

## MWPERLC Community Resilience Toolkit Resources: Theme 3

### **Theme 3: Hospitals have insurance concerns over sharing personnel.**

#### **Root Causes:**

- 1. Individual hospital human resources policies and systems are not in place to share medical personnel**

#### **Resource 1:**

**Source:** Hodge, James et al. Model Memorandum of Understanding Between Hospitals During Declared Emergencies. PACER: Homeland Security Center of Excellence, 2009. Web. 11 July 2016. <http://www.cdc.gov/phlp/publications/topic/hospital.html>

**Root Cause Addressed:** Root Cause 1

#### **Resource and/or Tool Description:**

This resource is a developed model MOU for use by hospitals and potentially other healthcare entities within a specified healthcare system to be implemented during a government-declared state of emergency. This resource contains a draft blueprint outline of the model MOU vetted among PACER colleagues and representatives of hospitals and other healthcare entities, public health authorities, etc.

#### **Suggested Use:**

Designed to help establish agreements before a government-declared state of emergency and activate at the time of need. For use among healthcare entities (e.g., hospitals, nursing homes, clinics, rehabilitation facilities) to help with collaboration with others to support their continued acute care services through sharing resources (e.g., personnel, equipment, supplies) and providing logistical support (e.g., continuity of communications) to meet patient surge need during declared emergencies, disasters, or public health emergencies.

#### **Resource 2:**

**Source:** HSEEP Exercise Evaluation Guide: Medical Surge & Volunteer and Donations Management. Department of Homeland Security, 2016. Web. 5 July 2016. <http://apc.naccho.org/bpt/Documents/PDF/FSE%20Resources/FSE%20EEG%20final.pdf>

**Root Cause Addressed:** Root Cause 1

#### **Resource and/or Tool Description:**

This resource is an Exercise Evaluation Guide (EEG) template. The guide provides description of both Medical Surge (MS) and Volunteer and Donations Management (VM) Capabilities. The resource contains simple HSEEP approved fields and criteria to evaluate exercise activities base

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on these capabilities. Funded through a grant from NACCHO for Public Health Advanced Practice Centers

### **Suggested Use:**

This Exercise Evaluation Guide is a blueprint intended for the use of Volunteers in Hospitals and Rural Medical Centers. Best to be used as a guide for exercise planning and evaluation in regards to outlined capabilities. This resource is a template and therefore can and should be tailored to best meet the needs of the organization using it.

### **Resource 3:**

**Source:** State of Colorado, Hospital Memorandum of Understanding. 1st ed. Colorado Department of Public Health and Environment, 2015. Web. 16 July 2016.  
<https://www.colorado.gov/pacific/cdphe/state-colorado-hospital-memorandum-understanding>

**Root Cause Addressed:** Root Cause 1

### **Resource and/or Tool Description:**

This resource is an example/template MOU to provide assistance at the time of an event (internal or external) that overwhelms the capability of a hospital (Colorado) to respond. This voluntary agreement, when assisting hospitals, commits resources, verbally or in writing, to an affected hospital pursuant to this MOU. It is the intent of the parties that have completed the MOU for this agreement to be binding and enforceable when certain terms and conditions outlined apply.

### **Suggested Use:**

This resource is to aid in the development of agreements to have in place in the event of emergencies where significant number of patients requiring emergency medical care. Use this example and tailor it to the needs of your organization and local hospital. This MOU will be critical during medical disasters or critical incidents to help define hospitals needs and establish pre-event cooperative working agreements and planning initiatives to assist in the response and recovery.

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### **Resource 4:**

**Source:** Guidelines for Credentialing and Granting Disaster Privileges to Volunteer Physicians. Wisconsin Hospital Association, 2016. Web. 3 Aug. 2016.  
<http://www.wha.org/volunteerCredentialing.aspx>

**Root Cause Addressed:** Root Cause 1

### **Resource and/or Tool Description:**

This resource includes guidelines as they describe the procedures for the granting of disaster privileges to Volunteer Physicians and other Practitioners, who are competent to provide safe and adequate care, treatment and services when the Hospital's Emergency Management Plan has been activated and the Hospital is unable to handle the immediate patient needs

### **Suggested Use:**

This resource is intended to serve as a guide for hospitals to design its own policy, based on the uniqueness of each facility, for the deployment of volunteers in a disaster. The positions, functions, departments in these guidelines are meant only to be examples. The hospital should insert the positions, functions, departments that are appropriate for the hospital.

### **Resource 5:**

**Source:** Ginter, P. M., Rucks, A. C., Duncan, W. J., Wingate, M. S., Beeman, S. K., Reeves, J., & West, M. A. (2010). Southeastern regional pediatric disaster surge network: a public health partnership. *Public health reports*, 117-126.

**Root Cause Addressed:** Root Cause 1

### **Resource and/or Tool Description:**

The article goes through the various stages of developing a regional pediatric disaster surge network in order to enhance disaster response for pediatric populations.

### **Suggested Use:**

The authors present the planning and development of setting up the surge network, and provide discussions on the various challenges and benefits of such a network. This article is highly beneficial to those considering setting up a similar network, either to enhance regional collaboration within states and/or across state lines, as they include many important issues that arise during such an undertaking.

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### **Resource 6:**

**Source:** Maldin, B., Lam, C., Franco, C., Press, D., Waldhorn, R., Toner, E., . . . Inglesby, T. V. (2007). Regional approaches to hospital preparedness. *Biosecurity and Bioterrorism*, 5(1), 43-54.

**Root Cause Addressed:** Root Cause 1

### **Resource and/or Tool Description:**

The article presents the findings from a qualitative study to understand the barriers, successes, and issues affecting regional hospital preparedness efforts. The authors offer up the various issues and examples of successful regional collaboration and offer up recommendations for effective regional hospital coordination.

### **Suggested Use:**

This article can be used to identify models of successful and effective regional hospital coordination. As it raises important issues that must be addressed, others can view what types of issues are the most problematic and how these challenges were handled to enhance preparedness.

### **Resource 7:**

**Source:** Luddy, C., Paturas, J., & Forte, E. (2007). Developing the State of Connecticut emergency credentialing programme for healthcare professionals. *Journal of Business Continuity & Emergency Planning*, 1(2), 146-157.

**Root Cause Addressed:** Root Cause 1

### **Resource and/or Tool Description:**

The article presents Connecticut's experience with piloting a state-based program for recruiting, credentialing, and activating health care professional volunteers. The authors present details of processes, benefits, and challenges of creating this state-wide system as well as presenting concerns (e.g., liability) of individual hospitals who signed the memorandum of understanding, called the Participating Hospital Agreement.

### **Suggested Use:**

This article can be used by different states and hospitals to examine how to go about such a system for recruiting, registering, credentialing, and activating volunteer health care professionals. It can be used to see how common challenges have been addressed through policies, laws, and other means to create a state-wide system for volunteers that can feed into the national system.

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### **Resource 8:**

**Source:** Schultz, C. H., & Stratton, S. J. (2007). Improving hospital surge capacity: a new concept for emergency credentialing of volunteers. *[Annals of emergency medicine](#)*, 49(5), 602-609.

**Root Cause Addressed:** Root Cause 1

### **Resource and/or Tool Description:**

The article presents their concept for hospital-based emergency credentialing of volunteer health care professionals to particularly utilize local and regional providers during emergencies.

### **Suggested Use:**

This article can be used by other hospitals as a model to create their own regional emergency credentialing system that is hospital-based. It is sustainable due to its low cost, accuracy, and efficiency utilizing existing credentialing database systems of individual hospitals.

### **Resource 9:**

**Source:** Blueprint for the Use of Volunteers in Hospitals and Rural Medical Centers  
<http://apc.naccho.org/Products/APC20102192/Pages/Overview.aspx>

**Root Cause Addressed:** Root Cause 1

### **Resource and/or Tool Description:**

This toolkit was developed to help hospitals and public health agencies integrate volunteer support into hospital inpatient, emergency department, and incident response operations through deployment of just-in-time training (JITT) and exercise curricula.

### **Suggested Use:**

This toolkit should be used to help foster relationships with community partners and incorporate volunteers into local preparedness and response.