



# Hospital Disaster Mutual Aid

## Information and Resources

### Introduction and Overview

Any community is susceptible to disaster, both natural and man-made. Preparation and response starts locally. Health related disasters and emergencies are handled in the community before resources are requested from regional, state and/or federal levels. In many instances, outside assistance cannot be expected for a minimum of 72 hours. For this reason, it is imperative for hospitals and health systems to prepare to be able to manage the situation without outside assistance.

In the event of a disaster or public health emergency, individual hospitals and agencies cannot always effectively act alone. In order to provide a collaborative, comprehensive system of planning and response, it is beneficial for hospitals to have partners and pre-arranged mutual aid agreements detailing what they can do to assist and support each other until additional assistance is received.

Information and resources in this document will show hospitals and local ESF-8 personnel how mutual aid agreements have been used in Florida and other states as well as explain an important Federal mutual aid system. This information and additional resources listed will demonstrate the potential offered by mutual aid agreements and provide examples that can be adapted to improve your hospital's mutual aid agreements.

### Background

Florida hospitals effectively responded to a large number and wide variety of incidents since September 11, 2001. Events have included anthrax, the '04 and '05 hurricanes, three Super Bowls, wildfires, 2009 H1N1 Influenza, the Haiti earthquake, and the Deepwater Horizon oil spill.

During these events an extensive amount of resources were shared between hospitals. Some of this sharing took place as a result of previously developed and structured mutual aid relationships. However, other resources were shared based on relationships and needs that emerged during the event. Lessons learned as a result of these events clearly demonstrated that having some form of mutual aid agreement prior to an event improved hospital response.

### Sharing Resources through Mutual Aid Agreements

A variety of critical resources that may be locally limited or overtaxed during an emergency event can be shared through mutual aid. Shared resources can include:

- Equipment
- Supplies
- Transportation
- Personnel
- Evacuation
- Patient transfer

Resources may have operational requirements that can create deployment difficulties when sharing is necessary or desired. Response partners can identify potential problems in advance and develop solutions. Implementation materials like standard operating guidelines (SOGs), equipment lists, patient transfer documents, and protocols are helpful in developing a system of mutual aid.

## Mutual Aid Partnerships

Successful partnerships are based on joint goals and provide value to all parties. These partnerships result in a collaboration that avoids duplication and misunderstandings and maximizes efforts, resources, and funds. A variety of partnerships make for successful mutual aid agreements.

Mutual aid relationships can be organized in a number of ways. They can be:

- Managed by a parent corporation
- One-to-one relationships between two hospitals
- Sponsored by a coalition between numbers of organizations
- Managed by a membership association
- Managed by a government entity

These different organizing arrangements alter mutual aid agreements and require a legal review by hospital or health system counsel. Legal considerations of mutual aid agreements include:

- Liability
- Reimbursement
- Scale
- Complexity

A **disaster healthcare coalition** can provide a valuable organizational structure to develop and coordinate mutual aid in a region or large urban area. Coalitions with mutual aid agreements are helpful in managing the hierarchy of resource requests. While some coalitions exist in Florida, their development and capability to coordinate mutual aid varies.

## Types of Mutual Aid Agreements

Mutual aid agreements can be formal or informal in structure, but most are voluntary and are not strict legal agreements. Aid rendered through a written agreement is legally different than a clause in a vendor's contract to guarantee delivery of supplies or equipment in a disaster. This relationship is also different than agreeing to send clinical staff to another organization if they are available.

Mutual aid relationships can be arrayed in a hierarchy of legal "strengths" from strong to weak, for example:

- Sharing between hospitals with the same corporate parent – with internal organization's policies, standard operating procedures (SOPs) and a financial system to document and distribute the cost
- Vendor contracts – with or without penalties for not delivering in an emergency
- Memorandum of Agreement (MOA) - implies a stronger obligation which might carry more risk for the parties involved
- Memorandum of Understanding (MOU) - documenting a voluntary relationship, but not binding on either party

Keep these distinctions in mind when reviewing the following materials to see how different agreements strike a balance which satisfies the stakeholders' need for autonomy with the operational requirements of sharing resources in the complex, environment of healthcare organizations. Notice also how some resource and performance specifications are included in agreements, while other details are in plans and supporting documents such as equipment checklists or deployment SOGs.

While there are differences in types and legal authority, some elements are common to successful agreements. These elements describe or define:

- Purpose of agreement
- Parties involved
- Supporting regulations or authority
- Scope of the agreement and relationship – What incidents apply and what is covered
- Roles and responsibilities of each party
- Starting and ending dates
- Any special requirements or clauses such as:
  - Assignment or limitation of liability of the parties
  - Explanation of cost and resource sharing and reimbursement
  - How to handle disputes

## Developing Mutual Aid Agreements

A coordinating organization, such as a healthcare emergency response coalition (HERC), can be very helpful, if not essential, to developing workable mutual aid agreements in a region or large urban area. When planning and developing mutual aid agreements, it is important to keep these points in mind:

- Identify partnerships that will help you leverage resources
- Jointly developed agreements that offer benefits to all partners have a greater potential for sustained success
- Seek support and commitment from senior leaders
- Assign staff to work with designated staff or representatives from the organization or entity that you are establishing the mutual aid agreement with
- Review your disaster plan, plans from your community, and the vulnerability assessments for your service area and community
- Consider the benefit of joint training and exercises in order to have established relationships and common ground when an event occurs

## Coalitions and Sample Materials

*Resources listed in this document are provided for information. The inclusion of documents or sites outside the Florida Department of Health does not constitute endorsement by the Florida Department of Health. The department is not responsible for content on any linked document or website. Note that sites and URLs are subject to change or have technical malfunctions without warning.*

### Florida Coalitions and Agreements

#### Miami-Dade County Hospital Preparedness Consortium (MDCHPC)

The Miami-Dade County Hospital Preparedness Consortium provides a forum for uniting hospitals with other relevant stakeholders in the community, to address healthcare emergency preparedness and response capabilities of hospitals in Miami-Dade County.

For more information visit the consortium website at: [www.mdchospitals.org](http://www.mdchospitals.org).

#### Healthcare Emergency Response Coalition of Palm Beach County (HERC)

The purpose of the HERC of Palm Beach County is to:

- Coordinate and improve the delivery of healthcare emergency response services
- Foster communication between local, regional, and state entities on community-wide emergency planning, response, and recovery
- Ensure overall readiness through coordination of community-wide training and exercises

- Promote preparedness in the healthcare community through standardized practices and integration with other response partners

For more information visit the coalition webpage at: [www.pbcms.org/herc](http://www.pbcms.org/herc).

### **First Coast Disaster Council (FCDC)**

The First Coast Disaster Council has 18 member hospitals in the Jacksonville region listed in their mutual aid agreement. EMS, ambulance companies, and county emergency management also actively participate.

For more information see the [FCDC 2010 Letter of Agreement](#).

### **Broward County Healthcare Coalition (BCHC)**

The coalition is made up of Broward county hospitals, municipalities, county health department, and other health and medical partners who are working together to lead the county health system in all-hazard emergency preparedness, mitigation, response, and recovery activities. The BCHC does not have a hospital mutual aid agreement.

For more information visit the coalition webpage at: [www.bchconline.org](http://www.bchconline.org).

### **Disaster Aid Services to Hospitals (DASH)**

This consortium of hospital systems in the state was started after Hurricane Andrew. Current members are:

- Baptist Medical Center Downtown – Jacksonville, representing the Baptist Health System
- Baptist Health South Florida – Miami
- South Broward Hospital District/Memorial Healthcare – Hollywood
- Lee Memorial Health System – Ft Myers
- St Joseph’s Baptist Health – Tampa, representing the Baycare System
- Bayfront Health Systems – St Petersburg
- Holy Cross Hospital – Ft Lauderdale
- Indian River Memorial Hospital – Vero Beach

These hospital systems have a letter of agreement, “to voluntarily coordinate disaster aid services.” The agreement is supported by a Policies and Procedures document and an Agreement for Volunteers which outlines how services could be shared. Three hospitals are identified annually to coordinate needed services between the consortium members in an incident.

- DASH 2010 [Letter of Agreement](#)
- DASH [Policies and Procedures](#)
- DASH [Agreement for Volunteers](#)

## **Leon County Healthcare Providers Disaster Coalition**

The mission of the Coalition is “to develop and promote the emergency preparedness and response capabilities of the healthcare providers in Leon County through collaboration of all healthcare provider facilities and associated agencies and through the establishment of a formal Memorandum of Understanding.” In this MOU the agencies have agreed to the best level possible to support each other during disaster events.

For more information go to <http://lchpdc.weebly.com>.

## **Other Florida Agreements**

### **Brevard County**

The purpose of a Memorandum of Understanding ([MOU](#)) for hospital support between Health First, Inc and Brevard County Health Department is to provide health department personnel, for “Start 2 Finish, Green Stations” during an acute disaster/public health emergency.

### **Duval County**

#### **The Duval County Health Department’s “Adopt a Shelter Program”**

Eight hospitals partner with the health department to support specific special needs shelters. Created 1999, the program has made improvements to the MOU and supporting materials as experience was gained during incidents.

An interesting feature of the program is that hospitals will station personnel in the special need shelters to reduce the unnecessary transfers of clients to hospitals. Also, some shelter clients may be sheltered on the hospital campus in case they need to be admitted when medical transport is difficult. For more information see the 2010 [Memorandum of Agreement](#) and [supporting documentation](#).

## **Other State Samples**

**Georgia** – [Georgia’s State-wide Hospital Mutual Aid Compact](#), 2010. For a description of Georgia’s regional hospital coordinating structure go to: [www.ehcca.com/presentations/emsummit2/4\\_06.pdf](http://www.ehcca.com/presentations/emsummit2/4_06.pdf). The Georgia Hospital Association has been instrumental in supporting this mutual aid organization. For more information on the Hospital Association go to: [www.gha.org](http://www.gha.org)

**Missouri** – [Missouri’s State-wide Hospital Mutual Aid Compact](#), 2011, addresses the following issues:

- Requirement to participate in training and exercises
- Necessary participation of local emergency management
- Coordination of media relations
- Authority to commit resources
- Procedures for transfer and payment for personnel, equipment and supplies

- Granting emergency privileges
- Supplying information to facilitate FEMA reimbursement
- Use of a state-wide, web-based reporting system

**New York** – The [Northern Metropolitan Hospital Association](#), (NorMet) 2009-2012 [Mutual Aid Agreement](#) contains [Standard Operating Guidelines](#) with good sections on Activation; Medical Operations/Loaning Staff; Transfer of Pharmaceuticals, Supplies or Equipment; Transfer/Evacuation of Patients; and a Mutual Aid Coordinating Entity (MACE). A coordination protocol flow chart is on p. 7.

## **National Disaster Medical System**

The National Disaster Medical System (NDMS) is a federally coordinated system that augments the Nation's medical response capability. The overall purpose of the NDMS is to supplement an integrated national medical response capability for assisting state and local authorities in dealing with the medical impacts of major peacetime disasters and to provide support to the military and the Department of Veterans Affairs medical systems in caring for casualties evacuated back to the U.S. from overseas armed conventional conflicts.

The National Response Framework utilizes the National Disaster Medical System (NDMS), as part of the Department of Health and Human Services, Office of Preparedness and Response, under Emergency Support Function 8 (ESF-8), Health and Medical Services, to support Federal agencies in the management and coordination of the Federal medical response to major emergencies and federally declared disasters.

Federal Coordinating Centers (FCCs) recruit hospitals and maintain local non-Federal hospital participation in the NDMS; coordinate exercise development and emergency plans with participating hospitals and other local authorities in order to develop patient reception, transportation, and communication plans; and during system activation, coordinate the reception and distribution of patients being evacuated to the area.

### **Hospital's Role in NDMS**

Accredited hospitals, usually over 100 beds in size and located in large U.S. metropolitan areas, are encouraged to enter into a voluntary agreement with NDMS. Hospitals agree to commit a number of their acute care beds, subject to availability, for NDMS patients. Because this is a completely voluntary program, hospitals may, upon activation of the system, provide more or fewer beds than the number committed in the agreement. Hospitals that admit NDMS patients are guaranteed reimbursement at 110% of Medicare rates by the Federal government.

### **Patients Evacuation, Transportation and Reception**

At the disaster site, patients will be stabilized for transport. In most cases, patients will be evacuated by the Department of Defense (DOD) aero medical evacuation system. At the airport of the NDMS reception area, patients will be met by a local medical team that will sort, assess and match those patients to participating hospitals, according to procedures developed by local authorities and the local area's NDMS Federal Coordinating Center. Patients will be transported to participating hospitals using locally available ground and air transport. An MOU needs to be signed to be part of the NDMS system and receive patients.

For more information go to: [www.phe.gov/Preparedness/responders/ndms](http://www.phe.gov/Preparedness/responders/ndms).

Please contact the Florida Federal Coordinating Center (FCC) Coordinators in your area for specific questions and information:

- Victor Ramos, [Victor.Ramos@va.gov](mailto:Victor.Ramos@va.gov), Tampa NDMS/FCC Coordinator
- Jose Cintron, [Jose.Cintron@VA.gov](mailto:Jose.Cintron@VA.gov), Miami NDMS/FCC Coordinator
- Dana Shropshire, [Dana.Shropshire@med.navy.mil](mailto:Dana.Shropshire@med.navy.mil), Jacksonville NDMS/FCC Coordinator
- Bob Tash, [robert.tash.1@us.af.mil](mailto:robert.tash.1@us.af.mil), Pensacola NDMS/FCC Coordinator

## Summary

Florida has experienced many disasters in the past impacting every aspect of individual communities and our state as a whole. Each incident reveals information ultimately improving response capability for public and private stakeholders. Taking action, based on these lessons, enables communities to rapidly move into a recovery phase bringing about a sense of normalcy that helps people get their lives back in order.

Hospitals have gained a tremendous amount of experience from past events and realize the importance of working together to address the healthcare needs of their local area. In Florida, there are many working models that tie resources together strengthening the response capacity and capability of a specific county or region. Work continues to leverage statewide sharing of medical resources. The challenge lies in the various types of healthcare facilities across the state and their differing needs and resources.

Florida has 297 hospitals accounting for 66,645 licensed beds. The number of acute care hospitals total 232, of which 26 (11%) are rural. There are 13 hospitals designated as Critical Access hospitals. Given this range of hospitals and the risks faced during an event, solutions that can be achieved through mutual aid agreements should be encouraged.

Hospital system's mutual aid agreements can range from facilities in close proximity to each other, to networks across the state and out of state. Within Florida's seven regions, established mutual aid agreements exist in the following areas:

- Region 1 - No formal coalition or established compact
- Region 2 - No formal coalition or established compact
- Region 3 - First Coast Disaster Council
- Region 4 - Pinellas County Disaster Committee, Hillsborough County Disaster Committee, Polk County Emergency Preparedness Action Committee, RDSTF Region 4 Health and Medical Sub-Committee, and the Disaster Aid Services to Hospitals (DASH)
- Region 5 - An unnamed coalition of 41 hospitals
- Region 6 - Disaster Aid Services to Hospitals (DASH)
- Region 7 - Palm Beach Healthcare Emergency Response Coalition, Broward County Healthcare Coalition, and the Miami-Dade County Hospital Preparedness Consortium



Despite the success of these partnerships, work still exists to determine a standard approach for hospitals in general, for regional differences, for an understanding of existing independent system support, and for a method of joining support across regional boundaries. Accomplishing a statewide network of support has yet to be realized, but hospitals are strengthening their response capability through mutual aid agreements, and success stories abound.

## **Additional Information and Resources**

### **Hospital Emergency Plans**

The Agency for Health Care Administration's [Emergency Management Planning Criteria for Hospitals](#), (AHCA FORM 3130-8005 SEPTEMBER 94) describes the required, annual hospital emergency management plan and mutual aid agreements.

### **Coalitions and Mutual Aid**

Following are additional examples, resources, and information on forming and managing healthcare emergency response coalitions:

Medical Surge Capacity Handbook, 2<sup>nd</sup> Ed, 09/07, ASPR, HHS - [www.phe.gov/Preparedness/planning/mscc/handbook](http://www.phe.gov/Preparedness/planning/mscc/handbook)

King County Healthcare Coalition Toolkit - [www.apctoolkits.com/kingcountyhc](http://www.apctoolkits.com/kingcountyhc)  
“Learn about how your jurisdiction can plan, assess, organize and implement a Healthcare Coalition that fits for your community.” Materials include a [Regional Medical Evacuation and Patient Tracking Mutual Aid Plan](#).

National Center for the Study of Preparedness and Catastrophic Event Response (PACER) - [Model Memorandum of Understanding between Hospitals during Declared Emergencies](#).  
For more information on PACER, go to: [www.pacercenter.org](http://www.pacercenter.org).