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 I; Sec 2)
• 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 I, 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)
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 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*)
• 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)*
• 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)*
• 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 and indemnification provisions are outlined in Article VII; Section 1 and 2.
If you have questions or comments regarding the MOU or suggested revisions, please contact:

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