally tap to transport decedents to not volunteer– this also includes handling decedents overall
 - Consider having a tabletop exercise to discuss these potential challenges and develop a go to list to have available
- **Establish Relationships With Agencies You Don't Normally Interact With Sooner Rather Than Later**
 - We developed a deeper understanding and appreciation for the Coroner's Office while managing this event
 - Resources requests through the MHOAC became a regular routine, many bumps in the road initially in learning the process but smoothed out as we went forward (we had a long-established relationship with REMSA but not on a resource request level)

65



65

A Visitor From Pittsburg, PA

We had a visitor arrive stating that she had just traveled from Pittsburg, PA to visit her Uncle who raised her, who was a patient that had COVID. He passed away before she arrived. She hadn't seen him in a long time, and did all she could do to get here to be with him. She asked if she could see the body of her Uncle which we told her we could not do due current protocols in handling COVID cases.

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are committed to the
care and improvement
of human life.*

Living The Mission



66

A Visitor From Pittsburg, PA (cont.)

She begged us to allow her to take a moment at least to be in the room near where he was. After consulting with Administration, and in coordination with our Chaplain department, we escorted her down to be near the morgue where her Uncle laid. She sobbed for several minutes and prayed with our Chaplain. The whole event lasted not very long, however she couldn't thank us enough for giving her that time with her Uncle.

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Living The Mission



67

Determination & Perseverance 2020's Lessons and 2021's Challenges



Questions?



68

Determination & Perseverance
2020's Lessons and 2021's Challenges



Thank You

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