NEW HAMPSHIRE HOSPITAL MUTUAL AID NETWORK
MEMORANDUM OF UNDERSTANDING

The below listed Participants, by affixing their signature to this memorandum of understanding, agree in principle to voluntarily coordinate mutual aid services with each of the signatories in a good faith effort to minimize risk to patient care and hospital operations.

Alice Peck Day Memorial Hospital, Lebanon
Androscoggin Valley Hospital, Berlin
Catholic Medical Center, Manchester
Cheshire Medical Center, Keene
Concord Hospital, Concord
Cottage Hospital, Woodsville
Crotched Mountain Rehabilitation Center, Greenfield
Elliot Hospital, Manchester
Exeter Hospital, Exeter
Franklin Regional Hospital, Franklin
Frisbie Memorial Hospital, Rochester
Hampstead Hospital, Hampstead
Healthsouth Rehabilitation Hospital, Concord
Huggins Hospital, Wolfeboro
Lakes Region General Hospital, Laconia
Littleton Regional Hospital, Littleton
Mary Hitchcock Memorial Hospital, Lebanon
Memorial Hospital, No. Conway
Monadnock Community Hospital, Peterborough
New Hampshire Hospital, Concord
New London Hospital, New London
Northeast Rehabilitation Hospital, Salem
Parkland Medical Center, Derry
Portsmouth Regional Hospital, Portsmouth
Southern New Hampshire Medical Center, Nashua
Speare Memorial Hospital, Plymouth
St. Joseph Hospital, Nashua
Upper Connecticut Valley Hospital, Colebrook
Valley Regional Hospital, Claremont
Veteran’s Affairs Medical Center, Manchester
Weeks Memorial Hospital, Lancaster
Wentworth-Douglass Hospital, Dover

1
I. SCOPE AND APPLICABILITY

The Participants agree that in a declared or undeclared event affecting hospital services as a result of natural, man-made or technological causes, a mass casualty incident or public health emergency (hereinafter “Disaster”) which impacts the operational capabilities of any other Participant, the affected Participant may request assistance from the other Participants as is more generally set forth herein.

In the event of a Disaster, an affected Participant should first contact the other Participants. If the Disaster is broader than the Participants determine they can handle by working together, then they will contact local and state agencies as appropriate (such as the local emergency operations center or the New Hampshire Department of Homeland Security and Emergency Management). The Participants will use the guidelines established herein to coordinate the care and services necessary to deal with the Disaster.

Each participant shall agree to take all appropriate actions during a Disaster without regard to race, color, creed, national origin, age, sex, religion, or handicap of any individual involved and to assist all Participants as necessary. No Participant shall be required to provide treatment, care, medical supplies, equipment, services or personnel over and above that which is necessary to meet its own needs, existing or anticipated, or beyond its own resources.

In the event that the affected Participant is unable to continue patient care for some or all of its patients, the Participants agree to act as receiving facilities for these patients.

Each Participant agrees to follow the guidelines set forth herein to the extent possible. There shall be no cause of action or basis of liability for breach of this Memorandum of Understanding by any Participant(s) against any other Participant(s).

This Memorandum of Understanding is not intended to replace each facility’s emergency management plan or to adversely affect existing transfer agreements between facilities, but is intended to provide a foundation to those plans and agreements. Each Participant shall incorporate this Memorandum of Understanding into its emergency management plan consistent with the principles agreed to herein.
II. GUIDELINES

1. EMERGENCY TREATMENT CARE

Each Participant agrees to provide assistance, as available within its reasonable capabilities, including:

- Accepting as many casualties/patients/transfers as resources permit.
- Providing emergency treatment/care within the capabilities of the facility.
- Providing emergency physician and medical professional and paraprofessional support services.
- Providing diagnostic services.
- Assisting in placing casualties/transfers.
- Facilitating transportation as available and as requested by other Participants.
- Notifying the Participants when vacancies no longer exist.
- Providing a copy of the medical record for patient transferred/received.
- Providing other medical services that may be necessary and requested.

1. EMERGENCY MEDICAL SUPPLIES, EQUIPMENT AND PHARMACUETICALS

A Participant shall provide emergency medical supplies, equipment and pharmaceuticals within reasonable resource capabilities.

2. COST OF SERVICES, EQUIPMENT AND PERSONNEL

A Participant receiving services, equipment and personnel, will replace or reimburse the cost of same to the Participant providing services, equipment and personnel.

3. ADMINISTRATIVE SERVICES

A Participant will provide the following administrative services for themselves and will assist other Participants by:
Maintaining a current listing of all casualties at admission, transfers and discharge made to and from the Participant’s facility.

Maintaining a current listing of all deaths at the Participant’s facility.

Notifying the other Participants when patients or personnel can be returned to their facility.

Furnishing other information or record keeping, as may be requested or deemed necessary by the Participant.

Reporting bed status to HC Standard routinely increasing the frequency of reporting to HC Standard, as requested.

III. EFFECTIVE DATE, FUTURE AMENDMENT AND CONSTRUCTION

This Memorandum of Understanding shall become effective on April 1, 2010 and be automatically renewed annually. A Participant may terminate its participation in this Memorandum of Understanding by giving a sixty (60) day written notice to the other Participants of its intentions to so terminate.

This Memorandum of Understanding shall be reviewed periodically by the Participants to ensure that it meets the requirements of the Participants.

This Memorandum of Understanding is in no way meant to affect any of the Participants’ rights, privileges, titles, claims, or defenses provided under federal or state or common law.

The undersigned hereby agree to any and all provisions as stipulated above.

___________________________________________
Health Care Institution

___________________________________________
Chief Executive Officer

___________________________________________
Date