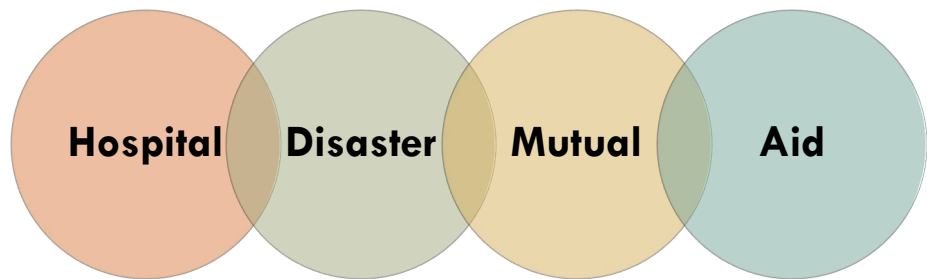


2019 UPDATE



Information and Resources

In 2011, the Florida Department of Health produced a reference and resource document called *Hospital Disaster Mutual Aid Information and Resources* for hospital preparedness and mutual aid planning. The document served as a review of mutual aid agreements in place across Florida at that time. Florida's hospital community has never had a statewide mutual aid agreement. This document provides an update of information and resources for Florida's hospital community and may serve as a roadmap to establish a standard, statewide agreement for cooperative disaster mutual aid for hospitals, health systems and other health and medical providers. A training module (not included with the 2011 information) is also made available as part of this work.

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Health Systems

- AdventHealth
- Baptist Health
- Baptist Health Care
- Baptist Health South Florida
- BayCare Health System
- Broward Health
- Calhoun Liberty Hospital Association
- Central Florida Health
- Cleveland Clinic
- Community Health Systems, Inc.
- Encompass Health
- Flagler Health +
- Halifax Health
- HCA, Inc.
- Health First, Inc.
- Kindred Healthcare
- Lee Health
- Memorial Healthcare System
- NCH Healthcare System
- Orlando Health
- Sacred Heart Health System, Inc.
- Select Medical Corporation
- St. Vincent's HealthCare
- Tenet Healthcare
- University of Florida Health – Jacksonville
- University of Miami Health System

Hospital Associations

- Arkansas Hospital Association
- California Hospital Association
- Colorado Hospital Association
- Georgia Hospital Association
- Hospital and Healthcare Association of Pennsylvania
- Kentucky Hospital Association
- Missouri Hospital Association
- North Carolina Hospital Association
- Ohio Hospital Association
- South Carolina Hospital Association

Florida State Emergency Support Function-8 (ESF-8) Support Agencies and Organizations

- Florida Department of Health

2019 UPDATE – Hospital Disaster Mutual Aid Information and Resources

- Florida Agency for Health Care Administration
- Florida Agency for Persons with Disabilities
- Florida Department of Elder Affairs
- Florida Department of Children & Families
- Florida Department of Agriculture & Consumer Services
- Florida Department of Business & Professional Regulation
- Florida Department of Environmental Protection
- Department of Veteran Affairs
- Florida State Fire Marshal
- Florida Medical Examiner Commission
- Florida Office of the Attorney General
- University of Florida Maples Center for Forensic Medicine
- Florida State University Laboratories
- Florida Health Care Association
- Florida Assisted Living Association
- End-Stage Renal Disease Network
- Poison Information Center Network
- Florida Association of Community Health Centers
- Florida Pharmacy Association
- Florida Crisis Consortium
- Red Cross
- Florida Fire Chiefs Association

FHA's extensive history and routine interaction with health care providers across the spectrum provides the association an opportunity to submit an update to the 2011 Hospital Disaster Mutual Aid Information and Resources document.

This document consolidates current information and provides recommendations for the development of enhanced mutual aid support. FHA looks forward to supporting the adoption of a statewide mutual aid agreement supporting resiliency in Florida's health care provider community.



John Wilgis, vice president of member and corporate services
Florida Hospital Association

Introduction and Background

In 2011, the Florida Department of Health produced a reference and resource document called [*Hospital Disaster Mutual Aid Information and Resources*](#) for hospital preparedness and mutual aid planning. The document served as a review of mutual aid agreements in place across Florida at that time. Florida's hospital community has never had a statewide mutual aid agreement. This document provides an update of information and resources for Florida's hospital community and may serve as a roadmap to establish a standard, statewide agreement for cooperative disaster mutual aid for hospitals, health systems and other health and medical providers. A training module (not included with the 2011 information) is also made available as part of this work.

A disaster can strike at any time. Communities, and their health care providers, are vulnerable to the impacts of disaster events (natural, intentional man-made and unintentional or accidental). Many disasters affect the health of the public and interrupt the delivery of medical services available to the affected population.

There is a continued focus in health care emergency management on building systems, programs, procedures, and partnerships that support the continuity of day-to-day operations. No health care provider is an island unto themselves. Past events in Florida have demonstrated many health care providers rely on the support and assistance from public and private partners, in many ways. Aid in providing patient / client transportation, material resources, staff support, and remediation services are common examples of relief.

It remains imperative for hospitals, health systems and other health and medical providers to manage their needs internally, through vendor-sponsored, contractual arrangements; just as it is beneficial to augment these day-to-day business relationships with identifying partners through formal and informal, pre-arranged mutual aid agreements.

This update seeks to explore the several types of service and mutual aid agreements that may help Florida's health and medical provider community build resilient partner networks to assist in a time of dire need. Added information and resources are made available to demonstrate successful models of mutual aid. Recommendations supporting the expansion of mutual aid agreements are also provided based on the lessons learned from past disaster events. Finally, this document may be used as a starting point for health and medical providers, HCCs and other partner agency and organizations to address Florida's need for a statewide mutual aid compact.

FHA's Response Role

Historically, the Florida Hospital Association (FHA) works with hospital and health systems, non-acute health care providers, and local, state and federal public health and medical agencies and organizations to develop better practices and programs around health care emergency management. FHA was part of the original group that developed the 2011 Hospital Disaster Mutual Aid document.

FHA serves as a support organization for Florida's State Emergency Response Team, Emergency Support Function – 8 for public health and medical services (SESF-8) acting as a liaison to the acute care hospital and health system provider community during a declared state of emergency.

The recent Atlantic hurricane seasons and other events like the Ebola Virus outbreak (2012 and 2014) strained the immediate and long-term resource capacity of many acute and non-acute providers. Hurricanes like Matthew and Hermine (2016), Irma (2017) and Michael (2018) tested the ability to evacuate and move patients to receiving facilities, provide care in overcrowded conditions, and ensure medical and essential personnel were available. Delays and interruptions in supply chain networks tested the resiliency of our health and medical community.

During these events, FHA worked with SESF-8, the hospital community and local, state and federal public and private partners to assist in coordinating resource support (material and personnel) to augment local response capacity and improve patient care outcomes.

Regulatory Changes

On September 8, 2016 the Federal Register posted the final rule [Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers](#). The regulation went into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations of this rule.

The purpose of the rule was to establish national emergency preparedness requirements for 17 provider and supplier types to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems. The [providers and suppliers](#) impacted include:

1. Hospitals;
2. Religious Nonmedical Health Care Institutions (RNHCIs);
3. Ambulatory Surgical Centers (ASCs);
4. Hospices;
5. Psychiatric Residential Treatment Facilities (PRTFs);
6. All-Inclusive Care for the Elderly (PACE);
7. Transplant Centers;
8. Long-Term Care (LTC) Facilities;
9. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID);
10. Home Health Agencies (HHAs);
11. Comprehensive Outpatient Rehabilitation Facilities (CORFs);
12. Critical Access Hospitals (CAHs);
13. Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services;
14. Community Mental Health Centers (CMHCs);
15. Organ Procurement Organizations (OPOs);
16. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs); and,
17. End-Stage Renal Disease (ESRD) Facilities.

Each provider type has its own set of Emergency Preparedness regulations incorporated into its set of conditions or requirements for certification. Providers and suppliers must follow the Emergency Preparedness regulations to participate in the Medicare or Medicaid program.

A health care facility emergency preparedness program must take a comprehensive approach to meeting the health, safety, and security needs of their staff and patient population during an emergency or disaster. The program must address how the facility would coordinate with other healthcare facilities and the whole community to identify the continuity of business operations.¹

Additional information, resources and guidance is available on the [Centers for Medicare and Medicaid Services Emergency Preparedness Webpage](#) and in the resource section of this update.

¹ Centers for Medicare and Medicaid Services. (2019). Emergency Preparedness Rule. Available at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

Mutual Aid and Medical Surge Capacity and Capability

Medical surge describes the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community.²

Addressing medical surge is the basis of preparedness planning for major medical incidents. The concept of medical surge is not as simple as the definition provided above. Mutual aid is a key component to building and sustaining medical surge capacity and capability. Understanding this relationship begins by distinguishing between surge capacity and surge capability.

Surge capacity is the ability to assess and provide treatment to an increased volume of patients that exceeds normal operating conditions. Typically, provider's emergency operation plans emphasize identifying and acquiring available bed space, personnel, supplies and equipment to help care for the volume of patients being treated.

Challenges in establishing the capacity to manage a surge event include assessing specific medical care needs given the incident; accessing available resources and identifying resource needs; and, deploying resources where they are needed while providing adequate support to maintain a level of resources on-hand. The concept of supply chain resiliency is discussed later in this document.

Surge capability requires a proficient system and competent professionals to manage patient assessment and care based on the type of disaster and its effect on the community's health. Specialized medical services (expertise, information, procedures, equipment, or personnel) are required. These services may not be available at the location where they are needed (e.g., pediatric care provided at non-pediatric facilities). Other interventions to protect health care providers, patients and the integrity of the health care organization must be considered.

A systematic approach is needed to meet the care demands that challenge or exceed a health care provider's normal operation's. Disaster mutual aid agreements are a strategic tool in a health care emergency manager's toolbox. A disaster mutual aid strategy must consider the following to establish, improve and sustain surge capacity and capability:

- Intervention is time sensitive;
- Deployment of assets may include time constraints;
- Actions and activity are locally based;
- Most medical assets are privately owned;
- Public – private partnerships are essential;
- Multi-disciplinary approach augments response; and,
- Government response capabilities vary (local, state and federal).

Building surge capacity and capability requires an all-hazard approach, disaster mutual aid agreements and a universal embrace of validated, health care emergency management concepts.

Florida's Health Care Landscape

It is important to note that Florida is a state of 32 health systems operating 316 acute care hospitals (Table 1). Over the years, Florida's hospitals have established partnerships and pre-arranged mutual aid agreements detailing the support for each other during a crisis event. These same can be said for non-

² U.S. Department of Health and Human Services. Office of the Assistant Secretary for Preparedness and Response. (2012). What is Medical Surge? Available at: <https://www.phe.gov/Preparedness/planning/mscc/handbook/chapter1/Pages/whatismedicalsurge.aspx>

acute providers. Many providers rely on large supply chain and group purchase organizations to provide resource support day-to-day and during disaster events.

Companies like [Vizient®](#), [Mercy ROi \(Resource Optimization & Innovation\)](#), [Intalere® Group Purchasing Organization](#), and others offer competitively priced, powerful networks of health care goods and services to supply chain executives, directors, managers and buyers committed to finding new and better products and technology solutions for their organizations. It is not uncommon for hospitals, health systems and different providers working with supply chain partners to have primary, secondary and tertiary agreements to support their operations.

Table 1 | Florida Hospital Statistics³

	Hospitals	Licensed Beds	Beds per 1,000 population
Total Hospitals	316	69,947	3.3
Community	219	58,965	2.8
Investor Owned	92	21,158	1.0
Non-profit	101	28,539	1.4
Public	26	9,268	0.4
Children	17	2,501	0.1
Rural	28	1,321	0.1
Teaching	25	12,041	0.6
Trauma	36	18,247	0.9
LTAC	27	1,638	0.1
Psychiatric	39	5,437	0.3
Rehabilitation	19	1,295	0.1
Federal	10	2,433	0.1
Specialty	2	179	0.0
Hospitals with Emergency Departments			213

The consolidation in the hospital industry has created organizations that are often the largest employer in a community, employing thousands of staff. These systems are often capable of moving staff to fill gaps in care delivery. These large systems are adept at providing staff to facilities within their system to fill personnel needs during a disaster. The use of staffing organizations for the provision of temporary personnel remains a widespread practice as there are shortages with certain medical professions, nursing being one of the largest. The use of physician staffing firms is not uncommon; although, the industry continues to see an increase in hospital / health system owned physician practices and networks.

Between July 2016 and January 2018, hospitals acquired 8,000 medical practices, and an additional 14,000 physicians left private practice to become employed by hospitals. The southern region of the United States saw a 133.6% increase in hospital-owned practices between July 2012 and Jan 2018.⁴

Sharing of staff through mutual aid rests in a coordinated formal request, reception, assignment, training and demobilization of assigned personnel to adequately provide needed support to affected organizations for emergency operations.

³ Florida Hospital Association. (2019). Hospital Facts and Stats. Available at: <http://www.fha.org/reports-and-resources/facts-and-stats.aspx>

⁴ Inserro, A. (February 26, 2019). Hospital Acquisitions of Physician Practices Continue. AJMC® Managed Market Networks®. Available at: <https://www.ajmc.com/newsroom/hospital-acquisitions-of-physician-practices-continue>

Florida's Non-Acute Providers

There are 691 licensed nursing homes in Florida, representing approximately 84,448 beds. The estimated number of residents is 71,000 (roughly 85% occupancy at any given time). There are 3,080 licensed ALFs in Florida, representing approximately 106,103 beds.⁵

Additionally, there are 87 Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) with a total of 2,071 licensed beds. ICF/IIDs provide health and rehabilitative services to individuals with developmental disabilities in a protected residential setting.⁶

There are a considerable number of other non-acute providers in the community supporting the health and medical needs of individuals. Better coordination, integration and partnerships could augment disaster response and may propel the conversation of disaster mutual aid. These providers include:

- [Hospice providers](#)
- [Home health providers](#)
- [Centers for Independent Living](#)
- [Ambulatory surgery centers](#)
- [Community mental health providers](#)
- [Residential treatment facilities](#)
- [Community health care centers and clinics](#)
- [Rehabilitation facilities and services](#)
- [Rural health clinics](#)
- [Medical equipment providers](#)
- [Prescribed pediatric extended care providers](#)

Florida's Health Care Coalitions

The U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response administer the Hospital Preparedness Program (HPP). HPP provides a source of federal funding that supports regional health care system preparedness.⁷ HPP promotes a sustained national focus to improve patient outcomes, minimize the need for supplemental state and federal resources during emergencies, and enable rapid recovery. Funding through HPP has been sponsoring the development and sustainment of health care coalitions (HCC) - county and regionally based groups of health and medical providers, first responders, public safety and emergency management agencies working together to plan and prepare for, respond to and recovery from a disaster of any nature.

The purpose of HCCs is to ensure that local providers and other health care partners plan collaboratively for the risks facing the health care community and identify available local resources.⁸ HPP currently supports 15 HCCs across Florida:

- Emerald Coast Health Care Coalition
- Big Bend Health Care Coalition

⁵ Florida Health Care Association. (2019). Facts About Long Term Care in Florida. Available at: https://www.fhca.org/media_center/long_term_health_care_facts

⁶ Florida Association of Rehabilitative Facilities (2018). ICF/IIC Information. Available at: <https://www.floridaarf.org/category/62/ICF-IID-Info.html>

⁷ U.S. Department of Health and Human Services. Office of the Assistant Secretary for Preparedness and Response. (2019). Hospital Preparedness Program. Available at: <https://www.phe.gov/Preparedness/planning/hpp/Pages/default.aspx>

⁸ Florida Department of Health. (2019). Health Care Coalitions. Available at: <http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/community-preparedness/healthcare-coalitions.html>

- Northeast Florida Health Care Coalition
- North Central Health Care Coalition
- Coalition for Health and Medical Preparedness
- Tampa Bay Health and Medical Preparedness Coalition
- Central Florida Disaster Medical Coalition
- Heartland Health Care Coalition
- Suncoast Disaster Health Care Coalition
- Lee County Health Care Coalition
- Collier Health Care Emergency Preparedness Coalition
- Palm Beach County Healthcare Emergency Readiness Coalition
- Broward County Health Care Coalition
- Miami-Dade County Healthcare Preparedness Coalition
- Keys Health Ready Coalition

Past events have shown that initial and long-term response by local providers and their partners rely on the integrity of supply chain systems and available personnel. HCCs may provide additional support that may not be otherwise available for extended periods of time. There are many factors that must be considered: the impact of the event; the unmet need(s) of providers; geography; availability of and accessibility to specific resources; financial constraints; and, the existing relationships between health care organizations – just to name a few.

HPP has steered the program towards requiring HCCs to have an operational plan designed to augment local health and medical response. HCCs are working to support local emergency management disaster response by improving communication for information sharing and situational awareness and augmenting resource allocation between their members and those in need. HCCs have a significant opportunity to establish disaster mutual aid agreements between their acute and non-acute members; and, build a statewide network of mutual aid from one coalition to another.

The Framework of Mutual Aid

Disaster mutual aid is a system that coordinates the formal request, reception, assignment and demobilization of assigned material and personnel providing needed support to affected organizations for emergency operations. Research has shown that most individual health care organizations possess limited surge supplies, personnel, and equipment.⁹ This challenge is a result of health care providers supply chain management strategies that have invested in the use of just in time inventory systems.

Mutual aid is a timely, cost-effective, and reliable method to obtain added surge capacity and capability (via equipment, facilities, supplies, and personnel) that is immediately operational. It distributes health and medical assets to areas of greatest need, thereby enhancing overall a communities capability and capacity to manage medical surge resulting from a disaster. As indicated, HCCs may help integrate medical assets to coordinate local mitigation, preparedness, response, and recovery activities. In this way, HCOs work together to maximize MSCC rather than compete against one another for limited resources.¹⁰

⁹ Hospital Preparedness: Most Urban Hospitals Have Emergency Plans but Lack Certain Capacities for Bioterrorism Response. GAO-03-924, August 2003.

¹⁰ U.S. Department of Health and Human Services. Office of the Assistant Secretary for Preparedness and Response. (2012). The Role of the Healthcare Coalition in MSCC. Available at: <https://www.phe.gov/Preparedness/planning/mscc/handbook/chapter3/Pages/therole.aspx>

There's been a national push with supply chain partners to collaborate more to build supply chain resilience. Supply chain resiliency can be defined as "the ability to proactively plan and design the supply chain network for anticipating unexpected disruptive (negative) events, respond adaptively to disruptions while maintaining control over structure and function and transcending to a post-event robust state of operations, if possible, more favorable than the one prior to the event, thus gaining competitive advantage."¹¹

Key findings show how specific collaborative activities (information-sharing, collaborative communication, mutually created knowledge and joint relationship efforts) increase supply chain resilience.¹² Health care providers, supply chain partners and HCCs can work together to build better disaster mutual aid agreements. Such collaboration promotes continuity of care delivery and business operations.

Business continuity is the ability of an organization to maintain essential functions during, as well as after, a disaster has occurred.

Mutual Aid Partnerships

As the 2011 document stated, successful partnerships are based on establishing shared goals that provide value to each stakeholder. Such partnerships reduce the effort of everyone involved and maximizes the access to needed resources. Successful partnership also drives outcomes.

There are many examples of how to successfully organize mutual aid relationships. These can be:

- Managed by a parent organization or corporation;
- One-to-one relationships between two health care providers;
- Sponsored by a HCC between member organizations;
- Managed by a membership association; or,
- Managed by a government entity.

Any mutual aid agreement is subject to legal review for liability, reimbursement, scope and scale and the complexity of the arrangement.

Mutual Aid Agreements

Different options are available for establishing a preparedness and response relationship. Some are more formal than others. Most are voluntary but agreements can contain specific requirements that all parties must agree to. Assistance rendered through a written agreement is legally different than a clause in a vendor-based contract that provides certain guarantees for service. There are also differences in how personnel are shared that must be considered apart from a mutual aid agreement.

There are well-known examples of mutual aid agreements, to include:

- Corporate sharing between hospitals with the same parent company supported by organizational policies, standard operating procedures and a financial system to document and distribute cost.
- A *Memorandum of Understanding*, or MOU, which is a formal document embodying the firm commitment of two or more parties to an undertaking, and setting out its general principles, but falling short of constituting a detailed contract or agreement.¹³

¹¹ Ponis S.T. and Koronis, E. 2012. Supply Chain Resilience? Definition of concept and its formative elements. *The Journal of Applied Business Research*. 28 (5), pp. 921-935. doi:10.19030/jabr.v28i5.7234.

¹² Scholten K., Schilder S., (2015). "The role of collaboration in supply chain resilience", *Supply Chain Management: An International Journal*, Vol. 20 Issue: 4, pp.471-484. Available at: <https://doi.org/10.1108/SCM-11-2014-0386>

¹³ Oxford Dictionary of Law, Elizabeth A. Martin (Ed.), Oxford University Press, 2006.

- A *Memorandum of Agreement (MOA)* defines the general area of conditional agreement between two or more parties, but one party's action depends on the other party's action. The MOA can be complemented with support agreements that detail reimbursement schedules and specific terms and conditions.¹⁴
- A *contract* is “an agreement between two or more persons to create an obligation to do or not to do a particular thing.”¹⁵
- A *compact* is “an agreement or contract between persons, nations or States. A compact is commonly applied to working agreements between and among States concerning matters of mutual concern.”¹⁶ The most widely known compact in emergency management is the Emergency Management Assistance Compact (EMAC),¹⁷ which provides authorities and mechanisms for States to share public resources.

While there are distinctions between these examples, common elements exist within all that describe or define:

- Purpose
- Involved parties / entities
- Supporting regulations or authority
- Scope of the agreement and the relationship to each party / entity
- Roles and responsibilities of each party / entity
- Agreement term (start / end dates)
- Specific requirements or clauses –
 - Limitations of liability
 - Indemnity
 - Cost sharing and reimbursement
 - Dispute resolution

Consideration of all of these key points is important when developing, reviewing or renewing different agreements to ensure a balanced approach that meets each stakeholder's interests and needs.

Developing Mutual Aid Agreements

Mutual aid agreements formally describe processes for requesting, receiving, and managing mutual aid support. Coordination of effort is essential! Groups like member associations or HCCs may serve to convene partners, plan, develop and negotiate a workable mutual aid agreement across a large urban area, region or state. Several factors should be taken into account when developing a mutual aid agreement:

- Identify partnership that help leverage resources.
- Develop agreements jointly to ensure benefits are offered to all partners that have a greater potential for sustained success.
- Seek support and commitment from executive leadership.

¹⁴ Adapted from FEMA National Preparedness Directorate, *Memorandum of Agreement/Memorandum of Understanding Template and Guidance*; March 2009.

¹⁵ Black's Law Dictionary, Sixth Ed., West Publishing Company, 1990.

¹⁶ Black's Law Dictionary, Sixth Ed., West Publishing Company, 1990.

¹⁷ Information on EMAC is available at: <http://www.emacweb.org>.

- Assign work with representative staff from each organization that is party to the agreement.
- Review each party's emergency operations plan, plans from the community or jurisdictional area(s), and the risk assessments conducted for each organization and their community and state.
- Consider joint training and exercises that inform and test the elements of the agreement.

Agreements are living documents and must be reviewed regularly. It is important to establish a process that allows for agreement revision based on observed, recommended or documented system improvements.

Statewide Mutual Aid Agreements in Health Care

Mutual aid agreements establish the terms under which one party provides resources to another party when needed for high demand incidents. Health care organizations establish mutual aid agreements as part of their preparedness actions.

One concept is to create a statewide mutual aid agreement which can provide an integrated network of mutual aid providers and systems to enhance the state's health and medical system's overall preparedness and readiness. A statewide disaster mutual aid agreement allows individual providers, health care systems, communities, and multiple jurisdictions to account for, order, and mobilize outside resources efficiently and effectively.

Florida's hospital community and other provider networks have never had a stateside disaster mutual aid agreement in place. There are examples of mutual aid networks that have members within and across various jurisdictional boundaries:

- Disaster Aid Services to Hospitals (DASH);
- Healthcare Emergency Response Coalition of Palm Beach County (HERC);
- First Coast Disaster Council; and,
- Group purchasing organization customer agreements (e.g., Vizient®, et al).

These models may be expanded to include other members; however, they currently do not fit the context of what is discussed in this section.

A statewide disaster mutual aid agreement is overdue in Florida. Exploring options for development and implementation should be considered essential.

As mentioned, a coordinating organization (member association or oversight group) may serve as an excellent convener to facilitate the discussion, development, integration, engagement and implementation of a statewide disaster mutual aid agreement. Also, statewide agreements may be tailored to serve the needs of its members (i.e., acute or non-acute providers).

Several states have taken this approach (e.g., Missouri, Georgia, North Carolina, Kentucky, etc.). In these states, the state hospital association has served as the coordinating organization. Florida could follow this model, engaging FHA to lead, or it could assign the role to the HCC Task Force to coordinate the activity and build a network of support across the 15 HCCs and their members.

The challenge of creating a consensus document for a state as large as Florida and determining the appropriate vehicle to obtain legal consensus and executive approval is daunting. The past three hurricane seasons demonstrated supply chain interruptions occur impacting local and state health and medical response. Health and medical personnel have also been negatively affected.

Sample Agreements and Resources

Below are several templates, guides, models and resources for disaster mutual aid agreements:

Mutual Aid Agreement Guides

- Federal Emergency Management Agency – [National Incident Management System Guideline for Mutual Aid, November 2017](#)
- Association of State and Territorial Health Officials – [Mutual Aid Agreement Fact Sheet](#)
- Florida Department of Health – [Hospital Disaster Mutual Aid Information and Resources, 2011](#)
- Disaster Medical and Public Health Preparedness – [Facilitating Hospital Emergency Preparedness Introduction of a Model Memorandum of Understanding](#)
- North Carolina Hospital Association – [Mutual Aid Agreement Standard Operating Guide](#)

Sample Agreements and Templates

- Centers for Disease Control and Prevention – [Model Memorandum of Understanding](#)
- State of Colorado – [Hospital Memorandum of Understanding](#)
- State of Ohio – [Statewide Memorandum of Understanding](#)
- State of Pennsylvania – [Mutual Aid Agreement](#)
- State of Wyoming Attorney General's Office - [Sample Mutual Aid Agreement Template](#)
- Polk County, Florida Hospitals – [Memorandum of Understanding Sample](#)
- Arkansas Hospital Association – [Hospital Memorandum of Agreement](#)
- Georgia Hospital Association – [Mutual Aid Compact](#)
- Kentucky Hospital Association – [Mutual Aid Compact](#)
- Kentucky Hospital Association – [System Mutual Aid Compact Sample](#)
- Missouri Hospital Association - [Memorandum of Agreement Sample](#)
- North Carolina Hospital Association – [Mutual Aid Agreement](#)
- South Carolina Hospital Association – [Mutual Aid Agreement](#)

Business Continuity / Continuity of Operations Information

- Federal Emergency Management Agency – [Continuity Guidance Circular, March 2018](#)
- Federal Emergency Management Agency – [Continuity Resource Toolkit](#)
- U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response – [Healthcare COOP & Recovery Planning](#)
- U.S. Department of Health and Human Services, Public Access - [A Community Checklist for Health Sector Resilience Informed by Hurricane Sandy](#)
- National Academies Press – [Healthy, Resilient, and Sustainable Communities After Disasters: Strategies, Opportunities, and Planning for Recovery](#)
- Kansas Department of Health and Environment – [Continuity of Operations Plan Guidance Document](#)
- State of Texas – [Continuity of Operations Template](#)

- State of Texas – [Continuity of Operations Annex Template](#)
- California Hospital Association – [Continuity Resources](#)
- East Virginia Healthcare Coalition - [Continuity of Operations Plan \(COOP\) Guide for Disaster Avoidance, Preparation and Recovery](#)

Supply Chain Resiliency Information

- U.S. Department of Homeland Security – [Supply Chain Resilience Guide, April 2019](#)

Conclusion

Information and resources supporting disaster mutual aid for hospital and other health and medical providers remains vital for preparedness planning. Florida’s hospital community has never had a statewide mutual aid agreement. This document provides an update of information and resources for Florida’s hospital and medical community and may serve as a roadmap to establish a standard, statewide agreement for cooperative disaster mutual aid for hospitals, health systems and other health and medical providers.