



**MEMORANDUM OF UNDERSTANDING FOR MUTUAL AID “MOU”  
BETWEEN REGIONAL HEALTHCARE COALITION HOSPITALS AND REGIONAL HEALTHCARE PARTNERS**

**I. INTRODUCTION**

The Greater Cincinnati Region is susceptible to disasters, both natural and man-made, that could exceed the resources of any individual hospital. A disaster could result from incidents generating an overwhelming number of patients, (e.g., major transportation accident, terrorism, etc.), 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 (MOU) is a voluntary agreement among the hospitals and partner agencies in the Greater Cincinnati region listed on the signatory list (“participating hospitals”) to provide mutual aid at the time of a 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 participating hospital.

**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, provisions for the care of patients in an emergency or disaster situation, 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 participating hospital will designate a representative to attend The Health Collaborative’s Disaster Coalition meetings for the purpose of developing operational procedures and coordinating mutual aid initiatives. The Healthcare Coalition will foster coordination with other disaster and emergency medical providers and public agencies involved in disaster response efforts.

**V. COMMUNICATION**

In the event of a disaster, the SurgeNet/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, bed capacity, and victim distribution. As part of this MOU, each participating hospital will provide and communicate information during drills or disasters through the SurgeNet/Disaster Network Radio, website or via phone if not currently on the Disaster Network.

**CONTACT INFORMATION-** Each participating hospital will provide regular updates on emergency contact people, phone and fax numbers, and other data as requested by The Health Collaborative.

## **VI. LENDING AND RECEIVING HELP FROM OTHER HOSPITALS**

### **A. AUTHORITY AND COMMUNICATION**

Only a senior hospital administrator or designee such as the participating 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 with written documentation specifying such information as the type and quantity of supplies or personnel needed, an estimate of how quickly they are needed, the time period for which they will be needed, and the location to which they should report or be delivered.

### **B. PERSONNEL**

Individuals who are made available to a 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, photo identification 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 The Joint Commission regulations, when the hospital's emergency management plan has been activated, the CEO, Medical Staff President 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 a current medical staff member.

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. This 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 process as documentation of the receipt of the requested materials. 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.

## **VII. REGIONAL LABORATORY 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 Regional Laboratory 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 laboratory agrees 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 as may be available and needed by the 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.

## **VIII. TRANSFER/EVACUATION OF PATIENTS**

### **A. Communication and Documentation**

The request for transfer of patients will in be made via the SurgeNet / Disaster Radio Network. 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 (electronic or paper) 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.

**IX. 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.

**X. Miscellaneous Provisions**

**A. Term and termination** – the term of this MOU is three (3) years commencing on June 30, 2015. Any hospital may terminate its participation in this MOU at any time by providing written notice to The Health Collaborative at least thirty days prior to the effective date of such termination.

**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. All signatories will be listed on the master signatory sheet and placed on The Health Collaborative website.

NAME, ADDRESS AND REPRESENTATIVE OF EACH HOSPITAL, LABORATORY, AND OTHER HEALTH CARE PARTNER

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Hospital

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip