

Metro Region ARMER Standards

Section 5 – Metro 5.3.0 Regional Hospital Compact

Date Established

5-23-03

Date Revised/Reviewed

5-5-20

1. Purpose or Objective

To establish a policy that provides for regional hospitals to be included as authorized users of the regional system. Talkgroups on the system will be used to notify all hospitals at once of an emergency event and provide redundancy if phone services are unavailable. Aside from tests, system use will be generally confined to emergency radio traffic.

2. Technical Background

- **Capabilities**

Each hospital has agreed to position their primary console in a location that will be monitored on a 24/7 basis. The Regional Hospital Resource Center (RHRC) will coordinate regular, frequent checks of the system to assure that each hospital is fully complying with the operational requirements.

- **Constraints**

None

3. Operational Context

Metro Region Hospital Compact is made up of all 27 hospitals within the Metro Region. These hospitals provide ongoing healthcare to the Metro Region Communities and are relied upon to provide emergency healthcare during public health emergencies and community disasters. At the time of this writing, the participating hospitals are:

Abbott Northwestern
Bethesda Rehabilitation Center *
Children's Healthcare Minneapolis and St. Paul
Fairview Ridges
Fairview Riverside
Fairview Southdale
Fairview University
Gillette Children's Hospital *
Hennepin County Medical Center
Lakeview Stillwater
Mercy
Methodist Health System Minnesota
North Memorial Medical Center
Northfield Hospital
Phillips Eye Institute *
Queen of Peace – New Prague
Regina Hastings
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.

The Compact hospitals will:

1. Communicate and coordinate efforts to respond to a disaster via their liaison officers, public information officers, and incident commanders primarily.
2. Receive alert information via the EMS system regarding any disaster or special incident with radio notification by Metro Medical Resource Control Centers (MRCC) as a back-up system.
3. Communicate with each other's Emergency Operations Centers (EOC) by phone, fax, email, 800 MHz EMH-CALL and will maintain radio capability to communicate with MRCC as a minimum back up.
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 Department of Public Safety Division of Homeland Security and Emergency Management, or 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.

4. Recommended Protocol/Standard

Talk groups:

EMH-CALL
EMH-COM-1
EMH-COM-2
EMH-COM-3
EMH-COM-4

Metro Region Compact Hospitals will be authorized to use the system for the following types of communications:

1. EMH-CALL would be a unified hospital channel to which the ED and EOC radios will stay tuned for alerts. This channel would be used to hail other hospitals for information, notification, mutual aid, etc. The RHRC coordinator will monitor and respond to calls from hospitals initiating calls on EMH-CALL.
2. EMH-COM1-4 – Four separate tactical channels for hospital use during special incidents, for task teams or coordinating mutual aid efforts (e.g. off-site care facility).

3. The EMH-CALL, EMH-COM1 and EMH-COM 2 will be recorded by HCMC EMS dispatch on a logger audio from the 800-talk group side. Upon increased capacity to record, EMH-COM 3-4 will be added. MRCC dispatcher at HCMC EMS can set up dynamic patches.

Absent a large incident, this system will contribute no substantial daily load on the system. Designated job positions in each hospital will be assigned to monitor the EMH-CALL channel.

Communication on these talkgroups with EMS, Fire, Law Enforcement, local public health, Minnesota Department of Health, Minnesota Department of Public Safety Division of Homeland Security and Emergency Management, and MnVOAD will be coordinated on a case-by-case basis.

5. Recommended Procedure

Each hospital will monitor the talkgroups, including the RHRC Coordinators.

When someone calls, other Compact Hospitals and the RHRC Coordinator will respond.

MRCC dispatcher at HCMC EMS can set up a dynamic patch.

6. Management

Hennepin County Medical Center is currently the Regional Hospital Resource Center (RHRC) and as such will manage the site in day-to-day operations and will provide guidance and control the talkgroups during an event or emergency.

The committee will oversee the site is the 800 MHz Communications Work Group of Metro Region Hospital Compact along with the RHRC.

Requests for changes to these policies or procedures will be addressed through the Metro Region Hospital Compact, their executive officers and the 800 MHz Work group.

The staff of the Metropolitan Emergency Services Board shall manage the User Agreement process and maintain a list of participating hospitals that have been approved to use the system. Billing users for the cost of programming shall be the responsibility of the programming entity.

The Metro Region Hospital Compact group will coordinate with the MESB to resolve disputes should they arise.