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BEST PRACTICE

Regional Emergency Planning for Healthcare Facilities: Regional Agreements

PURPOSE

This Best Practice examines the function and purposes of regional agreements among healthcare facilities.

SUMMARY

Agreements are critical components of the regional emergency planning efforts of healthcare facilities. They enable a region's healthcare facilities to respond to a large-scale disaster or terrorist event in a rapid, coordinated, and effective manner. Such agreements establish a formal relationship among signatories by setting roles and responsibilities in emergencies.

DESCRIPTION

Agreements among healthcare facilities can vary across regions due to such factors as regional hazards, the number and types of healthcare facilities, financial resources, population, and population density. These factors will be reflected in the complexity of the regional agreement and the system established therein. Regional planning processes and agreements should evolve over time to adjust to the community's changing needs and circumstances. Regional hospital emergency agreements should augment, not replace, each facility's emergency preparedness plan. Most regional agreements among healthcare facilities include processes and protocols for emergency communications, information sharing, and the transfer of medical resources, medical personnel, and patients.

Mutual Aid Agreements

Mutual aid agreements are voluntary agreements among healthcare facilities to provide support during a disaster, which "exceeds the effective response capability of the impacted health care facility or facilities." The two types of regional agreements used most widely by healthcare facilities are memorandum of understanding (MOU) and regional compacts.

Memorandum of Understanding

Healthcare facilities in many regions use an MOU to establish mutual aid systems, processes, and protocols. The most prominent approach was developed by the [District of Columbia Hospital Association](#) (DCHA) and subsequently adapted by the American Hospital Association (AHA) as the "[Model Hospital Mutual Aid Memorandum of Understanding](#)."

Under the Model MOU, participating healthcare facilities in a region constitute a Hospital Mutual Aid System (H-MAS) to coordinate "the loan of medical personnel, pharmaceuticals, supplies, and equipment, or assistance with emergent hospital evacuation, including accepting transferred patients." The H-MAS rests on three key organizational concepts:

- The Hospital Mutual Aid Radio System (H-MARS) serves as the primary system for conveying emergency information and data among healthcare facilities in a region.
- A clearinghouse serves as the communications and information-sharing center for the participating healthcare facilities in the region. It provides immediate determination of available healthcare facility resources in an emergency. Clearinghouses must have H-MARS capability, operate at all times, and perform daily maintenance.
- The Partner or “Buddy” Concept allows optional agreements between healthcare facilities that designate a facility as its “first call for help” in an emergency. This option necessitates additional planning between the partnering facilities regarding communications, procedures for providing aid, and security operations.

Other Best Practices in this series discuss the Model MOU’s processes and protocols for communications, information sharing, and the transfer of resources, personnel, and patients.

Regional Compacts

Some emergency planning efforts by healthcare facilities have produced regional compacts. Like MOUs, regional compacts allow the signatories to cooperate and coordinate their emergency response activities. Most regional compacts address the core issues of communications, information sharing, and the transfer of resources, staff, and patients. There is no standard approach for designing a regional compact, although the [Central Arkansas Metropolitan Medical Response System Disaster Management Compact](#) and the [Minnesota Hospital Association’s Metropolitan Area Hospital Compact](#) are illustrative examples.

State Initiatives

Several state government initiatives have shaped regional emergency planning agreements among healthcare facilities. Health Resources and Services Administration (HRSA) grants have been particularly influential in this process. Some of the examples of this process include:

- Minnesota has established [Regional Hospital Resource Centers](#) (RHRC) in each of its eight hospital regions. One healthcare facility serves as the region’s primary liaison with the Minnesota State Department of Health. Each RHRC has designated one individual to serve as the primary point of contact for a facility in case of a disaster. A February 2004 exercise of the RHRC demonstrated the system’s value for regional healthcare responses.
- The [Vermont Association of Hospitals and Health Systems](#) has developed a mutual aid letter of agreement signed by seventeen facilities in the state. It has also developed a mutual aid partner system for each signatory that includes several non-Vermont healthcare facilities.

Other states, such as Louisiana and Missouri, have statewide hospital initiatives underway that will influence regional healthcare emergency planning efforts.

Regional Adaptation

Healthcare facilities have adapted agreements to fit their region’s needs and conditions, which have resulted in the development of a wide range of innovative practices and

systems. Some regions have used their regional mutual aid MOU or compact as a foundation to construct an increasingly complex and integrated system. For example, the [St. Louis Region Metropolitan Medical Response System](#) developed an Emergency Patient Tracking System and other initiatives to improve the region's emergency preparedness and response capabilities. See the Lesson Learned Information Sharing Good Story: "St. Louis's Emergency Patient Tracking System."

RESOURCES

Standards

JCAHO Environment of Care

- EC.4.10.15. "The plan provides processes for cooperative planning among hospitals that together provide services to a contiguous geographic area (for example, among hospitals serving a town or borough) to facilitate the timely sharing of information about the following:
 - "Essential elements of their command structures and control centers for emergency response;
 - "Names and roles of individuals in their command structures and command center telephone numbers;
 - "Resources and assets that could potentially be shared in an emergency response; and
 - "Names of patients and deceased individuals brought to their hospitals to facilitate identifying and locating victims of the emergency."

References

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- District of Columbia Hospital Association, "Mutual Aid Memorandum of Understanding," September 27, 2001. ([LLIS.gov ID# 9666](#))
- Greater New York Hospital Association website (<http://www.gnyha.org>)
- Joint Commission on Accreditation of Healthcare Organizations, *Health Care at the Crossroads: Strategies for Creating and Sustaining Community-wide Emergency Preparedness Systems*, (Washington, DC, Joint Commission on Accreditation of Healthcare Organizations, January, 2001). ([LLIS.gov ID# 6552](#))
- Louisiana Hospital Association website: (<http://www.lhaonline.org/>)

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- Titan Systems Corporation, *Arlington County After-Action Report on the Response to the September 11 Terrorist Attack on the Pentagon* (Arlington County, VA, Office for Domestic Preparedness). ([LLIS.gov ID# 483](#))
- Vermont Association of Hospitals and Health Systems website: (<http://www.vahhhs.org/>)

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