

# [Facility Name] Mystery Patient Drill – After-Action Report and Improvement Plan

2026

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## Preface

The New York City Mystery Patient Drill (NYC-MPD) series was sponsored by the New York City Health Department and the Region 2 Regional Emerging Special Pathogen Training and Education Center (RESPTC) at NYC Health + Hospitals/Bellevue. This Exercise Plan (EXPLAN) including evaluation materials was produced with input, advice and assistance from a Stakeholder Advisory Group (SAG) and adheres to the Department of Homeland Security Exercise and Evaluation Program format.

This EXPLAN gives exercise controllers, evaluators and observers from participating agencies and organizations the information necessary to participate and observe in a drill designed to measure healthcare facilities' capabilities to identify, isolate and inform appropriate personnel of a patient suspected of having a communicable disease of public health concern, such as Avian Influenza (H5N1), Ebola Virus Disease (EVD), measles, Middle East Respiratory Syndrome (MERS), and Lassa Fever.

The Exercise Evaluation Guide (EEG) Annex is a supplement to this EXPLAN and provides evaluators with detailed information about the drill scenarios and specific evaluation criteria. Evaluators should refer to the EXPLAN for basic information about the exercise.

The NYC-MPD 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

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## Acronyms

| Acronym  | Definition                                                                                           |
|----------|------------------------------------------------------------------------------------------------------|
| AAR      | After-Action Report                                                                                  |
| AIIR     | Airborne infection isolation room (negative pressure room)                                           |
| ED       | Emergency department                                                                                 |
| EEG      | Exercise Evaluation Guide                                                                            |
| ENDEX    | End of exercise (drill termination point)                                                            |
| EVD      | Ebola virus disease                                                                                  |
| EXPLAN   | Exercise Plan                                                                                        |
| FOUO     | For Official Use Only                                                                                |
| H5N1     | Avian influenza A (H5N1)                                                                             |
| HHS-ASPR | U.S. Department of Health and Human Services, Administration for Strategic Preparedness and Response |
| HPP      | Hospital Preparedness Program                                                                        |
| IP       | Improvement Plan                                                                                     |
| IPC      | Infection prevention and control                                                                     |
| IV       | Intravenous                                                                                          |
| MERS     | Middle East Respiratory Syndrome                                                                     |
| N95      | NIOSH-certified N95 (or higher) filtering-facepiece respirator                                       |
| NYC-MPD  | New York City Mystery Patient Drill                                                                  |
| POC      | Point of contact                                                                                     |
| PPE      | Personal protective equipment                                                                        |
| RESPTC   | Regional Emerging Special Pathogen Treatment Center                                                  |
| SAG      | Stakeholder Advisory Group                                                                           |
| UCC      | Urgent care center                                                                                   |

*Jurisdictions adapting this toolkit should add or remove entries to match locally used terminology.*

# Exercise Summary

The Mystery Patient Drill is designed to test the healthcare facility's capabilities to rapidly identify, isolate and assess potential patients with a communicable disease of public health concern. The objectives for the Mystery Patient Exercise drills are:

1. **Objective 1:** Determine the time it takes facility to identify a patient with a potential communicable disease of public health concern through initial universal travel/exposure, screening and triage in accordance with facility protocols.
2. **Objective 2:** Determine the time it takes to implement appropriate infection control measures including source control (patient masking) and isolation of patient with a potential communicable disease of public health concern (transfer to a private room, preferably Airborne Infection Isolation Room).
3. **Objective 3:** Assess staff adherence to key infection control measures including use of appropriate Personal Protective Equipment (PPE).
4. **Objective 4:** Assess ability of clinical staff to conduct preliminary assessments including risk factors for a communicable disease of public health concern.
5. **Objective 5:** Assess staff ability to inform site infection control team or other staff in accordance with facility notification protocols.
6. **Objective 6** (optional): Assess the patient experience while at the site.

This report provides an analysis of drill results and identifies strengths and areas for improvement. The After-Action Report (AAR) is intended to inform and ground the Improvement Plan (IP) developed by each participating facility.

## Major Strengths

List Major Strengths

## Primary Areas for Improvement

List Areas for Improvement

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, **Facility Name** should continue to collaborate with **your local health department** and their Infection, Control, and

Prevention team to improve their capability to handle potentially highly communicable diseases through continued training, exercise, evaluation and reporting.

## Exercise Overview

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Exercise Name</b>     | <b>Mystery Patient Drill</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Exercise Dates</b>    | [Month, Day, Year]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Exercise Location</b> | [Location]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Exercise Sponsor</b>  | [Agency Name]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Scope</b>             | <p>The exercise is an unannounced drill, planned for no more than two hours. Exercise play will begin when the controller/evaluator (“mystery patient”) enters the emergency department (ED) or clinic site (facility) and ends at the point of initial evaluation and/or notional report of decision to notify your local health department.</p> <p>Alternatively, the exercise will be terminated when the patient has been unmasked waiting for triage for over 30 minutes, waiting in isolation room for 60 minutes without clinical evaluation, any invasive procedures (bloodwork or swabbing) is about to commence, or the patient is set to be discharged without any isolation or concern for [name of infectious/communicable disease].</p>                                          |
| <b>Focus Area(s)</b>     | The exercise is intended to test the ability of acute care facilities to rapidly and safely identify, isolate and inform infection control and the health department of potential patients with diseases of public health concern.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Capabilities</b>      | <p>The following HHS-ASPR capabilities and functions are addressed in this exercise:</p> <p>Capability 1: Health Care and Medical Readiness</p> <p>Objective 4: Train and Prepare the Health Care and Medical Workforce</p> <p>Activity 2: Educate and train on identified preparedness and response gaps</p> <p>Activity 3: Plan and conduct coordinated exercises with health care coalition members and other response organizations</p> <p>Activity 4: Align exercises with federal standards and facility regulatory and accreditation requirements</p> <p>Activity 5: Evaluate exercises and response to emergencies</p> <p>Capability 4: Medical Surge</p> <p>Objective 2: Respond to a Medical Surge</p> <p>Activity 9: Enhance infectious disease preparedness and surge response</p> |

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Objectives</b>                  | <p>Objective 1: Determine the time it takes to identify a patient with a potential communicable disease of public health concern through initial universal travel/exposure, screening and triage in accordance with facility protocols.</p> <p>Objective 2: Determine the time it takes to implement appropriate infection control measures including source control (patient masking) and isolation of a patient with a potential communicable disease of public health concern (transfer to a private room, preferably airborne infection isolation room).</p> <p>Objective 3: Assess staff adherence to key infection control measures including use of appropriate personal protective equipment (PPE).</p> <p>Objective 4: Assess ability of clinical staff to conduct preliminary assessments including risk factors for a communicable disease of public health concern.</p> <p>Objective 5: Assess staff ability to inform site infection control team or other staff in accordance with facility notification protocols.</p> <p>Objective 6 (optional): Assess the patient experience while at the site.</p> |
| <b>Threat/Hazard</b>               | [Name of Infectious/Communicable Disease]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Scenario</b>                    | Patient presenting with symptoms consistent with a communicable disease of public health concern that will require identification, isolation and reporting to the local health department.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Participating Organizations</b> | [Insert a brief summary/list of participating organizations]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Point of Contact</b>            | [Insert the name, title, agency, address, phone number, and email address of the primary exercise POC (e.g., exercise director or exercise sponsor)]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

## Exercise Design Summary

### Summary

The drill tests the participating facility's ability to rapidly identify, isolate and assess a potential patient with a communicable disease of public health concern. Specific targets were based on disease specific public health guidance.

## Control and Evaluation

Exercise staff consisted of a controller/evaluator and at least one trusted agent from the facility. Exercise staff informed the trusted agent of the expected date and time of the drill.

The controller/evaluator was the exercise-designated ‘patient’ at the [emergency department/clinic] and presented with symptoms consistent with the exercise scenario. The exercise controller/evaluator 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 controller/evaluator provided feedback based on the exercise objectives and the exercise evaluation guide (EEG, see Appendix B). The EEG captured both qualitative measures and quantitative measures.

## Scenario Summary

Each drill conducted through this initiative utilized the following scenario:

[insert detailed drill scenario from the Exercise Plan]

# After-Action Report: Detailed Findings

The findings have been generated by the information collected by the Evaluator via the EEG (see Appendix B) and the hotwash conducted after the drill. The qualitative and quantitative findings have been chronologically ordered (arrival, isolation, and assessment) and demonstrate the facility's ability to meet time-based targets for a potential for communicable disease of public health concern.

## Entry and Screening Findings

### Strengths:

List Strengths

### Observed Gaps:

List Observed Gaps

### Analysis and Recommendation:

Add Analysis and Recommendations

## Infection Control Findings

### Strengths:

List Strengths

### Observed Gaps:

List Observed Gaps

### Analysis and Recommendation:

Add Analysis and Recommendations

## Isolation Findings

### Strengths:

List Strengths

**Observed Gaps:**

List Observed Gaps

**Analysis and Recommendation:**

Add Analysis and Recommendations

## **Clinical Assessment of Risk for Communicable Disease of Public Health Concern**

**Strengths:**

List Strengths

**Observed Gaps:**

List Observed Gaps

**Analysis and Recommendation:**

Add Analysis and Recommendations

# Annexes

## Appendix A – Improvement Plan (IP)

This IP is developed specifically for [Organization or Jurisdiction] as a result of the Mystery Patient Drill conducted on [date of exercise].

| Objectives                                                                                                                                                                                                                                                                                                            | Opportunity for Improvement<br>(selected from AAR) | Corrective Action | Primary Responsible Person/Role | Start Date | End Date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------|---------------------------------|------------|----------|
| <b>Objective 1</b><br>Determine the time it takes to identify a patient with a potential communicable disease of public health concern through initial universal travel/exposure, screening and triage in accordance with facility protocols                                                                          |                                                    |                   |                                 |            |          |
| <b>Objective 2</b><br>Determine the time it takes to implement appropriate infection control measures including source control (patient masking) and isolation of a patient with a potential communicable disease of public health concern (transfer to a private room, preferable airborne infection isolation room) |                                                    |                   |                                 |            |          |
| <b>Objective 3</b><br>Assess staff adherence to key infection control measures including use of appropriate PPE                                                                                                                                                                                                       |                                                    |                   |                                 |            |          |
| <b>Objective 4</b><br>Assess ability of clinical staff to conduct preliminary assessments including risk factors for an communicable disease of public health concern                                                                                                                                                 |                                                    |                   |                                 |            |          |

| Objectives                                                                                                                                         | Opportunity for Improvement<br>(selected from AAR) | Corrective Action | Primary Responsible Person/Role | Start Date | End Date |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------|---------------------------------|------------|----------|
| <b>Objective 5</b><br>Assess staff ability to inform site infection control team or other staff in accordance with facility notification protocols |                                                    |                   |                                 |            |          |
| <b>Objective 6 (optional)</b><br>Assess the patient experience while at the site                                                                   |                                                    |                   |                                 |            |          |

# Appendix B – Exercise Evaluation Guide

## Part 1 — Drill Identification

|                                                                                                                |  |                |  |
|----------------------------------------------------------------------------------------------------------------|--|----------------|--|
| Facility:                                                                                                      |  | Date:          |  |
| Facility type: <input type="checkbox"/> ED<br><input type="checkbox"/> Outpatient <input type="checkbox"/> UCC |  | Scenario:      |  |
| Controller/Evaluator:                                                                                          |  | Trusted Agent: |  |
| Start time:                                                                                                    |  | End time:      |  |
| Reason drill ended:                                                                                            |  |                |  |

## Part 2 — Time-Stamp Log

| Milestone                                                            | Time | Comments |
|----------------------------------------------------------------------|------|----------|
| Patient enters facility                                              |      |          |
| Symptom/travel screening begins                                      |      |          |
| Scenario-specific exposure question asked (see Appendix A in EXPLAN) |      |          |
| Patient masked/source control initiated                              |      |          |
| Charge nurse/supervisor notified                                     |      |          |
| Patient placed in isolation                                          |      |          |
| Clinician evaluation begins                                          |      |          |
| Facility IPC team notified                                           |      |          |
| Health department notified/planned                                   |      |          |

| Measure <sup>1</sup>                                                                     | Calculated Time | Target Time                      | Met (Yes or No)                                          |
|------------------------------------------------------------------------------------------|-----------------|----------------------------------|----------------------------------------------------------|
| <b>Time from patient entry to donning a mask</b> (initial source control implementation) |                 | Less than or equal to 1 minute   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Time from patient entry to placement in isolation room</b>                            |                 | Less than or equal to 10 minutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

<sup>1</sup> Target times are adapted from the HPP Measure Manual: Implementation Guidance for Ebola Preparedness Measures (July 2015) and validated using pooled results from prior NYC drill cycles (2016 and 2019). They are benchmarks for improvement planning, not “pass/fail” thresholds.

#### Rating Scale (used for each objective below)

| Rating                                  | Definition                                                                                                                                                                                    |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Performed without Challenges (2)</b> | Objective and critical tasks completed in a manner that achieved the objective without negatively affecting other activities or deviating from applicable plans, policies, or procedures.     |
| <b>Performed with Challenges (1)</b>    | Objective achieved, but performance negatively affected other activities, added health/safety risk, deviated from applicable plans/policies, or revealed a clear opportunity for improvement. |
| <b>Unable to be Performed (0)</b>       | Objective and critical tasks were not completed in a manner that achieved the objective.                                                                                                      |

## Objective 1: Screening & Isolation

| Objective 1: Determine the time it takes to identify a patient with a potential communicable disease of public health concern through initial universal travel exposure/screening at check in and/or triage. |                                                                                                                                                                                                                                                                                              |          | Rating |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|
| Critical tasks:                                                                                                                                                                                              | Completed?                                                                                                                                                                                                                                                                                   | Comment: |        |
| A. Symptom screening performed (asked about fever, cough, rash/conjunctivitis, as applicable to scenario)                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If yes, who performed it:<br><input type="checkbox"/> Security<br><input type="checkbox"/> Front desk/registration<br><input type="checkbox"/> Triage/MA<br><input type="checkbox"/> Kiosk<br><input type="checkbox"/> Other |          |        |
| B. Travel history obtained                                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                     |          |        |
| C. Scenario-specific exposure history obtained                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                     |          |        |
| D. Masking signage was visible at entry/waiting area                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                     |          |        |
| E. Masks were visibly available at entry/waiting room                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                     |          |        |

## Objective 2: Masking & Isolation

| Objective 2: Determine time it takes implement appropriate infection control measures including source control (patient masking) and isolation of a patient with a potential communicable disease of public health concern (transfer to a private room, preferably an airborne infection isolation room) |                                                                                                                                                                                                                                              |          | Rating |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|
| Critical tasks:                                                                                                                                                                                                                                                                                          | Completed?                                                                                                                                                                                                                                   | Comment: |        |
| A. Patient provided with a mask (source control)                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If yes, note mask type:<br><input type="checkbox"/> Surgical/procedure mask<br><input type="checkbox"/> Respirator (N95 or similar)<br><input type="checkbox"/> Not provided |          |        |

|                                                          |                                                                                                                                                                                                                                                                                  |  |  |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| B. Patient offered hand hygiene                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                         |  |  |
| C. Patient placed in isolation room or private exam room | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, note room type:<br><input type="checkbox"/> AIIR/negative pressure<br><input type="checkbox"/> Private room (non-AIIR)<br><input type="checkbox"/> Curtained cubicle<br><input type="checkbox"/> Hallway bed |  |  |
| D. Isolation precaution signage posted outside room      | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                         |  |  |

### Objective 3: Staff Adherence to Infection Control / PPE

| Objective 3: Assess staff adherence to key infection control measures including use of appropriate PPE. |                                                                                                                                                                                                                                  |          | Rating |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|
| Role:                                                                                                   | Check all that were worn (record the highest level of respiratory protection worn)                                                                                                                                               | Comment: |        |
| A. Front desk / reception                                                                               | <input type="checkbox"/> Surgical mask<br><input type="checkbox"/> N95/respirator<br><input type="checkbox"/> Gloves<br><input type="checkbox"/> Gown<br><input type="checkbox"/> Eye protection<br><input type="checkbox"/> N/A |          |        |
| B. Triage nurse / medical assistant                                                                     | <input type="checkbox"/> Surgical mask<br><input type="checkbox"/> N95/respirator<br><input type="checkbox"/> Gloves<br><input type="checkbox"/> Gown<br><input type="checkbox"/> Eye protection<br><input type="checkbox"/> N/A |          |        |
| C. Clinician (or note N/A if interviewed remotely by audio/video)                                       | <input type="checkbox"/> Surgical mask<br><input type="checkbox"/> N95/respirator<br><input type="checkbox"/> Gloves<br><input type="checkbox"/> Gown<br><input type="checkbox"/> Eye protection<br><input type="checkbox"/> N/A |          |        |

## Objective 4: Clinician Risk Assessment

| Objective 4: Assess the ability of clinical staff to perform a preliminary risk assessments for communicable disease of public health concern.<br>See Appendix B-1. |                                                          |          | Rating |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------|--------|
| Critical tasks:                                                                                                                                                     | Completed?                                               | Comment: |        |
| A. Clinician identifies patient as at risk for the scenario disease, or notes need for confirmatory testing (based on patient discussion or hotwash debrief)        | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |        |
| B. Clinician asks scenario-specific exposure questions directly                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |        |

## Objective 5: Notification

| Objective 5: Assess staff ability to inform appropriate infection control team (or other staff) and the health department in accordance with facility notification protocols. |                                                          |          | Rating |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------|--------|
| Critical tasks:                                                                                                                                                               | Completed?                                               | Comment: |        |
| A. Internal IPC/infection control notified or scheduled to be notified                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |        |
| B. Health department notification made or planned (per hotwash)                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |        |
| C. Notification followed facility's internal protocol                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |        |

## Objective 6: Patient Experience (optional)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p><b>Objective 6 (Optional): Assess patient experience while at the site.</b><br/>See Appendix B-1.</p> <p>Collecting the full patient-experience instrument (Appendix B, approximately 30 items covering communication, relationship-building, and patient activation) in real time while also playing the patient and tracking Objectives 1–5 is a substantial burden for a single-person controller/evaluator model. Jurisdictions with a two-person team, or those specifically prioritizing patient-experience data, can complete Appendix B. Otherwise, this objective may be skipped without weakening the core infection-control findings.</p> |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

## Appendix B-1: Clinician History Gathering (Objective 4 supplemental metrics)

| History Gathering                                                                              | Yes  | Partly Done | Done     |
|------------------------------------------------------------------------------------------------|------|-------------|----------|
| Asked about where you work                                                                     |      |             |          |
| Asked about travel (or staff did)                                                              |      |             |          |
| Asked about close contact with someone who is sick (or with sick animal)                       |      |             |          |
| Asked name and date of birth                                                                   |      |             |          |
| Asked about past medical problems                                                              |      |             |          |
| Asked about who you live with                                                                  |      |             |          |
| Management and Treatment                                                                       | Done | Partly Done | Not Done |
| Reviewed care plan with you                                                                    |      |             |          |
| Asked what further questions you have                                                          |      |             |          |
| Patient discharge plan includes appropriate infection control instructions and follows up care |      |             |          |
| Gave information about                                                                         | Yes  | Partly Done | Not Done |
| How to get home (e.g. no public transit)                                                       |      |             |          |
| Follow-up care and further contact with provider                                               |      |             |          |
| Stay home, away from others as much as possible (including people you live with)               |      |             |          |
| Don't share personal items (towels, dishes, cups)                                              |      |             |          |
| When to seek further/emergency care                                                            |      |             |          |
| Other                                                                                          |      |             |          |

## Appendix B-2: Patient Experience (Objective 6)

| Clinician Communication Skills                                                 |      |             |          |
|--------------------------------------------------------------------------------|------|-------------|----------|
| Information Gathering                                                          | Done | Partly Done | Not Done |
| Elicited your responses using appropriate questions                            |      |             |          |
| Managed the narrative flow of your story                                       |      |             |          |
| Clarified information throughout by repeating to make sure they understood you |      |             |          |
| Allowed you to talk without interrupting                                       |      |             |          |
| Relationship Development                                                       | Done | Partly Done | Not Done |
| Communicated concern or intention to help                                      |      |             |          |
| Non-verbal behavior enriched communication (e.g., eye contact, posture)        |      |             |          |
| Acknowledged emotions/feelings appropriately                                   |      |             |          |
| Was accepting/non-judgmental                                                   |      |             |          |
| Education and Counseling                                                       | Done | Partly Done | Not Done |
| Asked questions to see what you understood (checked your understanding)        |      |             |          |
| Provided clear explanations/information                                        |      |             |          |
| Collaborated with you in identifying possible next steps/plan                  |      |             |          |
| Organization and Time Management                                               | Done | Partly Done | Not Done |
| Managed time effectively                                                       |      |             |          |

| Patient Focused Outcomes                          |      |             |          |
|---------------------------------------------------|------|-------------|----------|
| Patient Centeredness                              | Done | Partly Done | Not Done |
| Answered questions or addressed all your concerns |      |             |          |

| Patient Focused Outcomes                                                                                                          |      |             |          |
|-----------------------------------------------------------------------------------------------------------------------------------|------|-------------|----------|
| Patient Centeredness                                                                                                              | Done | Partly Done | Not Done |
| Took personal interest in you; treated you as a person                                                                            |      |             |          |
| Gave you enough information                                                                                                       |      |             |          |
| Made you feel you had enough time (not rushed)                                                                                    |      |             |          |
| Patient Activation                                                                                                                | Done | Partly Done | Not Done |
| This encounter helped you understand the nature and causes of this illness                                                        |      |             |          |
| This encounter helped you understand how to manage the illness in the future (including how medications work and how to use them) |      |             |          |
| Because of this encounter, you feel confident you can keep this illness from interfering too much with your life                  |      |             |          |
| Because of this encounter, you feel confident you can figure out solutions if something comes up                                  |      |             |          |

| Clinic Environment                                                   |      |             |          |   |
|----------------------------------------------------------------------|------|-------------|----------|---|
|                                                                      | Done | Partly Done | Not Done |   |
| Hospital staff functioned well as a team                             |      |             |          |   |
| The atmosphere in the clinic. <i>Rated on 1 (calm) to 5 (hectic)</i> | 1    | 2           | 3        | 4 |
|                                                                      |      |             |          | 5 |

| Clerical Associate                             |      |             |          |
|------------------------------------------------|------|-------------|----------|
|                                                | Done | Partly Done | Not Done |
| Clerical Associate was friendly                |      |             |          |
| Clerical Associate was respectful              |      |             |          |
| Clerical Associate gave you clear instructions |      |             |          |

| Patient Care Associate / Medical Assistant / Nurse                                   |      |             |          |
|--------------------------------------------------------------------------------------|------|-------------|----------|
|                                                                                      | Yes  | No          |          |
| Greeted you within a reasonable time frame                                           |      |             |          |
| Introduced self                                                                      |      |             |          |
| Acknowledged/apologized for any delays                                               |      |             |          |
| Asked you your name                                                                  |      |             |          |
| Asked you your date of birth                                                         |      |             |          |
| Wore a visible name tag                                                              |      |             |          |
| Washed/sanitized hands before touching you (observed)                                |      |             |          |
| Was friendly                                                                         |      |             |          |
| Was professional                                                                     |      |             |          |
| Was respectful                                                                       |      |             |          |
|                                                                                      | Done | Partly Done | Not Done |
| Took care to explain things to you                                                   |      |             |          |
| Overall, were you satisfied with the way the medical assistant or nurse treated you? |      |             |          |

## Appendix C – Debrief Drill Sign-in Sheet

|                  |                        |
|------------------|------------------------|
| <b>Facility:</b> | <b>Drill Location:</b> |
| <b>Date:</b>     | <b>Time:</b>           |
| <b>Name</b>      | <b>Title</b>           |
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