



# MYSTERY PATIENT DRILL OVERVIEW AND CHECKLIST

Thank you for participating in the Mystery Patient Drill Program. Below please find information about how to conduct this drill. A recorded webinar detailing the following information may be accessed at the following link: [MPD WEBINAR](#).

## Scheduling:

The Emergency Preparedness Coordinator (EPC) should determine a target date and time for the unannounced drill. The EPC should identify a 2<sup>nd</sup> trusted agent, most often someone from infection control who would be typically notified of a suspected Ebola or other emerging infectious disease patient and would be the person to typically determine notification to the Health Department. The EPC should identify an evaluator and a controller. The controller will serve as the "mystery patient". The evaluator will be observing the actions of the staff and their treatment of the controller from an appropriate viewing distance without giving away their role to the other staff.

The EPC should identify someone who could escort the evaluator through the ED during the drill. This person may be someone from facilities or security having familiarity with the ED layout and who would typically tour an outside consultant through. You 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.

***This is a no-notice drill. The facility trusted agents should not disclose information on the scenario or drill date/time to the ED staff or anyone else at the facility.***

A pre-developed drill scenario and evaluation form is provided as part of the toolkit. There is no required drill planning on the part of the facility.

## Day of Drill Agenda:

The EPC and 2<sup>nd</sup> trusted agent will participate in a quick briefing with the controller and evaluator at a previously identified meeting location.

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.

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The controller will proceed through the patient evaluation and 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.

Time permitting, players and trusted agents will be asked to participate in a brief hotwash at the end of the drill (10 minutes). A drill sign in sheet will be completed at this time.

### **Post Drill reporting:**

It is recommended that a draft AAR be generated within 10 business days of the drill using the toolkit template.

### **Important notes:**

Drill scope excludes notification to the Health Department by the facility of a potential case. As such this no-notice drill is anticipated to be ended BEFORE notification would be made to the Health Department.

The facility staff are not expected to be involved in the drill evaluation, only escorting, but will be asked to provide feedback in a brief hotwash if time permits.

Drill evaluation guidelines are based on NYC DOHMH guidance and are being used to document the time frames and achievement of adherence to EVD/EID infection control guidance.

Questions or concerns regarding this drill toolkit should be shared with the following point of contact:

NYC DOHMH: Mary Foote, MD; [mfootemd@health.nyc.gov](mailto:mfootemd@health.nyc.gov) p: 347.396.2686  
or send an email to [prepdocs@health.nyc.gov](mailto:prepdocs@health.nyc.gov)

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# MYSTERY PATIENT DRILL CHECKLIST

## WHAT TO PREPARE

- Complete Exercise Plan (ExPlan)
- Print Sign-in Sheet
- Print Hard Copy EEG (Evaluator)
- Phone/Tablet to record times (optional)
- Clip Board (Evaluator)
- Watch (optional)

## CONTROLLER – WHAT TO KNOW

- Scenario Symptoms (as contained in ExPlan)
  - Fever, cough, headache, muscle/joint pain
  - Onset
  - Use of over the counter medications
- Travel history
  - Date of departure from US
  - Duration of trip
  - Date of arrival and airport
- Purpose of trip and organization you worked with/for
- Demographics (made up)
  - Name
  - DOB
  - SSN
  - Address (yours and loved one)
  - Reason for being in NYC

## OVERVIEW / BRIEFING MEETING

- Review drill objectives and scope
  - Identify, isolate and inform
  - No admission
  - No call to Health Department
  - Will call end after 40 minutes in waiting room or 20 in clinical room as needed
- Determine ED layout – where best to position evaluator
- Discuss communications between controller/evaluator and site staff- is there cell phone coverage in ED
- Determine whether to self-report travel/symptoms or wait to be asked
- Who calls the health department at this facility – Infection Control, Attending, etc.?
- Who should call ENDEX?
- Red flags – Is there anything the controller/evaluator should be aware of for ENDEX consideration

## HOTWASH

- 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

## POST DRILL DOCUMENTATION

- Draft AAR within 10 days
- Complete AAR revisions and finalize improvement plan within 30 days of drill