

HOSPITAL MUTUAL AID MEMORANDUM OF UNDERSTANDING CAPITAL DISTRICT REGION AND CENTRAL REGION OF NEW YORK

SUMMARY OF PROVISIONS

BACKGROUND

The MOU took effect in May, 2014 and has been executed by each of 51 HPP grantee hospitals in the CDRO HEPC and CNYRO HEPC. It was developed in 2013-2014 through hospital work groups led by Iroquois Healthcare Association. Hospitals were reimbursed \$10,000 through NYSDOH HPP grant for executing the MOU.

PURPOSE & SCOPE

The MOU is intended to support continuity of care and medical surge capacity through mutual aid consisting of:

- Equipment, supplies and pharmaceuticals;
- Evacuation and transfer of patients; and
- Communication and information sharing.

The MOU reflects cooperative understandings when providing assistance, describing information to be communicated, responsibilities relating to transportation, documentation, costs and insurance, and plan maintenance. The MOU is not intended to serve as an emergency operations plan or direct any response functions. (*Article I; Section 2*).

The MOU does not require hospitals to lend resources or provide other assistance, but hospitals agree to do so in good faith as they are able. However, once resources have been provided and accepted, the applicable provisions of this MOU shall be deemed to be legally binding (*Article III; Section 2*).

"Resources" are defined as equipment, supplies and pharmaceuticals and may mean staff and facilities necessary to assist with hospital evacuations and acceptance of transferred patients. This definition of "Resources" also may be limited to equipment, supplies and pharmaceuticals when the context so requires (*Article II*).

PLAN MAINTENANCE

The agreements within the MOU shall remain applicable and enforceable through changes in hospitals' personnel or administration (*Article I; Section 1.1*).

Any modifications must be in writing and be signed by Partner Response Hospitals (*Article III; Section 2.5*).

The MOU shall be reviewed annually at first quarterly HEPC meetings to assess whether changes are required or additional arrangements needed with other hospitals, providers, suppliers, etc. (*Article VIII; Section 1*).

Hospitals will educate and train appropriate staff how to request/receive resources, including proper procedures to follow, which personnel should make a request, whom to notify, and how to receive and financially account for donated resources. Training and exercising of this MOU will be executed annually (*Article VIII; Section 2*).

MUTUAL AID REQUESTS

May be initiated in response to or in anticipation of any surge or emergency event that may exceed resources or capabilities (*Article IV, Sections 1- 2*). Hospitals should exhaust internal assets and resources and work through normal supply chains first (*Article IV, Section 3.1*).

Requests may be made directly to another hospital or through County EM as appropriate. Hospital will notify its County EM and the NYSDOH Regional Office:

- That it either is supplying or requesting supplies, and/or transferring or receiving patients, and
- Of any changes in the facility's status and/or its resources that may influence how other incidents and/or resources will need to be managed (*Article IV, Section 3.2*).

TRANSFER OF PATIENTS

Information to be provided by the Transferring Hospital includes (*Article V, Section 1*):

- The number of patients by acuity level;

- Special needs (e.g., psychiatric, bariatric, dialysis, contact/airborne precautions);
- Staff, equipment and medications needed during transport and in the continuity of care; and
- Specific transportation needs for each patient and location of pick-up points.

The Transferring Hospital is responsible for (*Article V, Section 1.2*):

- The arrangement and cost of transporting patients;
- Providing patient information, medical records and insurance information to the Receiving Hospital.
- Tracking patients' destinations.

The transfer of responsibility for a patient's care occurs upon arrival at the Receiving Hospital. The Receiving Hospital will track incoming patients and their medical records, and promptly confirm the patient's arrival with the Transferring Hospital (*Article V, Section 2*). Upon the Receiving Hospital's request, patients may be returned to the Transferring Hospital, with exceptions as outlined (*Article V, Section 3*).

EQUIPMENT, SUPPLIES AND PHARMACEUTICALS

The Requesting Hospital will identify the following (*Article VI; Section 1.1*):

1. The quantity and exact type of requested items;
2. Estimate how soon the request is needed;
3. Time period for which the supplies will be needed; and
4. Location to which the supplies should be delivered.

A verbal requests must be followed up with a written communication to the Lending Hospital's CEO using standard requisition forms pursuant to the provisions of Article VI, Section 4 relating to documentation for borrowed resources (*Article VI; Section 1.2*).

The Requesting Hospital is responsible for:

- Arranging transportation of resources, cost and risk of loss during transportation (*Article VI; Section 2.1*);
- Examining resources, assuring appropriate use, maintenance and safety (*Article VI; Section 3.1*);
- Returning and paying all related costs for returning or replacing resources, rehabilitating borrowed equipment before return, and paying all costs incurred by the Lending Hospital in accordance with its standard billing procedures (*Article VI; Section 2.3, 3.4 and 5.1*).

Unused non-durable Resources (e.g., pharmaceuticals, sterile supplies) received from a Lending Hospital will not be returned to the Lending Hospital unless mutually agreed to. Durable Resources should be returned adequately rehabilitated or with appropriate reimbursement for their rehabilitation (*Article VI; Section 5.2*).

The Lending Hospital is responsible for tracking borrowed inventory through standard requisition forms which will be honored by the Requesting Hospital as documentation of the request for and receipt of Resources. The documentation should detail the items involved, condition prior to the loan, and the parties responsible for the borrowed resources. Upon return, the Requesting Hospital's CEO or designee will co-sign the original forms and record the inventory's condition (*Article VI; Section 4.1 – 4.2*).

INSURANCE/INDEMNIFICATION

Insurance and indemnification provisions are outlined in Article VII; Section 1 and 2.