Mayo Clinic

- Founded in 1883 by William Worrell Mayo and his 2 sons, William and Charles
- 1st patient registration system in the United States in 1907
- 1st to treat Tuberculosis with streptomycin in 1944
- Kendall and Hench discover cortisone and win Nobel prize
- 1st total hip replacement in United States in 1969
- 1st CT scanner introduced in North America in 1973
- Largest electronic medical record system in the world in 2005
- 1st to introduce Alkaline Hydrolysis to humans and return ashes in 2006
Stabile Building
New Unit

Installed
Why would a health center need a crematory?

- Coordinate Mayo Clinic’s Anatomical Bequest Program (whole body donation)
- Responsible to ensure ethical final disposition at study conclusion
- Historic practice was to use local funeral home crematories
- Could we do better?
Why did we consider AH?

- Had considered doing our own traditional cremations-problematic staffing, time, and distance
- AH technology was introduced to us by a contact at U of FL Gainesville
- Many calls concerning our cremation sources as a result of Tri-State crematory in Georgia issues Feb 2002
- Toured manufacturers facility in IN and visited Gainesville operation in the fall 2002
- AH--Advertised as green, safe, and proven in neutralizing all known pathogens, on-site use, sterile affluent discharge, attractive and safe bio ashes for return to donor families
If we were to offer Alkaline Hydrolysis, we felt it was important to have it recognized as a legal means of human disposition.

2003 Introduced legislation with the assistance and support of MDH and Senator Senjem (Revised in 2013)
Next Steps

• Began discussions with the manufacturer to make a unit to our specifications—non animal, dedicated single human use

• Secured internal funding and purchased machine

• Became a MN licensed crematory

• 138 donors in donor program system—positive feedback

• First human cycle was Feb 23, 2006

• Found a way to make it work

• Tested affluent and was it was within acceptable limits

• Developed best practices- removal of amalgam, recycling valuable orthopedic appliances, and returning pacemakers to Medtronics for function data capture
Bi-products
Recyclable implants—dental amalgam accrued and managed by Safety Dept.
Example of typical cycle bone remnants
Affluent and processed bone
Funeral home vs hospital use

• Very little difference, we return bio-ash to the donor families same as funeral home. Want the same respect and dignity for our valued donors as we would for any family member

• Occasional special dissections
• May in the future need to replace osteology sets
• Could assist with pathology-surgical tissue
• In the event of bio-terrorism have capabilities to assist
• Due to our building, set up, and situation we do not add anything additional to reduce ph in the effluent
Assessment of AH

• Internal operations have been favorable
• We continue to monitor systems and discharge
• Positive comments from our donor families
• We are committed to this technology and are seeking to upgrade our vessel this year
Thank you!

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