



**IROQUOIS**  
*Healthcare Association*

**HOSPITAL MUTUAL AID MOU  
CAPITAL DISTRICT & CENTRAL REGIONS OF N.Y.**

**SUMMARY & TRAINING**

Updated September 2020

# BACKGROUND

- Signed by each of the 51 HPP grantee hospitals in the CDR and CNYR Health Emergency Preparedness Coalitions (HEPC);
- Developed in 2014 by HEPC workgroups led by Iroquois Healthcare Association;
- Drafting process included review and input by hospital executives, emergency preparedness coordinators, legal counsel, risk management, et. al.



# BACKGROUND

- Advisory Group reviewed the MOU in December 2019 and made the following recommendations:
  1. No changes to the MOU are necessary at this time;
  2. A process to update signatories should be provided;
  3. Mutual Aid MOUs among hospitals and LTCFs will further support medical surge and evacuation capabilities. It is recommended that an MOU template be developed.
- Signatory update documents to be provided October 2020.



# PURPOSE & SCOPE

- To support medical surge capacity and continuity of care through mutual aid consisting of:
  - Equipment, supplies and pharmaceuticals;
  - Evacuation and transfer of patients; and
  - Communication and information sharing.
- Not intended to serve as an emergency operations plan or direct response functions. *(Art 1; Sec 2)*



# PURPOSE & SCOPE

- Mutual aid is voluntary, however, once provided and accepted, MOU provisions are binding. *(Art III; Sec 2)*
- Reflects cooperative understandings when mutual aid is provided, describing information to be communicated and responsibilities relating to transportation, documentation, costs, insurance, and plan maintenance.
- Provides accreditation agencies, state/federal agencies, et. al. with evidence of commitment to and coordination of emergency preparedness. *(Art I, Sec 1)*



# PLANNING ASSUMPTIONS

- Planning assumptions include that each hospital:
  - Conducts an annual HVA upon which an EOP is adopted;
  - Operates by direction of its EOP, and in coordination with those of its jurisdiction and HEPC;
  - Has adopted NIMS and conducts implementation activities;
  - Exchanges information for situational assessment and resource identification;
  - Engages in HEPC planning activities to ensure coordination of patient care. *(Art 1, Sec 3-4)*



# DEFINITIONS

**Lending Hospital:** Hospital that provides equipment, supplies and pharmaceuticals to a hospital impacted by a disaster.

**Partner Response Hospital:** Hospitals that execute this MOU.

**Receiving Hospital:** Hospital that accepts evacuated or transferred patients from a Transferring Hospital.

**Transferring Hospital:** Hospital impacted by a disaster, or anticipating a disaster, that requests its patients be transferred to another hospital(s).

**Regions:** 31 counties in CDRO & CNYRO

**Resources:** Equipment, supplies and pharmaceuticals. May include staff and facilities needed for evacuation and transfer of patients.

**Requesting Hospital:** A hospital impacted by a disaster, or anticipating a disaster, that requests equipment, supplies and pharmaceuticals.



# PLAN MAINTENANCE

- Does not have a termination date; remains applicable through changes in hospital personnel or administration. *(Art I; Sec 1.1)*
- Modifications must be in writing and signed by Partner Response Hospitals. *(Art III; Sec 2.5)*
- To be reviewed annually to assess whether changes are required or additional arrangements needed. *(Art VIII; Sec 1)*
- Training and exercising of this MOU will be executed annually. *(Art VIII; Sec 2)*





# MUTUAL AID REQUESTS

- May be initiated in response/anticipation of any event that may exceed resources or capabilities. *(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 county EM and NYSDOH RO of requests and changes in status/resources which may effect how other incidents or resources are managed. *(Art IV, Sec 3.2)*



# TRANSFER OF PATIENTS

- Information to be provided by Transferring Hospital includes:
  - Number of patients by acuity level;
  - Special needs (e.g. psychiatric, dialysis, 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. *(Art V, Sec 1)*



# TRANSFER OF PATIENTS

- The Transferring Hospital is responsible for:
- Arrangement and cost of transporting patients;
- Providing patient information, medical records and insurance information to the Receiving Hospital;
- Tracking patients' destinations. (*Art V, Sect 1.2*)



# TRANSFER OF PATIENTS

- Transfer of responsibility for care occurs upon arrival at Receiving Hospital. Receiving Hospital will track incoming patients/medical records and promptly confirm arrival with Transferring Hospital. *(Art V, Sec 2)*
- Upon Receiving Hospital's request, patients may be returned to Transferring Hospital, with exceptions as outlined. *(Art V, Sec 3)*



# EQUIPMENT, SUPPLIES AND PHARMACEUTICALS

- The Requesting Hospital will identify:
  - Quantity and exact type of requested resources;
  - How soon and how long the resources are needed;
  - Delivery location. *(Art VI; Sec1.1)*
- Verbal requests must be followed with written communication to Lending Hospital's CEO using standard requisition forms. *(Art VI; Sec 1.2)*



# EQUIPMENT, SUPPLIES AND PHARMACEUTICALS

- The Requesting Hospital is responsible for:
  - Arrangement and cost of transportation; *(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. *(Art VI; Sec 2.3, 3.4, 5.1)*



# EQUIPMENT, SUPPLIES AND PHARMACEUTICALS

- Lending Hospital is responsible for tracking resources through standard requisition forms. Requesting Hospital will confirm receipt, detailing item(s); condition (if applicable); and responsible parties. Upon return, 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)*
- Receiving Hospital should rehabilitate durable resources or provide reimbursement for those costs. 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 Article VII; Section 1 and 2.





# QUESTIONS & COMMENTS ON REVISIONS

If you have questions or comments regarding the MOU or suggested revisions, please contact:

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