



## 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 was executed by 51 HPP grantee hospitals in the CDRO and CNYRO (see [fully executed MOU](#) and [signatory tracker](#)). It was developed through HEPC work groups led by Iroquois and included input by hospital executives, legal counsel, risk management, and emergency preparedness coordinators. Hospitals were reimbursed \$10,000 through the NYSDOH HPP grant for executing the MOU.

Iroquois intends to convene an ad hoc advisory group in October 2019 to assess the need for changes or additional arrangements, including update of entities executing the MOU to reflect organizational changes and to discuss arrangements with and among long-term care facilities. Please contact Andrew Jewett if you would like to participate or provide input on potential revisions (*see contact info below*).

### **PURPOSE & SCOPE**

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

- equipment, supplies and pharmaceuticals;
- evacuation and transfer of patients; and
- communication and information sharing.

Provision of mutual aid is voluntary (*Art. III; Sec. 2*). The MOU reflects cooperative understandings when mutual aid is provided, describing information to be communicated and responsibilities for transportation, documentation, costs, and plan maintenance. It is not intended to serve as an emergency operations plan or direct response functions (*Art. I; Sec. 2*).

### **PLAN MAINTENANCE**

The MOU does not have a termination or expiration date, remaining in effect through changes in hospitals' personnel and administration (*Art. I; Sec. 1.1*). Modifications must be in writing and signed by Partner Response Hospitals (*Art. III; Sec. 2.5*).

The MOU shall be reviewed annually at HEPC meetings to assess the need for changes or additional arrangements (*Art. VIII; Sec. 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 annually on how to request/receive mutual aid (see [MOU Summary & Training presentation](#)). Exercising will also be conducted annually (*Art. VIII; Sec. 2*). The Coalition Surge Test Exercise conducted by the CDRO HEPC on 4/10/19 and CNYRO HEPC on 2/21/19 tested the ability of hospitals to communicate mutual aid requests and transfer patients. Exercise objectives included identifying destination facilities for patients needing transfer; determining and arranging appropriate transport; communicating and documenting requests for assistance; and providing situational awareness.

## MUTUAL AID REQUESTS

Requests may be initiated when resources or capabilities may be exceeded (*Art. IV, Sec. 1-2*). Hospitals should exhaust internal resources and work through normal supply chains first (*Art. IV, Sec. 3.1*). Requests may be made directly or through county EM. Hospitals should notify its county EM and NYSDOH Regional Office when providing or requesting resources, transferring or receiving patients, or of changes in facility status or resources which may influence how other incidents or resources are managed (*Art. IV, Sec. 3.2*).

### Transfer of Patients

Information to be provided by the Transferring Hospital includes:

- the number of patients by acuity level, any special needs;
- equipment, medications and staff needed during transport or in the continuity of care (*Art. V, Sec. 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 (*Art. V, Sec. 1.2*).

The transfer of responsibility for 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 (*Art. V, Sec. 2*). Upon the Receiving Hospital's request, patients may be returned to the Transferring Hospital, with exceptions as outlined (*Art. V, Sec. 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 (*Art. II*).

Requests may be made verbally, but must be followed by written communication to the Lending Hospital's CEO using standard requisition forms (*Art. VI; Sec. 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 (*Art. VI; Sec. 1.1*).

The Lending Hospital is responsible for tracking resources through standard requisition forms. The Requesting Hospital will confirm receipt of the resources. Upon return, the Requesting Hospital's CEO or designee will co-sign the original forms and record the inventory's condition (*Art. VI; Sec. 4.1 – 4.2*).

The Requesting Hospital is responsible for:

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

Durable resources should be returned adequately rehabilitated or with reimbursement for rehabilitation. Unused non-durable resources will not be returned unless mutually agreed to. (*Art. VI; Sec. 5.2*).

## INSURANCE/INDEMNIFICATION

Insurance and indemnification provisions are outlined in Art. VII; Sec. 1 and 2.

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