

HOSPITAL MEMORANDUM OF UNDERSTANDING FOR MUTUAL AID "MOU"
BETWEEN:

[Insert Hospital Names]

I. INTRODUCTION

The hospitals listed above are susceptible to disasters, both natural and man-made, that could exceed their resources. A disaster could result from incidents generating an overwhelming number of patients, (e.g., major transportation accident, terrorism, etc.), or from a smaller number of patients whose specialized medical requirements exceed the resources of the impacted facility (e.g., hazmat injuries, pulmonary, trauma surgery, etc.), or from incidents such as hospital building or plant problems resulting in the need for partial or complete evacuation.

II. PURPOSE

This Memorandum of Understanding is a voluntary agreement between the above listed hospitals to provide mutual aid at the time of disaster or other emergency situation. For purposes of this MOU, a disaster is defined as an overwhelming incident that exceeds the effective response capability of the impacted hospital or hospitals.

III. MAINTENANCE OF INDIVIDUAL HOSPITAL'S DISASTER PROGRAM

This MOU is not intended to replace a participating hospital's disaster plan. Each participating hospital has the responsibility for maintaining its own emergency management plan that includes, at a minimum, the provision for the care of patients in an emergency or disaster situation. The maintenance of disaster equipment, appropriate training of staff, and the implementation of an internal incident command system based on the principles of the Hospital Incident Command System. (HICS).

IV. HOSPITAL PARTICIPATION IN DISASTER PREPAREDNESS EFFORTS

Each hospital will designate a representative to attend the County's Disaster Preparedness meetings for the purpose of developing operational procedures and coordinating mutual aid initiatives. Each hospital will send their representative(s) to the Emergency Preparedness Advisory Council that will foster coordination with other disaster relief and emergency medical providers and public agencies involved in the disaster response efforts.

V. COMMUNICATIONS

In the event of a disaster the Disaster Radio Network serves, among other functions, as emergency alerting mechanism and the hub for collecting and disseminating current information about hospital E.D. receiving capability, bad capacity, and victim distribution. As part of this MOU, each participating hospital will provide and communicate information during drills or disasters through the Disaster Network Radio, EM Resource, web-site or via phone if not currently on the Disaster Network.

CONTACT INFORMATION- Each hospital will provide regular updates on emergency contact phone numbers, fax numbers, and other data as requested by each other.

LENDING AND RESCEIVING HELP FROM EACH OTHER

A. AUTHORITY AND COMMUNICATION

Only a senior hospital administrator or designee such as the hospital's incident commander has the authority to initiate the request for transfer of patients or agree to the receipt of personnel or

material resources pursuant to this MOU. This request will initially be made verbally, but must be followed by written documentation specifying such information as the type and quantity of supplies or personnel needed, how quickly they are needed, how long they will be needed for, and the location to which they should report or be delivered.

B. PERSONNEL

Individuals who are made available to the requesting hospital shall provide proof of their professional licensure (e.g. RN, MD) to the requesting hospital. Licensed independent practitioners shall report to the requesting hospital with a copy of their license, hospital privileges, and malpractice insurance coverage certificate. If this is not possible because of the nature of the disaster, the recipient hospital may verify this information independently. In compliance with Joint Commission regulations, when the hospital's emergency management plan has been activated, the CEO, V.P. of Medical Staff or their designee may grant emergency privileges to licensed independent practitioners with evidence of appropriate identification. Acceptable sources of identification include a current professional license in the State in which they are asked to assist, a current hospital ID plus license number or verification of the volunteer practitioner's identity by current medical staff member. (See Joint Commission EC.1.4).

The recipient hospital's senior administrator or designee (e.g. the incident commander) will identify where and to whom emergency personnel are to report and who will supervise them. The supervisor will brief the transferred personnel on the situation and their assignments. The recipient hospital will provide and coordinate any necessary demobilization and post-event stress debriefing. The recipient hospital is responsible for providing the transferred personnel with transportation for their return to the transferring hospital.

C. TRANSFER OF PHARMACEUTICALS, SUPPLIES OR EQUIPMENT

The recipient hospital will utilize the transferring hospital's standard order requisition forms as documentation of the receipt of the requested materials (HICS Forms as well for accountability). The recipient hospital is responsible for tracking the borrowed inventory and returning any equipment in good condition or paying for the cost of replacement. The recipient hospital will reimburse the transferring hospital for any consumable supplies or pharmaceuticals at usual and customary rates. The recipient hospital is responsible for appropriate use and necessary maintenance of all borrowed pharmaceuticals, supplies and equipment during the time such items are in the custody of the recipient hospital.

VI. LABORATORY RESPONSE NETWORK

In order to provide a framework for the effective utilization of available Laboratory resources in the event of a Communicable Disease Outbreak or Bio-terrorist Incident and to provide timely and effective diagnostic testing, the Laboratory Response Network members agree to provide material assistance to each other as outlined below. In the event that a Communicable Disease Outbreak or Bio-terrorist Incident overwhelms any member laboratory or results in the evacuation of any laboratory facility, the other member laboratories agree to provide assistance. The laboratories agree to provide consultation, testing services, accessioning, expedited reporting, necessary supplies, and courier services to the degree available. The laboratories further agree to provide other types of laboratory assistance and services available. The laboratories also further agree to provide other types of laboratory assistance and services as may be available and needed by other signatories. It is understood that during a community-wide emergency all laboratories may be operating at or near capacity, therefore mutual aid may be limited to the available capacity.

Compensation for supplies and services will be made through the usual and customary channels.

VII. TRANSFER/EVACUATION OF PATIENTS

A. Communication and Documentation

The request for transfer of patients will be made via the Disaster radio Network or via phone. The transferring hospital must specify the number of patients needing to be transferred, the general nature of their illness or condition and any specialized services or placement required. The transferring hospital is responsible for providing the receiving hospital with copies of the patient's pertinent medical records, registration information and other information necessary for care.

B. Transporting Patients

The transferring hospital is responsible for triage of patients to be transported. The transferring hospital will also transfer extraordinary drugs or special equipment as needed by the receiving hospital.

C. Supervision

Once admitted, the patient becomes the receiving hospital's patient under the care of a member of its medical staff. If requested, temporary medical staff privileges may be granted, in accordance with the recipient hospital's medical staff bylaws, to the patient's original attending physician.

D. Notification

The transferring hospital is responsible for notifying and/or obtaining transfer authorization from the patient or the patient's legal representative, as appropriate, and for notifying the patient's attending physician of the transfer and re-location of patient as soon as practical.

VIII. MEDIA RELATIONS AND RELEASE OF INFORMATION

Hospitals participating in this MOU agree to coordinate with a Joint Public Information Center that will be the primary source of information for the media related to a disaster or emergency situation affecting more than one hospital. Under the direction of the EOC, the Joint Public Information Center would be designated to speak on behalf of the participating hospitals to assure consistent messages and flow of information.

IX. Miscellaneous Provisions

- A. Term and termination-** the term of this MOU is three (3) years commencing on January 1, 2011. Any hospital may terminate its participation in this MOU at any time by providing written notice to the other hospitals with a 30 days notice.
- B. Confidentiality -** each participating hospital shall maintain the confidentiality of all-patient health information and medical records in accordance with applicable State and Federal laws.
- C. Review and Amendment -** This MOU shall be reviewed periodically, but at least every three years or upon written request by a participant and may be amended by the written consent of the authorized representatives of the participating hospitals.

Hospital Name and Address

Signature

Title

Date

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Note: In Polk County, agreements were initially signed by Safety Officers. They are currently being signed by the Chief Executive Officers.