METROPOLITAN HOSPITAL COMPACT AGREEMENT

This Metro Hospital Compact Agreement ("the Compact") is made and entered into by and between the undersigned hospitals located in the seven-county Minneapolis / St. Paul metropolitan area.

RECITALS

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

WHEREAS, the undersigned hospitals desire to set forth the basic tenants of a collaborative and coordinated effort in all aspects of the emergency management cycle.

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

ARTICLE I

The undersigned hospitals will:

1.1. Communicate and coordinate efforts via their emergency manager, liaison officers, or designee.
1.2. Receive alert information via web-based hospital status system incident, event, or disaster 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 Hospital Command Center (HCC) if possible. Communication methods may include landline, fax, email, cellphone, or online platform. Will maintain 800 MHz radio capability for redundant communications.
1.4. Utilize a Joint Information System (JIS) when necessary to allow public relations personnel to communicate with each other and release consistent messages. Each undersigned hospital will designate a Public Information Officer (PIO) to coordinate with JIS. The Regional Healthcare Resource Center (RHRC) will appoint a Liaison to the JIS as needed. The JIS may be coordinated through the Minnesota Department of Health (MDH), Minnesota Department of Public Safety – Division of Homeland Security and Emergency Management (HSEM), or the Minnesota Hospital Association (MHA).
1.5. As necessary or requested, provide name and age of victims to the RHRC, jurisdictional assistance center or American Red Cross (ARC) assistance center for purposes of victim location by family members to facilitate reunification.
1.6. Provide to the RHRC, when permitted, appropriately detailed information about unidentified patients at their institution to facilitate identification and reunification.

ARTICLE II

COMPACT MEMBER RESPONSIBILITY

The undersigned hospitals will:

2.1. Meet at least twice yearly to discuss emergency management cycle issues and coordination 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.
2.3. Review as requested existing plans and documents involving the metropolitan hospitals.
2.4. The Hospital Compact Officers will provide leadership to the Metro Health & Medical Preparedness Coalition.

ARTICLE III

EVACUATION OF AN UNDERSIGNED HOSPITAL

3.1. If an incident, event, or 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 impacted hospital, even if this requires activating emergency response plans at the patient-receiving hospital.
3.2. The undersigned hospitals may contact East or West Metro MRCC for notification of the need to evacuate. The impacted Hospital Liaison or designee will contact the RHRC for situational awareness and/or assistance with location of available hospital beds and as point of contact for hospital. RHRC will request activation of the EMS Multi-Agency Coordination Center for coordination of organizing transportation (bus, wheelchair, BLS, ALS, critical care) as requested.
3.3. In the event of an **anticipated** evacuation, transportation arrangements will be made in accordance with the impacted hospital's usual and customary practice. RHRC and EMS EMERGENCY OPERATIONS CENTER (EOC) may be notified and used by the impacted undersigned hospital to identify bed availability and assist with arranging transportation resources.

ARTICLE IV

RESPONSE WHEN THE NATIONAL DISASTER
MEDICAL SYSTEM (NDMS) 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 alert hospitals to update their beds using the web-based status system. The RHRC will determine bed availability and capability in the NDMS participating hospitals for the Federal Coordinating Center (FCC) at the Minneapolis VAMC.

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 NDMS participating hospitals' bed capacity and capabilities per existing NDMS agreements. The RHRC will assist the FCC with the assignment of incoming patients to appropriate hospitals.

4.3. If a disaster in Minnesota or the metropolitan area requiring activation of NDMS, East and West Metro MRCC and the RHRC will obtain information from the undersigned hospitals regarding the number of patients that require transportation and will coordinate resources with MDH, HSEM, and EMS agencies.

ARTICLE V

REPORTING BED CAPACITY AND CAPABILITY

5.1. The undersigned hospitals will use a designated web-based site to report the hospital's available staffed bed capacity, its capabilities. System capacity and reporting will be monitored by MRCC and RHRC. The undersigned hospitals that provide emergency services to the public will update this information on the website at least once daily so that MRCC has current information to immediately determine system resources in the event of a disaster. In the event that the electronic system is non-functional, manual methods may be used to collect this data (e.g.: telephone reporting).

5.2. Daily bed capacity and capabilities will include any licensed bed, at a minimum: medical/surgical floor, monitored (step down), and ICU, with additional bed categories and information collected as needed.

ARTICLE VI

ALTERNATE CARE SITE

6.1. An alternate care site (austere hospital or casualty collection location) may be required in the event an incident, event, or disaster overwhelms the metropolitan area hospitals' capacity and capabilities.

6.2. If an alternate care site (ACS) is required, the RHRC will coordinate site selection with the hospitals, emergency management, and MDH and provide assistance with ACS administration, staffing, and site operations. Jurisdictional emergency management and public health agencies will support the operation of such sites.

6.3. The undersigned hospitals may be asked to provide staff to an alternate care site on an urgent basis, subject to availability.

ARTICLE VII

STAFF, SUPPLIES, AND PHARMACUETICAL SUPPLIES

7.1. In the event of an incident, event, or disaster when patient care staff is less affected than one of the undersigned hospitals, the undersigned hospital that is less affected may be asked to share staff if able to help ensure that the available hospital beds in the metropolitan area remain adequately staffed. (*See*, Exhibit B).
7.2. In the event that needed supplies and pharmaceutical supplies are available at one of the undersigned hospitals and lacking at another, the undersigned hospital with the availability may be asked to share supplies to help ensure that patients in the metropolitan area continue to receive necessary treatment. (*See*, Exhibit B).
7.3. The above staff and supply sharing requests may be coordinated with the RHRC and will occur in cooperation between staff at the involved undersigned hospitals (*See*, Exhibit B).

ARTICLE VIII

MISCELLANEOUS PROVISIONS

8.1. This Agreement, together with the attached Exhibits, constitutes the entire Compact between the undersigned hospitals.

8.2. Amendments to this Agreement must be in writing and signed by the participating hospitals.
8.3. An undersigned hospital may, at any time, terminate its participation in the Agreement by providing sixty-day (60) written notice to the lead administrator at each of the undersigned hospitals and the officers of the metropolitan hospital compact.

______________________	______________________
Signed	Dated
Printed name	Title and hospital represented
Received	Dated

Participating Hospitals:

Abbott Northwestern – Allina Health
Children's of Minnesota – Minneapolis
Children's of Minnesota - St Paul
Gillette Children's Hospital*
Hennepin Healthcare
Lakeview Hospital - HealthPartners
Maple Grove Hospital – North Memorial Healthcare
Mayo Clinic Health System New Prague
Mercy Hospital – Allina Health
Mercy Hospital – Unity Campus – Allina Health
Methodist Hospital - HealthPartners
Northfield Hospital
North Memorial Healthcare
Prairie Care*
Regency Hospital*
Regina Hastings – Allina Health
Regions Hospital – HealthPartners
Ridges Hospital – MHealth Fairview
Ridgeview Chaska
Ridgeview Waconia
St. Francis Regional Medical Center
St. John's Hospital – MHealth Fairview
Southdale Hospital – MHealth Fairview
University of Minnesota Medical Center – Riverside Campus – MHealth Fairview
University of Minnesota Medical Center – University Campus – MHealth Fairview
United Hospital – Allina Health
Veteran's Affairs Medical Center *
Woodwinds Hospital – MHealth Fairview

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

Revised: September 7, 2023

EXHIBITS AND ATTACHMENTS

Exhibit A - Definition of Terms
Exhibit B - Resource Requests, Sharing, And Evacuation
Exhibit C - Regional Healthcare Resource Center (RHRC)
Appendix 1 – Metro Hospital Compact Emergency Resource Request Process
Appendix 2 - Metro Hospital Compact Scarce Resource Coordination

EXHIBIT A

DEFINITION OF TERMS

Assisting Hospital: The hospital that provides personnel, pharmaceuticals, supplies, or equipment to the affected facility. Also referred to as the patient-receiving hospital when involving evacuated patients.

Alternate care site (ACS): A facility established to provide ongoing patient care in a non-hospital environment, primarily to serve as austere care overflow bed space during an epidemic or other prolonged emergency situation with mass casualties.

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

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

Hospital Command Center (HCC): The hospital's coordination center for response to an incident.

Impacted Hospital: The facility directly impacted by the incident, event, or disaster. Also, recipient hospital for supplies and personnel. The hospital where disaster patients are being treated and has requested personnel or materials from another facility. Also referred to as the patient-transferring hospital when evacuating/transferring patients from the facility during a medical disaster.

Joint Information System (JIS): A process of information coordination 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. May or may not involve a physical location of operations.

Medical Resource Control Centers (MRCC): Communications hubs located at Regions Hospital and Hennepin Healthcare respectively that are responsible for coordinating patient destination during an incident, event or disaster in relation to hospital resources, coordinating EMS communications during a disaster, tracking patients during a disaster, and obtaining resources (medical director consultation / notification, Critical Incident Stress Management (CISM) contact point, transport resources) among other responsibilities.

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

Minnesota Department of Health: (MDH): works to protect, maintain and improve the health of all Minnesotans. This work covers a broad range of activities, from monitoring infectious diseases

to investigating complaints in nursing homes and hospitals, from preventing chronic disease to reducing health disparities.

MNTrac: An internet-based hospital status system used by all Twin Cities metropolitan hospitals to report open/closed/divert status in real time and to facilitate communications and resource monitoring. Messaging functions via MNTrac can reach all hospitals with messages simultaneously. Additional functionality according to the compact language adds bed capacity reporting provisions which are to be updated at least once per day so that real time data is available in case of a mass casualty incident / disaster. MNTrac is overseen by the Minnesota Department of Health.

Multi-Agency Coordination (MAC) – mechanism by which multiple agencies from multiple jurisdictions share information and develop policy guidelines to insure coordination of activities occurring across multiple jurisdictions or agencies. Mechanisms exist in the metro area to allow representatives from the following: RHRC, Metropolitan EMS Board, regional EMS Regulatory Board, regional HSEM, Metro Local Public Health Association, metro emergency management, and MDH to coordinate activities in the event that an incident, event, or disaster occurs that affects multiple jurisdictions and thus cannot be managed well from a single jurisdictional EOC.

National Disaster Medical System (NDMS): A contingency system of voluntarily committed hospital beds throughout the United States that may be activated when an incident, event, or 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 Metro region should this type of event occur.

National Incident Management System (NIMS) is a comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. It is intended to: • Be applicable across a full spectrum of potential incidents, hazards, and impacts, regardless of size, location or complexity.

Regional Healthcare Resource Center (RHRC): A designated regional hospital that performs clearinghouse functions for information and may act to match available and requested resources from different facilities as requested. Resource needs may also be communicated from the RHRC to local/county emergency management and public health agencies. Hennepin Healthcare will house/office this function in the metro area unless otherwise assigned during an incident.

Regional Healthcare Preparedness Coordinator (RHPC): is a position hired by Hennepin Healthcare under the Healthcare Preparedness Program (HPP) grant to assure regional grant planning activities are accomplished and to carry out the duties of the RHRC.

EXHIBIT B

RESOURCE REQUESTS, SHARING, AND EVACATION

1. During an emergency, only the hospital Incident Commander (or designee) at each hospital has the authority to request or offer assistance or to initiate transfer or receipt of resources through the compact.
2. The impacted hospital is responsible for appropriate use and maintenance of all borrowed pharmaceuticals, supplies, or equipment.
3. The impacted hospital is responsible for notifying and informing the RHRC of its healthcare personnel or material needs.
4. Upon the request by the Incident Commander (or designee) of the impacted hospital, the Regional Healthcare Resource Center (RHRC) will contact other participating hospitals to determine the availability of additional healthcare personnel or material resources as required by the situation. The impacted hospital will be informed as to which hospitals should be contacted directly for assistance that has been offered.
5. The Command Center or designee of the impacted and assisting hospitals will coordinate directly to arrange the assistance (EXCEPT in cases of emergent hospital evacuation, when RHRC & Medical Resource Control Center (MRCC) will assist distributing patients to facilities with regard to capacity).
6. The impacted hospital will have supervisory direction over the assisting hospital's staff, borrowed equipment, supplies, pharmaceuticals and other materials once they are received.
7. The impacted hospital will accept and honor the assisting hospital's standard form. Documentation should detail the items involved in the transaction, the condition of the material prior to the loan (if applicable), and the party responsible for the material.
8. Clinical personnel offered by assisting hospitals should be limited to staff that are fully accredited (e.g.: licensed) and credentialed in the assisting institution. No resident physicians, medical/nursing students, or in-training persons should be offered unless non-licensed personnel are requested.
9. Assisting hospitals assume the legal and financial responsibility for transferred patients upon patient's arrival into the assisting hospital.
10. The impacted hospital will reimburse the assisting hospital for the cost of personnel, equipment and supplies provided by the assisting hospital. The cost will be agreed upon in writing by both parties.
11. The assisting hospital is responsible for tracking the borrowed inventory through their standard requisition forms. Non-equipment items are invoiced to the -impacted hospital or replaced with new products by the receiving hospital to the assisting hospital.
12. The impacted hospital is responsible for coordinating the transportation of materials both to and from the assisting hospital, though the assisting hospital may offer transport. Upon request, the receiving hospital must return or replace all borrowed material and pay the transportation fees for the return.
13. The impacted hospital, to the extent permitted by law, is responsible for all costs arising from the use, damage, or loss of borrowed pharmaceuticals, supplies, or equipment.
14. The impacted hospital is responsible for the rehabilitation and prompt return of the borrowed equipment to the assisting hospital.

Transfer/Evacuation of Patients

1. In cooperation with the RHRC, the MRCC responsible for the impacted facility will equitably distribute patients according to facility resources as determined by existing capacity information or gathered information during the event.
2. The impacted hospital is responsible for providing the assisting hospital with the patient's medical records, insurance information and other patient information necessary for the care of the transferred patient as soon as practical.
3. The impacted hospital is responsible for tracking the patient destinations of all patients leaving their facility and the assisting hospital is responsible for tracking all patients arriving to their facility.
4. The impacted hospital is responsible for coordinating (with MRCC and the RHRC) and financing (if necessary) the transportation of patients to the assisting hospital.
5. Once admitted, that patient becomes the assisting hospital's patient and under the care of the assisting hospitals admitting medical staff until discharged, transferred, or reassigned.
6. The impacted hospital is responsible for transferring of extraordinary drugs or other special patient needs (e.g., equipment, blood products) along with the patient if requested and available.
7. The impacted hospital is responsible for notifying both the patient's family/ legal guardian and the patient's attending or personal physician of the situation. The assisting hospital may aid in these efforts.
8. Reimbursement for care should be negotiated with each third-party payer under the conditions for admissions without pre-certification requirements in the event of an incident, event, or disaster.

EXHIBIT C

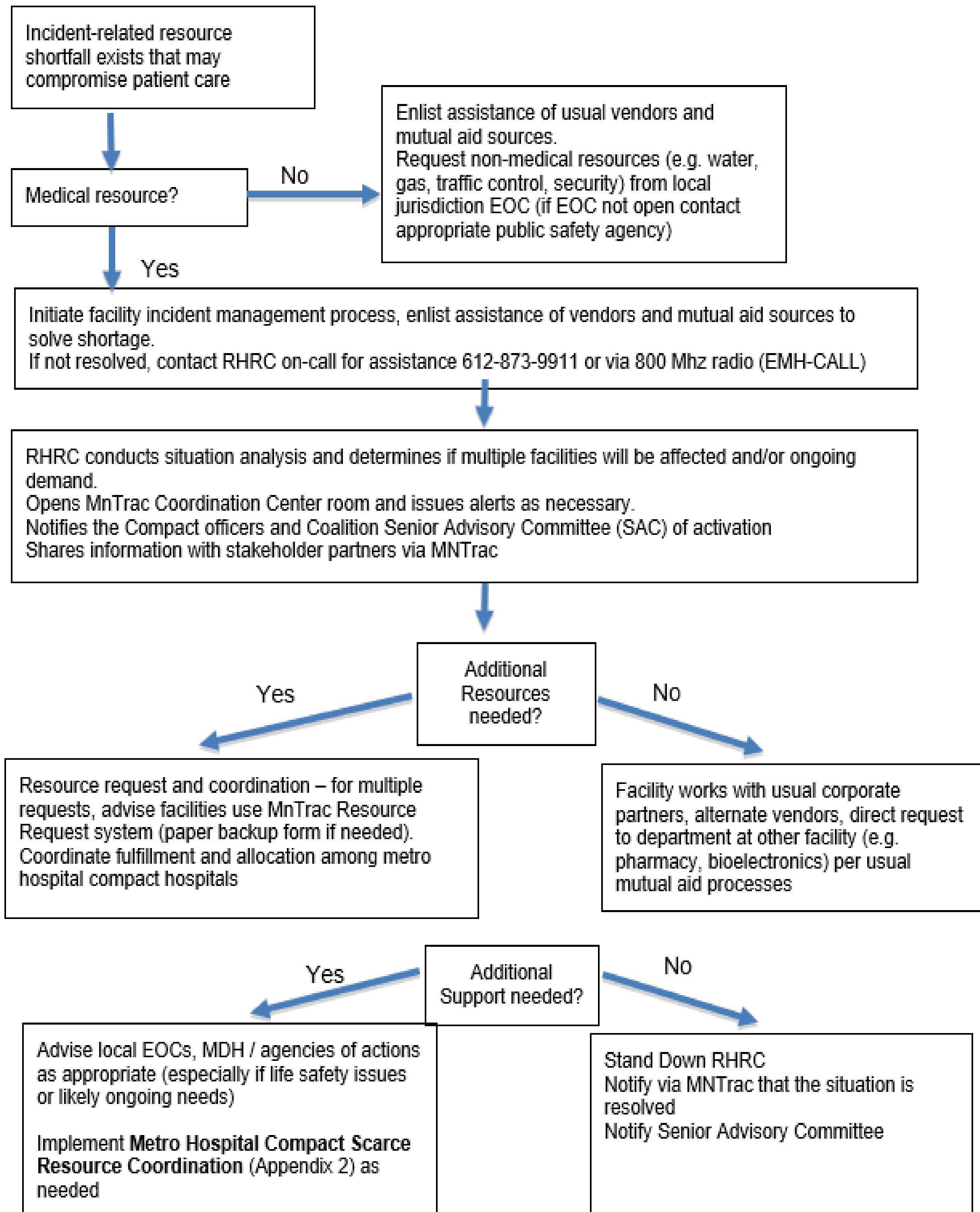
REGIONAL HEALTHCARE RESOURCE CENTER (RHRC)

1. When activated, RHRC provides a central coordination point for the Compact members during an event, incident, or disaster.
2. The RHRC serves as the clearinghouse for collecting and disseminating current information about equipment, bed capacity and other hospital resources during an event, incident, or disaster.
3. The information collected by the RHRC is to be used only for preparedness and response.
4. The guidance provided by the Compact officers and the RHRC during an emergency to the hospitals is not binding.
5. The RHRC activation does not preclude individual facilities from coordinating with other institutions or agencies.
6. Member hospitals will maintain responsibility for their response coordination including developing strategies and tactics to address their situational needs.
7. Member hospitals are requested to keep the RHRC appraised of coordination efforts to the degree that they may affect medical response or resources available.
8. The RHRC may request staffing assistance, as available, from member hospitals to support the Regional Healthcare Preparedness Coordinators (RHPCs) during a protracted event, or if the coordination function workload overwhelms capabilities. Other Minnesota regional Coalitions or RHPC's could also be called upon to assist.
9. During an emergency that requires patient movement (inbound or outbound) the RHRC will coordinate with MRCC and EMS Emergency Operations Center (EOC) for Evacuation Coordination.
10. During a compact exercise or emergency, each hospital will be asked to report to the RHRC the current status of their ED and inpatient capacity, and any additional personnel or materials as requested.
11. As required by an incident, event, or disaster, the RHRC will establish multi-agency coordination with Metro Health & Medical Preparedness Coalition, Public Health, EMS, Emergency Management, and other Coalitions in the state as appropriate at a regional level. This coordination is intended to assist in representing the interests of the metropolitan hospitals and Coalition members to support the maintenance of common operating picture and resource and policy coordination will be part of this coordination.

For additional information see:

- RHRC Standard Operating Guide (SOG)
- Metro Hospital Compact Emergency Resource Request Process

Appendix 1
Metro Hospital Compact Emergency Resource Request Process



APPENDIX 2

Metro Hospital Compact Scarce Resource Coordination

When resources in an event, incident, or disaster situation do not allow provision of usual care, a shift from patient-centered to community-centered decision-making must occur, with allocation of limited resources to those most likely to benefit.

A situation when demand exceeds supply for specific resources (personnel or material) and healthcare facilities face competing demand for resources. This may involve (but is not limited to) re-use or re-allocation or restriction of critical life-sustaining therapies (ventilators, ECMO).

In these situations, the seven county Minneapolis/St. Paul metropolitan region, specifically including the members of the Metropolitan Hospital Compact, will utilize the following guidelines:

- Crisis Standards of Care - MN Dept. of Health (state.mn.us)
- Patient Care Strategies for Scarce Resource Situations (state.mn.us)

Any facility unable to meet specific critical resource needs for patient care or in a situation when demand for critical resources exceeds supply may notify the Regional Healthcare Resource Center (RHRC). The RHRC on-call assists with the following:

1. Provide situational assessment, including scope, acuity (decision timeframe) and duration of event.
2. May facilitate:
   a. Conference calls, as needed, between the hospital / health system clinical care committee leads and members of the RHRC to provide opportunities for briefings, problem-solving, and discussion.
   b. Collection of data pertaining to resource triage from institutions using MNTrac or a designated on-line spreadsheet.
   c. Resource allocation of incoming assets – as resources become available from Federal and other sources the RHRC will provide information to MDH to facilitate allocation according to need.
   d. Public information: The RHRC will work with other agencies including state and local public health to provide public messaging via the Joint Information Center (JIC).
3. Healthcare facilities will be asked to provide the following information:
   a. Clinic and emergency department patients outlining the situation, explaining waits, options, and any resource shortfalls, as well as the steps the facility is taking to address the needs.
   b. Daily updates to staff as to the situation and actions being taken at the facility.