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 through HEPC work groups led by Iroquois Healthcare Association and included review and input by hospital executives, legal counsel, risk management, emergency preparedness coordinators, et. al. Hospitals were reimbursed $10,000 through NYSDOH HPP grant for executing the MOU. (See fully executed MOU and Signatory Tracker.)

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 mutual aid is provided, describing information to be communicated and responsibilities relating to transportation, documentation, costs, insurance, and plan maintenance. The MOU is not intended to serve as an emergency operations plan or direct response functions. (*Article I; Section 2*). Provision of mutual aid is voluntary, however, once provided and accepted, the applicable provisions of the MOU shall be binding (*Article III; Section 2*).

PLAN MAINTENANCE

The MOU does not have a termination or expiration date. The agreements within remain applicable and enforceable through changes in hospitals' personnel or administration *(Article I; Section 1.1).* Modifications must be in writing and signed by Partner Response Hospitals *(Article III; Section 2.5).*

The MOU shall be reviewed annually at HEPC meetings to assess the need for changes or additional arrangements *(Article VIII; Section 1).* The MOU was reviewed in 2018 at the following HEPC meetings:

CNYRO HEPC East Sub-Region	12/3/18	CNYRO HEPC South Sub-Region	12/6/18
CNYRO HEPC North Sub-Region	12/4/18	CDRO HEPC North Sub-Region	9/27/18
CNYRO HEPC West Sub-Region	12/5/18	CDRO HEPC Capital Sub-Region	12/4/18

Hospitals will educate and train appropriate staff how to request/receive mutual aid and account for donated resources (see MOU Summary & Training presentation). Training and exercising will be conducted annually *(Article VIII; Section 2).* The Coalition Surge Test Exercise conducted by the CDRO HEPC on 1/23/18 and CNYRO HEPC on 1/25/18 tested the ability of hospitals to communicate mutual aid requests and transfer patients. Exercise objectives included demonstrating the ability to identify destination facilities for patients needing transfer; determining the level of transport assets needed and arranging transport; communicating and documenting requests for assistance; and providing situational awareness of response activities.

MUTUAL AID REQUESTS

May be initiated in response to or in anticipation of any event that may exceed resources or capabilities *(Article IV, Sections 1- 2).* Hospitals should exhaust internal 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. Hospitals should notify its county EM and NYSDOH Regional Office if it is providing or requesting resources, transferring or receiving patients, and of any changes in the facility's status or its resources which may influence how other incidents or resources may be managed *(Article IV, Section 3.2).*

Transfer of Patients

Information to be provided by the Transferring Hospital includes:

- the number of patients by acuity level and any special needs;
- equipment, medications and staff needed during transport or in the continuity of care; and specific transportation needs for each patient. *(Article V, Section 1)*.

The Transferring Hospital is responsible for:

- the arrangement and cost of transporting patients;
- providing patient information, medical records and insurance information to the Receiving Hospital;
- tracking patients' destinations *(Article V, Section 1.2).*

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).*

Resources

"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 may be limited to equipment, supplies and pharmaceuticals when the context so requires *(Article II).*

Requests may be made verbally, but must be followed by written communication to the Lending Hospital's CEO using standard requisition forms *(Article VI; Section 1.2)*. The Requesting Hospital will identify:

- the quantity and exact type of requested resources;
- an estimate how soon and how long the resources are needed; and
- the location to which the supplies should be delivered *(Article VI; Section 1.1).*

The Lending Hospital is responsible for tracking resources through standard requisition forms which will be honored by the Requesting Hospital as documentation. The Requesting Hospital will confirm receipt of the resources, detailing the item(s) received; condition (if applicable); 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)*.

The Requesting Hospital is responsible for:

- arrangement and cost of transporting resources *(Article VI; Section 2.1);*
- examining resources, and assuring appropriate use, maintenance and safety *(Article VI; Section 3.1)*;
- returning or replacing resources, and paying costs incurred by the Lending Hospital in accordance with its standard billing procedures *(Article VI; Section 2.3, 3.4 and 5.1)*.

Durable resources should be returned adequately rehabilitated or with reimbursement for rehabilitation. Unused non-durable resources (e.g., pharmaceuticals, sterile supplies) will not be returned unless mutually agreed to. *(Article VI; Section 5.2)*.

INSURANCE/INDEMNIFICATION

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

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