

NYC Department of Health and Mental Hygiene Mystery Patient Drill

Toolkit Overview

June 2016



This training covers...

- Exercise Overview
- Purpose, Scope and Objectives
- Considerations
- Assumptions
- Artificialities
- Roles
- Logistics
- Scenarios
- Post drill activity and reporting

Exercise Overview

- Designed for acute care hospitals emergency department
- No-notice
- No more than 2 hours start to end exercise

Purpose and Scope

- Intended to test the ability of acute care hospitals in New York City to **rapidly and safely identify, isolate and assess** potential patients with **EVD or other diseases of public health concern**.
- Exercise begins when controller (patient) enters emergency department
- Ends at the point of initial evaluation and decision to notify NYC DOHMH

Objective 1

Determine the time it takes the facility to **identify** a potential patient with EVD or other highly infectious disease and begin **exposure mitigation** procedures in the emergency department triage area.

Objective 2

Identify the amount of time taken for the patient to be **transferred to an isolation room.**

Objective 3

Determine facility capability to make the necessary **internal notifications** and report the need for notification to DOHMH (notional).

Considerations

- Drills are unannounced and are to take place regardless of ED volume
- Real-world events take priority over drills
- Trusted agents will coordinate activities with controllers/evaluators
- Players will follow real-world response procedures in accordance with established protocols
- A variety of scenarios will be used

Considerations

- The Controller should never allow any invasive procedures to be performed or any medications to be administered
- The Controller retains the right to terminate the exercise at any time should staffs' actions require them to do so:
 - Media notification
 - Medication administration
 - Invasive procedures (e.g., IV administered)
 - Actions that may put patients at risk

ENDEX

- ENDEX should be called by the Controller or trusted agents **at the point where the facility *would* report to DOHMH but *after clinical evaluation***
- Note that ENDEX may be called prior to clinical evaluation if the wait time in triage exceeds 40 minutes or if the wait time in the clinical exam room exceeds 20 minutes
- *Notification to DOHMH should not occur but should be reported as a “next step”*

Assumptions

- Players are well-versed in response plans and procedures
- Players respond in accordance with plans / policies / procedures
- Real-world response actions take priority
- Controller presents in a way consistent with infectious disease symptoms
- Some medical evaluation may be required (e.g., vitals, etc.)
- Insurance or other reimbursement will not be required as a result of the exercise (although an EMR may be generated it should be deleted post exercise)

Artificialities

- Play and evaluation is limited to those items only under direct control of Players, Evaluators and Controllers
- The Controller will describe symptoms but not necessarily be able to demonstrate them (e.g., fever, rash, etc.)
- Admission to the facility and/or confirmatory testing are not part of the drill

Role – Trusted Agents

- Two staff members at each facility is recommended
 - Infection Prevention/Control
 - Emergency Preparedness Coordinator
- A third person will be needed to escort the evaluator who will act as a consultant (e.g., Security, Facilities, etc.)
- Controller and Evaluator should coordinate with trusted agents prior to the drill and advise of when to start
- Is also able to terminate the drill based on any actions taken by or events happening at the facility

Roles - Controllers

- Present as the patient at the ED entrance with symptoms as described in the scenario
- Terminate the exercise at any point due to safety concerns or real world events
- Assist in evaluation whenever practical, but do not sacrifice the drill to do so

Roles - Evaluators

- Observe and record the drill using the EEG
- Maintain presence in the ED and within site/sound of the controller (where possible)
- Collect data from Hotwash

Planning Drill

- Convene a group of stakeholders and review the Mystery Patient Toolkit materials as a guide to exercise planning
 - Overview and Checklist
 - Mystery Patient Drill Exercise Plan
 - Exercise Evaluation Guide
 - Scenarios
 - Customize and complete your Mystery Patient Drill Exercise Plan

Scheduling Drill

- Emergency Preparedness Coordinator
 - determine a target date and time for the unannounced drill.
 - identify a 2nd trusted agent, most often someone from infection control who would be typically notified of a suspected emerging infectious diseases and would be the typically notify DOHMH.
 - identify an evaluator and a controller

Logistics

- Drill should be “no notice”
 - *trusted agents should not disclose information on the scenario or drill date/time to the ED staff or anyone else at the facility*
- EPC should identify someone who could escort the evaluator through the ED during the drill
 - may choose to identify this person in advance and bring them in as an additional trusted agent, or notify them at the time of the drill

Scenarios

- Contained in toolkit
- May be modified based on current outbreaks
- Middle East Respiratory Syndrome, Ebola Virus Disease and Measles

Middle East Respiratory Syndrome

- A X year-old male/female presents at the emergency department complaining of malaise, fever and flu-like symptoms. The patient indicates they started feeling ill about 4-5 days ago but that they really started to feel worse in the past 12-24 hours and have now developed a severe cough and some shortness of breath.
- *The patient indicates that they recently spent roughly 2 weeks in Riyadh, Saudi Arabia(may replace with Jordan or NYU in Abu Dhabi) doing Life Safety consulting work through the Ministry of Health for some newly designed hospitals. During that trip he/she spent time visiting hospitals. The patient returned 4 days ago and other than some gastrointestinal issues (likely due to food) the patient indicates they had no illness while in Riyadh. The patient has since stayed at home in their apartment; however, they came to the hospital after they started experiencing worsening cough, experiencing shortness of breath and over-the-counter medications stopped alleviating symptoms.*

Adult Ebola Virus Disease (EVD)

- A X year-old male/female presents at the emergency department The patient indicates that they awoke this morning experiencing fatigue and a headache and their temperature as of around 7:30AM was 102°F. After seeing their temperature they promptly took Tylenol and the fever subsided roughly 30 minutes later.
- *The patient has recently returned from Sierra Leone* after providing humanitarian aid due to the recent Ebola epidemic. The patient indicates they are from Connecticut and have traveled to the city to debrief after working with Doctors Without Borders (MSF in France) in Sierra Leone. While in Sierra Leone the patient was assisting with medical care, but not in an Ebola Treatment Unit.*

**use location with current cases*

Pediatric Ebola Virus Disease

- A 17 year-old male/female presents at the emergency department and indicates that they are not feeling well. Their symptoms include headache and fatigue and that they thought they may have had a fever but had already taken Tylenol for the headache.
 - *The patient indicates that they recently returned home to Connecticut from Sierra Leone roughly 10 days ago where they were doing missionary work. The patient indicates that his/her parents work in Connecticut and they have been unable to reach them by cellular phone.*
- *consider use of medical students as actors and an adult controller as a school escort*

Measles (with moulage)

- A X* year-old male presents to the emergency department and indicates that he returned from Germany 2 weeks ago. He states that approximately 6 days ago he experienced fever (if asked, max 102°) and cough. Four days ago a rash appeared on his face/chest and spread to his entire body. The rash has started to improve and now it's mostly just on his legs.
 - *Notes: if they take his temperature, he should say he took Tylenol a few hours ago and if they ask if he received his childhood measles shot; he should say he doesn't know.*
- *may be used for a pediatric scenario as well*



Measles Mouflage

- Supplies (found in party stores and on Amazon):
 - Liquid Latex
 - Red grease paint
 - Q tips
 - Baby powder
 - Toothpick or paper clip
 - Makeup brush



Measles How to Video



Pre Drill Meeting

- The EPC and trusted agents will meet with the controller and evaluator in a location separate from ED
- Controller should apply moulage in advance as needed and dress in a manner consistent with feeling ill and looking “unwell”
- Determine if the isolation room(s) is(are) currently in use

Start Exercise

- The controller (patient) will head to the ED to present with symptoms (drill begins upon “patient” arrival at ED).
- The evaluator and EPC or additional trusted agent as described previously will tour the ER after triage of the “patient” to observe response. The EPC may consider presenting the evaluator as an intern, student or consultant on a tour.
- The controller will proceed through the patient evaluation

Controller Tips

- Any waiting room time exceeding 40 minutes or clinical exam room time exceeding 20 minute will result in ending the exercise
- If the isolation room is occupied by a patient the drill may be ended
- The Controller will end the drill when he/she feels the objectives have been accomplished OR there is a perceived impact to patient care in the ED (e.g., unnecessarily moving existing patients out of the isolation room or ED).
- Any trusted agent may stop the drill at any time they are concerned for safety or security.

Controller Prompts

- The controller may need to ask questions of a physician or nurse to determine who has been contacted
- Depending on the scenario, these questions may include:
 - “Should I be contacting my normal physician about this?”
 - “What do you think this could be, should I be concerned?”
 - “When I arrived at X Airport they told me I should contact my health department if I get sick, is that something that I should still do or are you going to call them?”
- These questions should prompt caregivers to provide some more information about actions that have been taken outside the patient’s room

Evaluator Tips

- Evaluators should remain in eyesight of the controller, but not in such a way that arouses suspicion from the staff
- Focus on other areas of the ED (e.g., fire extinguishers, sprinkler heads, workstations, etc.) but keep the controller in your peripheral vision
- Avoid direct eye contact with the controller
- When listening to conversations about the patient, act as though you are checking your phone or making notes about something else that you have observed

Post Drill Activity

- Distribute sign-in sheet
- Determine any missing times / data
- Ask the following:
 - What actions did you take (describe the actions you witnessed, see if there was anything you didn't see)?
 - What would your next steps have been if the drill wasn't stopped
 - Is there anything you would have done differently? Why?
 - How could this drill be improved?
 - Did you know or suspect that this was a drill? Why?
 - Did you find this drill valuable?
- Collect sign-in sheet

After Action Reporting

- Within 10 days of exercise draft AAR and circulate for feedback
- Complete final AAR and improvement plan within 30 days of exercise

Questions?

Please send questions or concerns regarding these materials to:

prepdocs@health.nyc.gov