

METROPOLITAN AREA HOSPITAL COMPACT

This Compact is made and entered into as of this 3rd day of April, 2002 by and between twenty-two hospitals located in the twelve-county metropolitan area.

RECITALS

WHEREAS, this Compact is not a legally binding contract but rather this Compact signifies the belief and commitment of the undersigned hospitals that in the event of a disaster, the medical needs of the community will be best met if the undersigned hospitals cooperate with each other and coordinate their response efforts.

WHEREAS, the undersigned hospitals desire to set forth the basic tenants of a cooperative and coordinated response plan in the event of a disaster.

NOW THEREFORE, in consideration of the above recitals, the undersigned hospitals agree as follows:

ARTICLE I

COMMUNICATION BETWEEN THE UNDERSIGNED HOSPITALS DURING A DISASTER

The undersigned hospitals will:

1.1 Communicate and coordinate efforts to respond to a disaster via their liaison officers, public information officers, and incident commanders primarily.

1.2 Receive alert information via the EmSystem regarding any disaster or special incident with radio notification by East and West Metro Medical Resource Control Centers (MRCC) as a back-up system.

1.3 Communicate with each other's Emergency Operations Centers (EOC) by phone, fax, email, and will maintain radio capability to communicate with MRCC as a minimum back-up.

1.4 Utilize a Joint Public Information Center (JPIC) during a disaster to allow their public relations personnel to communicate with each other and release consistent community and media educational / advisory messages. Each undersigned hospital should designate a Public Information Officer (PIO) who will be the hospital liaison with the JPIC. Depending on the event, this may be coordinated through the Minnesota Department of Health, Minnesota Division of Emergency Management, Minnesota Hospitals and Healthcare Partnership. If no umbrella organization assumes responsibility, Hennepin County Medical Center and Region's Hospital PR departments will assume this responsibility.

ARTICLE II

ONGOING COMMUNICATION ABSENT A DISASTER

The undersigned hospitals will:

2.1 Meet twice yearly under the auspices of the Metropolitan Medical Response System to discuss continued emergency response issues and coordination of response efforts.

2.2 Identify primary point-of-contact and back-up individuals for ongoing communication purposes. These individuals will be responsible for determining the distribution of information within their healthcare organizations.

ARTICLE III

FORCED EVACUATION OF AN UNDERSIGNED HOSPITAL

3.1 If a disaster affects an undersigned hospital(s) forcing partial or complete facility evacuation, the other undersigned hospitals agree to participate in the distribution of patients from the affected hospital, even if this requires activating emergency response plans at the receiving hospital.

3.2 In the event of an evacuation, East and West Metro Medical Resource Control Centers (MRCC) will be the hospital point-of-contact to assist with organizing transportation (bus, WC, BLS, ALS, critical care) for the evacuation and will distribute patients equitably to the unaffected undersigned hospitals.

3.3 The undersigned hospitals in the Hennepin County EMS System will contact West Metro MRCC for assistance with location of available hospital beds and transportation of patients. The undersigned hospitals not in the Hennepin County EMS System, will contact East Metro MRCC.

3.4 In the event of an **anticipated** evacuation, transportation arrangements will be made in accordance with the affected hospital's usual and customary practice. MRCC resource lists may be used by the affected undersigned hospital to help arrange transportation resources.

ARTICLE IV

RESPONSE WHEN THE NATIONAL DISASTER
MEDICAL SYSTEM IS ACTIVATED

4.1 If the National Disaster Medical System (NDMS) is activated in response to a disaster outside the metropolitan area, the East and West Metro MRCC will determine bed availability and capability in the undersigned hospitals.

4.2 If patients are to be received from outside the metropolitan area in response to the activation of the NDMS, these patients will be distributed according to the undersigned hospitals' bed capacity and capabilities. The undersigned hospitals will cooperate by accepting transfers in anticipation of arriving NDMS patients (for example, accept transfers from an undersigned hospital to increase that hospitals' capacity to accept NDMS patients requiring the specialized services of a burn unit) if needed.

4.3 If the National Disaster Medical System is activated in response to a disaster in the metropolitan area, East and West Metro MRCC will obtain information from the undersigned hospitals regarding the number of patients that require transportation and will coordinate resources with support from the Minnesota Division of Emergency Management.

ARTICLE V

REPORTING BED CAPACITY AND CAPABILITY

5.1 The undersigned hospitals will use EmSystem to report the hospital's bed capacity, its capabilities and its Emergency Department's ability to receive patients. EmSystem will be monitored by MRCC. The undersigned hospitals will update this information on the EmSystem at least once daily so that MRCC has current information to immediately determine system resources in the event of a disaster.

5.2 Bed capacity and capabilities will include at a minimum: medical/surgical floor, monitored (step down), and ICU. A taskforce will examine optimum data and time reporting with input from each of the undersigned hospitals.

ARTICLE VI

AUXILIARY HOSPITAL AND CASUALTY COLLECTION LOCATION

6.1 An auxiliary hospital and/or casualty collection location may be required in the event a disaster overwhelms the metropolitan area hospitals' capacity and capabilities.

6.2 If an auxiliary hospital and/or casualty collection location is required, HCMC will coordinate administration, staffing, and site operations in Hennepin County for the west metropolitan area. Regions Hospital will coordinate administration, staffing, and site operations in Ramsey County for the east metropolitan area.

6.3 The undersigned hospitals may be asked to contribute volunteer staff to an auxiliary hospital or casualty collection location on an urgent basis, subject to availability.

6.4 If available, each undersigned hospital will provide teams within 24 hours to staff the auxiliary hospital or casualty collection area. Each team will be expected to care for up to 40 patients requiring ongoing austere medical care. A suggested

team is 2 MDs and 4 RN/LPN. These teams will function as a unit (eg: the ‘green team’) at the auxiliary hospital or casualty collection location.

- Each undersigned hospital >200 operating beds will plan to contribute 2 teams for the first 48h.
- Each undersigned hospital < 200 operating beds will plan to contribute 1 team for the first 48h.
- Staffing after 48h will involve at least some hospital staff, with outside agencies, retirees, and other alternative staff also being utilized to provide for ongoing care. HCMC and Regions will work with County and State resources as well as the hospitals to coordinate ongoing staffing.

ARTICLE VII

STAFF, MEDICAL SUPPLIES, AND PHARMACUETICAL SUPPLIES IN THE EVENT OF A DISASTER

7.1 In the event of a disaster when patient care staff are in surplus at one of the undersigned hospitals and lacking at another, the undersigned hospital with the surplus will share staff to help ensure that the available hospital beds in the metropolitan area are adequately staffed during a disaster.

7.2 In the event that needed supplies are in surplus at one of the undersigned hospitals and lacking at another, the undersigned hospital with the surplus will share supplies to help ensure that patients in the metropolitan area receive necessary treatment during a disaster.

7.3 The above staff and supply sharing will occur in cooperation between the incident commanders at the involved undersigned hospitals.

ARTICLE VIII

MISCELLANEOUS PROVISIONS

8.1 This Compact together with the attached exhibits, constitutes the entire compact between the undersigned hospitals.

8.2 Amendments to this Compact must be in writing and signed by the participating hospitals.

8.3 An undersigned hospital may at anytime terminate its participation in the Compact by providing sixty-day (60) written notice to the lead administrator at each of the undersigned hospitals.

Signed

Dated

Title

Received

Participating Hospitals:

Abbott Northwestern
Bethesda Rehabilitation Center*
Children's Healthcare Minneapolis and St. Paul
Fairview Ridges
Fairview Riverside
Fairview Southdale
Fairview University
Hennepin County Medical Center
Lakeview Stillwater
Mercy
Methodist
North Memorial Medical Center
Regions
Ridgeview Waconia
St. John's
St. Joseph's
St. Francis Shakopee
Shriner's Hospital for Children *
United
Unity
Woodwinds
Veteran's Affairs Medical Center *

* denotes facilities which cannot participate in full compact due to institutional restrictions, but support the process and general provisions.

Revised: March 7, 2002

EXHIBIT A

DEFINITION OF TERMS

Auxiliary Hospital: A facility established to provide ongoing patient care in a non-hospital environment, primarily to serve as austere care overflow bedspace during a epidemic or other prolonged emergency situation with mass casualties.

Casualty Collection Location: An area established to collect or triage casualties either between the scene of an incident and the hospital (eg: a casualty collection point at a air crash site), or between the hospital and outgoing transportation resources (eg: an airport hanger during a National Disaster Medical System evacuation from the Twin Cities area).

Disaster: a situation in which an incident's resource requirements exceed available resources.

Emergency Operations Centers (EOC): The coordination center for emergency response to an incident. The State, County, City, and affected hospitals may each have their own EOC for their portion of the event, but liaison efforts between such centers are of critical importance.

Joint Public Information Center (JPIC): A source of information that is designated by more than one agency or group to speak on behalf of all during an emergency to assure consistent messages and flow of information.

Minnesota Incident Management System (MIMS): A modification of the Incident Command System that identifies the command structure and operational branches during an emergency. All public safety agencies in the State of Minnesota use a MIMS compatible system. The Hospital Branch of MIMS is the hospital area of operations.

Hospital Emergency Incident Command System (HEICS): A command framework for hospitals developed by the State of California which is a MIMS compatible incident command system and specifies the chain of command and functional positions that may be required during a hospital's response to an emergency situation.

Metropolitan Medical Response System (MMRS): The organization of public safety and health agencies that has provided the planning, oversight, and integration of weapons of mass destruction planning into emergency planning for the cities of Minneapolis and St. Paul under a grant from the U.S. Department of Health and Human Services.

East and West Metro Medical Resource Control Centers (MRCC): Communications hubs located at Regions Hospital and Hennepin County Medical Center respectively that are responsible for coordinating patient destination during a disaster in relation to hospital resources, coordinating EMS communications during a disaster, tracking patients during a disaster, and obtaining resources (medical director consultation / notification, CISD contact point, transport resources) among other responsibilities.

Minnesota Division of Emergency Management: Department of Public Safety division responsible for disaster response coordination and mitigation. DPS-DEM is the state agency which will coordinate state and federal resource response during a disaster.

National Disaster Medical System (NDMS): A contingency system of voluntarily committed hospital beds throughout the United States that may be activated when a disaster overwhelms regional healthcare resources and requires evacuation of patients to another region of the nation for care. Plans are in place for the reception of patients into, and evacuation out of the Twin Cities region should this type of event occur.

EmSystem: An internet-based hospital status system used by all Twin Cities metropolitan hospitals to report open/closed/divert status in real time. Messaging functions via EmSystem can reach all hospitals with messages simultaneously. Additional functionality according to the compact language adds bed capacity reporting provisions which are to be updated daily so that real time data is available in case of a mass casualty incident / disaster. EmSystem is overseen by MRCC and in Hennepin County by the Hennepin County Health Department EMS Division.