# **Memorandum of Understanding**

Between:	Wayne County Medical Control Authority (HEMS, Inc.),		
	And		
		(Agency),	
	(Participating LALS or ALS agency)		

For the benefit of the residents of the area serviced by the Agency, the following is agreed to:

#### RESPONSIBILITIES OF THE AGENCY

- 1) Identify a Base Hospital<sup>i</sup>:\_\_\_\_\_\_(Hospital)
- 2) Use the IV and medication supplies issued to LALS and ALS units only in accordance with approved treatment protocols for the patients either originating in or being transported to participating facilities in the HEMS Medical Control Zone.
- 3) Institute appropriate procedures for the storage and inspection of IV and medication supplies issued to ALS and LALS units according to currently approved protocols.
- 4) Provide for a share of the system expenses incurred by HEMS associated with the administration of the exchange / replacement system (printing, box upkeep / replacement, etc.) through the payment of fees as follows:

Type of Vehicle <sup>ii</sup>	Annual Feeiii	
LALS	\$25.00	
ALS	\$50.00	

- 5) In addition to the fees specified in #3 above, agencies placing new ALS units in service are required to provide HEMS with two empty medication boxes, of a type specified by the MCA, for each new/additional ALS vehicle approved. These boxes become the property of the MCA (HEMS.) One box will be numbered and drilled and issued to the Agency to have stocked at their Base Hospital and one will be used for replacement of damaged boxes or to increase exchange boxes at participating hospitals made necessary by the increasing number of ALS units participating in the system.
- 6) Return all medications, boxes, and IV supplies issued for an LALS/ALS unit, to the Base Hospital in the event that the unit is removed from service or reduced to a level of service which does not allow for the administration of medications and/or IVS for a period which is expected to exceed fourteen (14) days<sup>iv</sup>
- 7) On request, compensate the replacing hospital for the costs associated with the replacement of medications and IV supplies which are replaced due to failure to comply with approved protocol, including but not limited to:
  - a. Materials which must be presented for exchange or replacement more than seven (7) days after the "Use of Replace By" date indicated on the package label.
  - b. Materials which must be presented for exchange or replacement and are unusable due to failure to store the supplies in accordance with approved protocols.
  - c. Materials provided by the participating facility to correct a deficiency in the stock of a current vehicle which cannot be documented as being used in connection with a patient (See section 5 of the DISCREPANCIES in the Pharmacy procedure).

d. Materials which are used in conjunction with EMS runs where the patient both originates from a scene and is transported to a facility in another Medical Control Zone.

# RESPONSIBILITIES OF THE AGENCY'S IDENTIFIED BASE HOSPITAL (HEMS Member Facility)

1. Provide for the initial supply of medication and/or IVS for units approved by the Medical Control Authority under current protocols. Supplies provided shall be consistent with the pharmacy procedure of current approved protocol.

These materials remain the property of the issuing base hospital and are returned to that facility in the event that the unit is removed from service or the level of service is reduced to a level which does not provide for the use of IVS and /or medications.

### RESPONSIBILITIES OF THE MEDICAL CONTROL AUTHORITY (HEMS, Inc.)

- 1. Provide a mechanism under which a participating Agency may apply for a reduction of the costs which are to be paid under this agreement by demonstration that the payment of those costs would result in a hardship to the Agency such that:
  - a. The level of EMS service currently being provided to the residents of an area for which the Agency provides primary emergency response and transportation could not be maintained

or

b. The agency would be prevented from increasing the level of care available to the residents of an area for which the Agency provides primary emergency response and transportation.

## **AMENDMENTS**

Any amendments to this agreement will be submitted to all affected parties for approval.

FOR HEMS:	
Robert E. Miljan, Executive Director	DATE
FOR THE AGENCY:	
Signature	DATE
Printed Name:	

The MCA must be notified of all circumstances where a unit is removed from service or operates at a reduced level of service for any period of time. Notification of MDCIS is also required under some circumstances.

<sup>&</sup>lt;sup>i</sup> Participating agency are responsible for securing the cooperation of the Identified Base Hospital before naming that institution in this agreement.

ii All fees are per vehicle.

iii For existing units fees are paid to HEMS at the time of submission of the annual MDCIS license renewal for MCA endorsement. For additional units and changes in level of units fees are paid following approval of the units by the MCA but before placing the additional unit in service.

iv The Base Hospital Pharmacy may place these materials in circulation through the normal EMS exchange/replacement system. At the time the unit is returned to full service, supplies which meet protocols standards for expiration date will be issued.

Y Reductions of costs are granted under this provision may be for any part of the costs up to the total cost associated. Reductions are valid for the Agency's current MDCIS service licensure period. If an ongoing reduction is desired, a new application must be submitted to the MCA with the Agency's annual license renewal application.