



# (FACILITY NAME) Mystery Patient Drill Action Report and Improvement Plan (TEMPLATE)

DATE

### Handling Instructions

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## Mystery Patient Drill – After Action Report/Improvement Plan

### Preface

This After Action Report (AAR) adheres to guidance provided by the US Department of Health and Human Services Assistant Secretary for Preparedness and Response (HHS-ASPR). The following HHS-ASPR capabilities and functions are addressed in this exercise:

**Capability 1:** Healthcare System Preparedness

- Function 4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps.
- Function 6: Improve healthcare response capabilities through coordinated exercises and evaluation.

The Mystery Patient Drill is an unclassified exercise; however, due to operational sensitivity all exercise materials are determined to be For Official Use Only (FOUO).

All exercise participants should use appropriate guidelines to ensure proper control of information within their areas of expertise to protect this material in accordance with current jurisdictional and organizational directives.

## **Handling Instructions**

1. The title of this document *Mystery Patient Drill After Action Report and Improvement Plan (AAR)*.
2. The information gathered in this AAR is For Official Use Only (FOUO) and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted and stored in accordance with appropriate security directives.
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## Mystery Patient Drill – After Action Report/Improvement Plan

### Exercise Summary

The Mystery Patient Drill is designed to test the hospital's capabilities to rapidly identify, isolate and assess potential patients with Ebola Virus Disease (EVD) or other infectious diseases of public health concern.

During three exercise design meetings held in the summer and early fall of 2015, NYC DOHMH and the Stakeholder Advisory Group developed the following drill objectives:

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 (ED) triage area.

Objective 2: Identify the amount of time taken for the patient to be transferred to an isolation room.

Objective 3: Assess staff adherence to key infection control measures.

Objective 4: Determine facility capability to make the necessary internal notifications and report the need for notification to DOHMH (notional).

This report provides an analysis of drill results and identifies strengths and areas for improvement. The AAR is intended to inform and ground the Improvement Plan developed by the hospital.

### Major Strengths

List

### Primary Areas for Improvement

List

Overall, the staff (**DID OR DID NOT**) demonstrated the ability to identify, isolate and assess the potential patient described in this scenario. Based on the findings from the drill the hospital should continue to collaborate with your **Health Department** and its partners to improve their capability to handle potentially highly infectious disease through continued training, exercise, evaluation and reporting.

Mystery Patient Drill – After Action Report/Improvement Plan

**Exercise Overview**

<b>Exercise Name</b>	Mystery Patient Drill
<b>Date of Exercise</b>	
<b>Start Time</b>	
<b>End Time</b>	
<b>Type of Exercise</b>	Drill
<b>Exercise Sponsor</b>	
<b>Exercise Location</b>	
<b>Exercise Purpose</b>	The exercise described herein was intended to test the ability of the hospital to rapidly and safely identify, isolate and assess potential patients with EVD or other diseases of public health concern.
<b>Exercise Scope</b>	The drill was planned for no more than two hours at acute care hospital emergency departments. Exercise play began when the controller (patient) entered the emergency department and ended at the point of initial evaluation and decision to notify the <b>Health Department</b> .
<b>Exercise Objectives</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Identify the amount of time taken for the patient to be transferred to an isolation room.</li> <li>• Determine facility capability to make the necessary internal notifications and report the need for notification to the <b>Health Department</b> (notional).</li> </ul>
<b>Exercise Scenario</b>	

## Exercise Design Summary

### Summary

The drill tests the participating acute care hospital’s ability to rapidly identify, isolate and assess a potential patient with EVD or other infectious disease of public health concern. To this end, specific targets were based on guidance issued by NYC DOHMH to acute care hospitals in the city. NYC DOHMH developed the structure of the drill and all associated materials with input from a Stakeholder Advisory Group (SAG), whose membership consisted of representatives from NYC DOHMH and acute care hospitals within the city (a full list of SAG membership is available in Appendix C).

### Control and Evaluation

Exercise staff consisted of a controller, an evaluator and at least one trusted agent from the facility. The controller was the exercise-designated “patient” at the facility’s emergency department and presented with symptoms consistent with the exercise scenario. The exercise controller retained the right to terminate exercise play at any point due to safety concerns or real world events that may otherwise have interfered with exercise play. The exercise controller assisted in data collection activities wherever practical and did so in a manner that maintained the unannounced intention of the drill.

The evaluator collected data and provided feedback based on the exercise objectives and the exercise evaluation guide (EEG, see Appendix B). The EEG captured both qualitative measures (e.g., presence of appropriate personal protective equipment, questions asked of the patient, etc.) and quantitative measures (e.g., time taken to identify the patient and isolate them, etc.).The evaluator was positioned in the emergency department at all times during exercise play and maintained view of the controller whenever possible without otherwise interfering during the drill.

At least one staff person at the facility was selected to serve as a trusted agent. Exercise staff informed the trusted agent of the expected date and time of the drill. In turn, the trusted agent advised the controller and evaluator of any unique facility-specific considerations, applicable plans, and other events that were scheduled on the day of the exercise. As an employee of the facility playing in the drill, the trusted agent(s) retained the right to terminate the exercise.

### Scenario Summary

Each drill conducted through this initiative utilized one of three possible scenarios developed by the SAG. The scenarios involved either an adult or pediatric patient presenting with symptoms consistent with EVD, measles virus or Middle East Respiratory Syndrome (MERS). This drill used the following scenario:

**INSERT SCENARIO**

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Exercise Evaluation Guide:

Facility:		Date:	
Controller:		Scenario:	
Evaluator:		Start Time:	
Trusted Agent:		End Time:	
<b>Key Measures</b>		<b>Time Stamp</b>	
Time patient entered the Emergency Dept.:			
Time patient brought to screening/triage:			
Time charge nurse/supervisor notified by triage:			
Time patient dons mask (or other source control measure is initiated):			
<p><b>Who gave the patient a mask?</b></p> <p><input type="checkbox"/> Greeter</p> <p><input type="checkbox"/> Security</p> <p><input type="checkbox"/> Receptionist</p> <p><input type="checkbox"/> Triage staff</p> <p><input type="checkbox"/> Physician/PA/NP</p> <p><input type="checkbox"/> Other: _____</p>			
<p><b>Was this the first staff member the patient came into contact with?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unsure</p> <p><input type="checkbox"/> Not applicable (patient not given a mask)</p>			
<p><b>If other initial source control measures were taken besides masking, please specify:</b> _____</p>			
Time the patient is moved to isolation room:			
Time facility's Infection Control is notified:			
Time <b>Health Department</b> is notified (notional):			
<b>Entry and Screening Questions</b>			<b>Y</b>
			<b>N</b>
			<b>N/A</b>
Was there visible signage concerning precautions for patients entering with highly communicable disease?			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**Mystery Patient Drill – After Action Report/Improvement Plan**

Upon arrival, with whom did the patient <u>first</u> come in contact?			
Greeter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptionist/Registrar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triage personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was patient screening conducted by the FIRST ED staff person with whom the patient had contact (e.g. guard, registrant, triage nurse)?			
<b>If not</b> , who did the initial patient screening?			
Receptionist/Registrar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triage personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Risk Screening Questions</b>			
Was the patient asked if they had a fever within the past two weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the patient reported a fever, were they asked if they had a rash or unusual skin lesion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the patient reported a fever, were they asked if they or someone close to them had traveled outside the US?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the patient asked about the presence of respiratory symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a standardized questionnaire used to screen the patient for the above symptoms? (paper form or in EMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a nurse or supervisor promptly notified of a screened positive patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did hospital staff use an expedited/abbreviated registration process to limit patient contact with staff and other patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was patient screened to a “fast track” and/or Urgent Care area separate from the main ED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Infection Control Questions</b>			
Are masks visible and available to patients in the waiting area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are hand hygiene supplies visible and available in the patient waiting area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the screened positive patient given a mask and appropriate instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was hand hygiene performed by all staff who came in contact with patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the patient instructed to perform hand hygiene after coughing or after coming in contact with respiratory secretions or rash?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were other ED staff notified of a screened positive patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was Infection Control notified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Isolation Questions</b>			
Was the designated isolation room available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the patient placed in an Airborne Infection Isolation Room (AIIR)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the isolation room is unavailable, was the patient physically separated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Mystery Patient Drill – After Action Report/Improvement Plan

### Time Study Findings:

Measure <sup>1</sup>	Actual Time	Target Time	Met (Yes or No)
Time from patient presentation to donning a mask (initial source control implementation) <sup>2</sup>		Less than or equal to 60 seconds <sup>3</sup>	
Time from triage identification to placement in isolation room		Less than or equal to 10 minutes <sup>4</sup>	

### Entry and Screening Findings:

#### Strengths:

#### Observations:

*Observation/Analysis/Recommendation*

### Infection Control Findings:

#### Strengths:

#### Observations:

*Observation/Analysis/Recommendation*

### Isolation Findings:

#### Strengths:

#### Observations:

*Observation/Analysis/Recommendation*

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<sup>1</sup> As outlined in the Hospital Preparedness Program (HPP) Measure Manual: Implementation Guidance for Ebola Preparedness Measures (July 2015)

<sup>2</sup> Initial source control refers to implementation of isolation precautions which may include masking of patient or separating patient from other patients/staff or placement in a room away from other patients (e.g. triage, isolation room)

<sup>3</sup> Time, in seconds, from patient's arrival to placement in isolation (Goal: less than or equal to 60 seconds). Note: this metric is designed for Ebola patients under active/direct active monitoring treated at assessment hospitals but has been identified during exercise planning as a target for all hospitals by NYC DOHMH for the highly infectious diseases under review in this exercise series.

<sup>4</sup> Time, in minutes, it takes a hospital to identify and isolate a patient with Ebola or other highly infectious disease (e.g., MERS-CoV, measles, etc.) following emergency department triage.

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**Appendix A – Improvement Plan**

<b>Area for Improvement</b>	<b>Recommendation</b>	<b>Corrective Action</b>	<b>Responsible Party</b>	<b>Point of Contact</b>	<b>Start Date</b>	<b>End Date</b>

