

**Northeast Tennessee Regional Asset Loan Agreement**

**Request Procedure**

Revisions 8-8-23

The sole purpose of this Equipment Loan Agreement (items purchased and maintained through Regional Hospital Emergency Grant funding) is to provide HCC Assets to hospitals and healthcare facilities in our Region.

The equipment is to be used by a facility only during an emergency need or during an exercise. The duration shall be limited to 96 hours or until the facility’s existing agreements for emergency equipment can be activated. If the facility exceeds the 96-hour duration period, then the facility must notify both RHC's: Keisha Fletcher at 423-306-6051, and Tony Wright at 423-741-4646 with justification for exceeding the 96-hour period. The RHC’s can extend the request for additional hours if deemed appropriate. Secondary contacts are Chad Bruckman 423-341-0927 and Meranda Belcher 423-306-6000.

The Equipment is dedicated to saving lives and mitigating patient harm at established healthcare facilities and must always be available. Exception: The Equipment may be used as part of a facility’s emergency preparedness exercise.

To request an equipment emergent need, a hospital or treatment facility will contact the Regional Medical Communications Center (RMCC). The RMCC staff will determine location, directions, and delivery site for the requested equipment. The RMCC will also contact both RHC's: Keisha Fletcher at 423-306-6051, Tony Wright at 423-741-4646.

The core concept is that the facility needing equipment in an emergency situation will call the RMCC immediately and request it. The RMCC will also contact both RHC's: Keisha Fletcher at 423-306-6051, Tony Wright at 423-741-4646.

The first facility to chronologically call the RMCC will become first in consideration for the requested equipment. The RHC's may divert the positioning of the equipment based upon facts known from having regional intelligence. But generally, the first facility to request will get the resource.

The receiving facility will abide by the Regional MOU and fulfill their contractual obligations concerning the equipment’s use, maintenance, and upkeep.

SHARED USAGE AGREEMENT

Northeast/Sullivan HCC Facilities

INSTRUCTIONS:

This form must be completed to document the terms under which the *Regional Equipment,* purchased with ASPR regional supplemental funding, may be shared between hospitals and healthcare coalition member facilities. The property coordinator, (Ballad Health HVMC Facility Management), and each of the participants in this agreement should receive a copy of the completed document. The property coordinator updates the inventory records to reflect this temporary transfer.

PARTICIPANTS (BORROWER):

Bristol Regional Medical Center

Franklin Woods Community Hospital

Greeneville Community Hospital

Hancock County Hospital

Hawkins County Memorial Hospital

Holston Valley Medical Center

Indian Path Community Hospital

James H. Quillen VA Medical Center

Johnson City Medical Center

Johnson County Community Hospital

Sycamore Shoals Hospital

Unicoi County Memorial Hospital

Healthcare Coalition Member Facilities

PROCUREMENT PROCESS:

The regional equipment is located at Indian Path Community Hospital, 2000 Brookside Dr. Kingsport, Tennessee 37660.

TRANSPORT

Transport will be arraigned by Borrower, RMCC and the RHC’s

RMCC & RHC 24/7: 800-645-9670

Keisha Fletcher at 423-306-6051

Tony Wright at 423-741-4646.

PROPERTY COORDINATOR RESPONSIBILITIES (Ballad Health Holston Valley Medical Center, Facilities Management Department)

•The Property Coordinator is responsible for examining the Equipment to verify its condition and operational readiness upon its return and to inform the Borrower of any damage and the total cost of repair.

BORROWER'SRESPONSIBILITIES:

The Borrower is responsible:

• To contact Regional Medical Communications Center (RMCC – 800-645-9670) to requisite the Equipment and its supporting equipment.

• For examining the equipment to verify its condition before accepting it and signing this agreement.

• For any theft, loss, damage, or breakage of the equipment package and agrees to pay for any repair or replacement costs necessary to return the equipment operational readiness.

• For direct costs associated with the use of the Equipment, including transportation to and from its point of origin and its new location.

• To report to the RMCC Meranda Belcher and Tony Wright any necessary repairs that were made or are necessary to insure operational readiness.

BORROWER AGREES THAT:

Equipment Insurance: From the date of delivery or pickup (whichever comes first) of the Equipment to Borrower's premises until such time as Equipment has been returned in good condition to Equipment Lender, Borrower agrees, at its own cost and expense, to keep the Equipment fully insured against loss and represents to Lender that Borrower has adequate insurance to cover loss or damage to the Equipment and to cover replacement costs. No casualty or damage shall relieve Borrower from the obligation to comply with the terms and conditions of this Agreement. In the event of damage or loss to the Equipment, Borrower will reimburse Equipment Lender the replacement value of the Equipment.

Indemnification by Borrower: Borrower hereby agrees to indemnify, defend and hold Lender harmless from and against any and all liability, losses, damages, claims or causes of action, and expenses connected there with, including reasonable attorneys' fees, caused by or as a result of any negligent or intentional act, error or omission by Borrower, its employees, agents, servants or representatives with respect to its responsibilities here under.

**GENERAL AGREEMENTS:**

Equipment being Loaned out:

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Location at which the Equipment will be used:

Routine maintenance to be performed by the Borrower (what needs to be done prior to returning to Ballad Health Warehouse):

Reason for Borrowing the Equipment

**PERIOD OF USE (96 Hours)**

Beginning Date \_\_\_\_\_\_\_\_ Beginning Time: \_\_\_\_\_\_\_\_

Additions or modifications to the above terms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EQUIPMENT INFORMATION**

**Description:**  **Manufacturer: Serial Number:**

**Model:**

Approximate Value $

Physical Condition: Excellent Condition

Comments:

**CERTIFICATION**

***Property Coordinator:***

**Hospital:** Holston Valley Medical Center, Kingsport, TN. Phone: 423-224-5040 or 423-502-2613

Name/Title: Lee Dockery HV Facility Manager

Signature: \_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Borrower:***

Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Phone:

Title: \_\_\_\_\_\_Signature: .Date: \_\_\_\_\_\_\_\_

Return Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_