Webinar: Expedited Death Response in hospitals during COVID-19 outbreak

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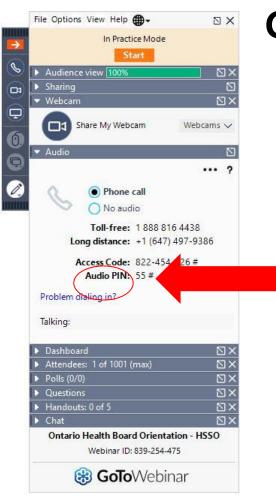
Date: April 9-12, 2020



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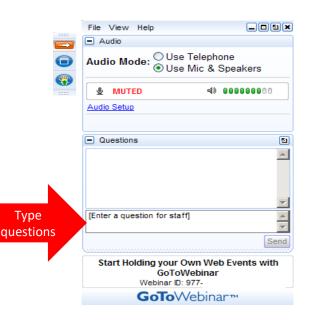
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Purpose

- Provide guidance to the hospital sector on responding to a potential surge in COVID-19 deaths in Ontario;
- 2. Explain the operational strategy being implemented in hospitals;
- Detail the step-by-step approach to managing all natural deaths during the COVID-19 outbreak period;
- 4. Explain the role of the Office of the Chief Coroner (OCC) Team; and
- 5. Provide an opportunity for Questions and Answers.



Context

Pressure:

- COVID-19 may create an increased need for Medical Certificates of Death (MCOD) in a short period of time.
- Currently, a clinician needs to complete the paper MCOD. Manual production can be challenging to coordinate given the increasing demands on the healthcare system. Prompt completion and receipt by the funeral service provider is required.
- Healthcare facilities are restricting access and focusing use of PPE to support patient care and are restricting people from coming into the facilities to protect staff, patients and visitors.
- If there is a surge of COVID-19 deaths, hospital morgue space will be at capacity –
 pandemic plans typically require temporary cold storage. Management of deceased
 persons takes hospital personnel away from providing healthcare to living patients.

Approach:

- The approach to managing patient deaths in healthcare facilities responds to these pressures by
 - 1. Facilitating electronic transmission of the MCOD by the OCC (therefore, clinician will not need to complete); and
 - 2. Preparing the patient for release and meeting funeral service personnel outside the building for transfer so funeral service personnel do not enter the facility.



Core Information

Potential surge in COVID-19 cases and deaths in Ontario = unprecedented pressure on systems involving case management and deaths:

- Healthcare;
- Long-term care (LTC)/residential;
- First responders;
- Death investigation; and
- Funeral Home (FH)/body transportation services.

Need approaches that minimize the pressure on these systems while adhering to our basic principles for managing deaths.

It is vitally important that the approach is built from a foundation of respect, dignity and caring with recognition that each person was an important part of family, friends and community network.



Principled approach

- 1. Maintain normal business reduces burden on health and long-term care systems by assisting with death certification and body storage.
- 2. Health and safety of people at all stages—transfer deceased patient promptly to avoid possible overflow within hospitals that can increase health and safety risk (decomposition, contamination etc.)
- 3. Limit movement/transfer of deceased persons to minimize pressure on healthcare system.
- 4. Ensure capacity of healthcare system by reducing possible redundancies pulls death certification and storage out of system to reduce burden – healthcare system can focus on service to living patients.
- 5. Maintain professional standards for delivery of services e.g. identification of deceased persons, thorough investigations, respectful management of deceased persons, communicating with families ensure information support for all sectors.



Strategy for storage

Preventative strategy instead of reactive

- Pandemic plans typically require temporary cold storage as a primary option this is a reactive strategy
- Proposing a preventative strategy instead of reactive
- Moving deceased persons directly to FH sector is most efficient and it replicates current process
- Reduces pressure on healthcare system to manage current storage and potential need to develop additional capacity
- Funeral services sector are the most informed professionals to be managing body storage as it is the mandate of their system.
- Body storage is not the mandate of the healthcare or long-term care system.



Approach

- The guideline provides steps for the Expedited Death Response Team (EDRT)
 members to manage all natural deaths of patients in hospitals, including COVID-19
- The approach is broken down into five key steps:
 - What to do prior to death of patient;
 - What to do when a patient dies (documentation etc.);
 - 3. Preparing for release to the funeral service;
 - 4. Process for transferring to release area; and
 - 5. Interaction with the funeral service provider.



Healthcare Resource

Expedited Death Response Team (EDRT)

- In response to the COVID -19 outbreak
- Response resource in each Healthcare facility
- Provides efficient, proactive and respectful care of deceased patients
- Likely match many current practices
- Using the Expedited Death Report (EDR) to report directly to the Office of the Chief Coroner (OCC) Team
- It is anticipated that the EDRT will be involved with all natural deaths in hospitals during the outbreak
- Engage the usual process for notification of the coroner for deaths that are nonnatural, unexpected or may require investigation.
 - The coroner assigned to the case will provide instruction for body transfer and further investigation.



Step 1: Prior to Death: EDRT

- Prepare family contact information
- If able, obtain funeral home (FH) information from family, e.g. prearrangement plans
- If no family or next-of-kin (NOK) involved, note details in the health record



Step 2: Death Pronouncement: EDRT

What to do:

- Contact family work with the family to confirm FH within the hour
- Obtain FH contact information
- Obtain the family contact information—cell phone number
- Request that the family member with responsibility for funeral planning contact the FH promptly
- Contact FH and provide family contact information
 - Indicate to FH it is a COVID-19 death (confirmed or suspected)
 - Indicate family will be calling
 - Work together to plan for release into the care of the FH



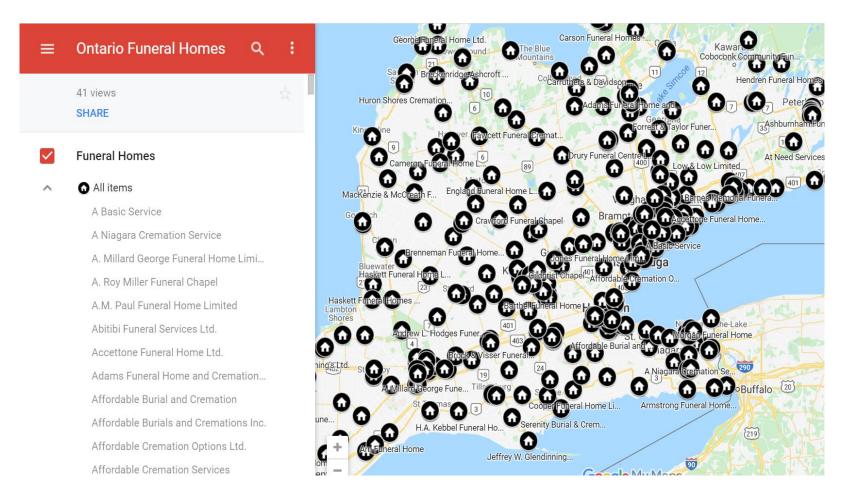
Step 2: Death Pronouncement: EDRT

What if the family can't decide on a funeral home?

- Advise that funeral home must be identified promptly, given the exceptional circumstances.
- EDRT to provide list of funeral homes to family to assist with decision
- Advise that if unable to choose, the EDRT will proceed with choosing a funeral home that family members will be required to work with.



Funeral Home Finder – Dynamic Tool



https://drive.google.com/open?id=1vJFpFn-CAA9r_iw1_Nziz3BKO2vFXJj8&usp=sharing

Funeral Home Finder - Printable Version

Hospital Name	Hospital Type	Funeral Establishment Name
Lakeridge Health - Whitby Site	Large Community Hospital	Barnes Memorial Funeral Home Ltd.
Lakeridge Health - Whitby Site	Large Community Hospital	W.C. Town Funeral Chapel
Lakeridge Health - Whitby Site	Large Community Hospital	Mount Lawn Funeral Home & Cemetery
Lakeridge Health - Whitby Site	Large Community Hospital	Oshawa Funeral Home
Lakeridge Health - Whitby Site	Large Community Hospital	Accettone Funeral Home Ltd.
Lakeridge Health - Whitby Site	Large Community Hospital	Ajax Crematorium and Visitation Centre Inc.
Lakeridge Health - Whitby Site	Large Community Hospital	Armstrong Funeral Home Limited
Lakeridge Health - Whitby Site	Large Community Hospital	McIntosh-Anderson-Kellam Funeral Home Ltd.
Lakeridge Health - Whitby Site	Large Community Hospital	McEachnie Funeral Home
Lakeridge Health - Whitby Site	Large Community Hospital	De Stefano Funeral Home Services Inc.

Step 2: Death Pronouncement: EDRT

Considerations when there may be no family or Next of Kin (NOK)

- Was there involvement of potential claimants prior to death?
- Was there involvement of other authorities, e.g., Office of the Public Guardian and Trustee, lawyers, other decision makers?
- Has there been visitation by family?
- Complete section on the Office of the Chief Coroner (OCC) EDR

Please contact the OCC Team for further discussion around deaths with no next of kin

Email: occteam@Ontario.ca

Phone: Toll Free: 1 (833) 915-0868

Local (Toronto): 1 (647) 792-0440

Fax: 1 (888) 247-1845



Step 2: Death Pronouncement: EDRT

Personal, Faith Based or Cultural Considerations

- Families may have specific religious beliefs or practices they wish to follow at the end of life.
- After the family has contacted the funeral service provider
 - If the family belongs to a particular place of worship, encourage the family to contact them as soon as possible to make any necessary arrangements.
 - The family may also discuss any personal, faith based or cultural practices with their funeral services provider.
- Advise that family will be unable to wash or touch the deceased resident while in hospital.



Step 2: Death Pronouncement: ERDT

Complete the Expedited Death Report(EDR)

- If clinician can prepare the Medical Certificate of Death (MCOD) within one hour
 - Ensure MCOD is available to provide when FH arrives
 - EDR is not required

OR

- If clinician NOT completing MCOD within one hour
 - Engage promptly with the attending clinician for information and guidance on completion of the EDR Cause Of Death section
 - Obtain both the immediate cause of death and the underlying cause of death (if applicable)
- Complete the EDR to submit to the OCC team immediately after completion
- The OCC will complete the MCOD and provide to the FH directly.



Step 2: Death Pronouncement: ERDT

EDR Cause Of Death section

Cause of Death:

Part 1: Immediate Cause of Death:

Antecedent causes, if any:

Underlying cause of death (stated last):

Part 2: Significant conditions contributing to death:

If COVID-19 is listed in cause of death or significant conditions contributing to death:

- o Lab confirmed
- o Probable or suspect case



Step 3: Prepare transfer to release area: EDRT

- Place deceased person into a leak proof body bag
- It is critical to ensure identification arm band is on the deceased person with matching labeling on outside of body bag
- If positive or presumed COVID-19, label the body bag with "COVID-19"
- Prior to moving the deceased patient from the room, ensure the body bag is completely wiped down with a disinfectant solution (a hospital-grade disinfectant or a diluted concentration of bleach)



Step 4: Body transfer to morgue/staging area: Transfer personnel

- Move deceased person from patient room to release area
- Logbook entry as per hospital protocol



Step 5: Release to the Funeral Home: Release Personnel

- Release personnel meet FH in release area
- FH staff remain outside of facility and provide FH stretcher to release personnel
- Release personnel logs the deceased person out
- At point of release from the facility ensure the body bag is completely wiped down with a disinfectant solution (a hospital-grade disinfectant or a diluted concentration of bleach)
- Release personnel transfer to FH staff outside the facility- no family in attendance
- FH transfers to vehicle



QUESTIONS?

