

H5N1 SP Checklist

AAA



Please complete the survey below.

Thank you!

Project Group

DoH

Region2

SPs: Please Begin Below

SP Name (Actor, not Character)

* must provide value

Provider Full Name

* must provide value

Trusted Agent Full Name

* must provide value

Site

* must provide value



Department

* must provide value

Outpatient

Emergency

Urgent Care

Medical Record Number

* must provide value

Visit Checkpoints

Please indicate the time these events took place

Date

* must provide value

M-D-Y

Arrival at Site

* must provide value

H:M

Were you screened for symptoms

* must provide value

Yes

No

Were you screened for travel

* must provide value

Yes

No

Were you asked to put on mask

* must provide value

Yes

No

Were you placed in a room

* must provide value

Yes

No

Were you seen by Nurse Practitioner/Physician Assistant/Clinician

* must provide value

Yes

No

Did you unmask and reveal you were a USP

* must provide value

Yes

No

Entry and Screening / Identify

Signage mandating face coverings for fever, cough, or rash

* must provide value

Yes

No

Temperature taken at Entry, Registration, or Triage

* must provide value

Yes

No

Patient asked about symptoms at Registration

* must provide value

Yes

No

Which symptoms were you specifically asked about?

* must provide value

No specific symptoms

Cough

Fever

Fatigue

Headaches

Muscle or body aches

Conjunctivitis

Runny or stuffy nose

Sore throat

Shortness of breath

Rash

Other

Were you given a mask?

* must provide value

Yes

No

Were masks visibly available?

* must provide value

Yes

	No
Patient asked about travel outside the country within 30 days at registration * must provide value	Yes No
Patient asked about close contact with someone who has traveled at registration * must provide value	Yes No
Patient asked about close contact with someone who is sick at registration * must provide value	Yes No
Were you asked about any of the following at registration * must provide value	Contact with known or potentially infected sick or dead birds, livestock, or other mammals Direct contact with water or surfaces contaminated with feces, unpasteurized (raw) milk or unpasteurized dairy products, or parts (carcasses, internal organs, etc.) of potentially infected animals Prolonged exposure to potentially infected birds or other animals in a confined space Close (within 2 meters, or approx. 6 feet) contact of an ill patient who was confirmed or suspected to have avian influenza Unprotected exposure in a laboratory with avian influenza (H5) viruses None of the above

Are hand hygiene supplies visible and available to patients in the waiting area?

* must provide value

Yes

No

Patient asked to sanitize hands

* must provide value

Yes

No

Who was the first person the patient came in contact with?

* must provide value

Greeter

Security Receptionist/registrar

Triage staff (e.g., RN, clinical technician)

Other:

Who did the initial patient screening for symptoms

* must provide value

Greeter

Security Receptionist/registrar

Triage staff (e.g., RN, clinical technician)

Physician/PA/NP after triage

Other:

Who did the initial patient screening for travel?

* must provide value

Greeter

Security Receptionist/registrar

Triage staff (e.g., RN, clinical technician)

Physician/PA/NP after triage

Other:

Who gave the patient a mask?

* must provide value

Greeter

Security Receptionist/registrar

Triage staff (e.g., RN, clinical technician)

Physician/PA/NP after triage

Self-masked

Other:

N/A, no mask given

Room

Who escorted you to the room?

* must provide value

Greeter

Security Receptionist/registrar

Triage staff (e.g., RN, clinical technician)

Physician/PA/NP after triage

Other:

Did staff escorting you to the room wear masks?

* must provide value

Yes

No

Was infection control signage posted in or near the room?

* must provide value

Yes

No

Were any staff PPE supplies readily available near the isolation room?

* must provide value

Not sure

None

Masks

Eyewear

Gloves

Gowns

Shoe covers

Headwear

After triage, were you placed in a private room, curtained cubicle, or in the hall?

* must provide value

Private room

Curtained cubicle

In the hall

Other (please describe):

Was Infection Control notified of suspected H5N1

* must provide value

Yes

No

Interaction with Clerical Associate/Front Desk Staff

Did you have a Clerical Associate?

* must provide value

Yes

No

Interaction with Patient Care Associate (PCA) (or similar person before seeing Doctor)

Did you have a Patient Care Associate (PCA)?

* must provide value

Yes

No

Interaction with Clinician (Physician / Nurse Practitioner /Physician's Assistant)

Did the Clinician enter the room?

* must provide value

1, Yes

0, No, remote

Communication Skills Information Gathering

Elicited your responses using appropriate questions

* must provide value

0, Asked leading questions AND more than one question at a time

1, Used leading questions OR asked more than one question at a time

2, Asked questions one at a time without leading you in your response

Managed the narrative flow of your story

* must provide value

0, Not able to elicit your story because the questions were not logically organized

1, Elicited main elements of story, but illogical order of questions disrupted flow

2, Elicited full story by asking questions that facilitated natural flow of story

Clarified information throughout by repeating to make sure they understood you

* must provide value

0, Did not clarify (did not repeat back to you the information you provided)

1, Repeated info you provided but did not give you a chance to indicate accuracy

2, Repeated info and directly invited you to indicate accuracy

Allowed you to talk without interrupting

* must provide value

0, Interrupted

1, Did not interrupt BUT cut responses short, not enough time

2, Did not interrupt; Allowed to express thoughts fully

Communication Skills
Relationship Development

Communicated concern or intention to help

* must provide value

0, Did not communicate intention to help/concern

1, Words OR actions conveyed intention to help/concern

2, Words AND actions conveyed intention to help/concern

Non-verbal behavior enriched communication (e.g., eye contact, posture)

* must provide value

0, Non-verbal behavior was negative OR interfered with communication

1, Non-verbal behavior demonstrated attentiveness

2, Non-verbal behavior facilitated effective communication

Acknowledged emotions/feelings appropriately

* must provide value

0, DID NOT acknowledge emotions/feelings

1, Acknowledged emotions/feelings

2, Acknowledged and responded in ways that made you feel better

Was accepting/non-judgmental

* must provide value

0, Made judgmental comments OR facial expressions

1, Did not express judgment but did not demonstrate respect

2, Made comments and expressions that demonstrated respect

Used words you understood and/or explained jargon

* must provide value

0, Consistently used jargon WITHOUT further explanation

1, Sometimes used jargon AND did not explain it

2, Explained jargon when used OR avoided completely

Communication Skills: Patient Education and Counseling

Asked questions to see what you understood (checked your understanding)

* must provide value

0, Did not check for understanding

1, Asked if patient had any questions BUT did not check for understanding

2, Assessed understanding by checking in throughout

Provided clear explanations/information

* must provide value

0, Gave confusing/no explanations- made it impossible to understand

1, Info was somewhat clear BUT still led to some difficulty in understanding

2, Provided small bits of info AND summarized to make sure clear

Collaborated with you in identifying possible next steps/plan

* must provide value

0, Told patient next steps/plan (OR no next steps/plan)

1, Told patient next steps THEN asked patient's views

2, Discussed options THEN mutually developed plan

Comments about the provider's overall communication skills:

Organization and Time Management

Managed time effectively

* must provide value

0, Paced the encounter poorly; did not manage time well

1, Paced the encounter, managed time to cover most of what needed to be covered

2, Paced the encounter very well; managed time so that visit seemed complete

History Gathering

Asked for name and date of birth

* must provide value

0, Did not ask

1, Asked for either name only or date of birth only

2, Asked for name and date of birth

Asked about past medical problems

* must provide value

0, Did not ask

1, Asked if you had any past medical problems but did not specify

2, Asked a comprehensive past medical history - including medications, allergies

Asked about where you work

* must provide value

Yes

No

Asked about who live with

* must provide value

0, Did not ask

1, Asked general questions

2, Identified details about your living space (e.g. roommates, number of bedrooms, bathrooms)

Staff used a Travel History Questionnaire to obtain a detailed travel and exposure history?

Yes

A THQ includes questions around what countries visited and when, travel purpose, and travel-related health concerns.

* must provide value

No

Asked if you have traveled recently?

* must provide value

Yes

No

Asked about close contact with someone who has traveled

* must provide value

Yes

No

Asked about close contact with someone who is sick

* must provide value

Yes

No

Asked you about any of the following

* must provide value

Contact with known or potentially infected sick or dead birds, livestock, or other mammals

Direct contact with water or surfaces contaminated with feces, unpasteurized (raw) milk or unpasteurized dairy products, or parts (carcasses, internal organs, etc.) of potentially infected animals

Prolonged exposure to potentially infected birds or other animals in a confined space

Close (within 2 meters, or approx. 6 feet) contact of an ill patient who was confirmed or suspected to have avian influenza

Unprotected exposure in a laboratory with avian influenza (H5) viruses

None of the above

Comments about the provider's history gathering skills

Management and Treatment

Reviewed plan with you

* must provide value

0, Did not review summation of visit and plan

1, Reviewed plan but did not assess ability or willingness to comply

2, Reviewed plan, assessed ability and willingness to comply

Asked you what further questions you have

* must provide value

0, Did not ask

1, Asked about questions but in a brisk manner, didn't allow sufficient time

2, Asked you what further questions you had in a way that invited questions

Gave information about follow up care and further contact w/ provider

* must provide value

0, Did not address

1, Addressed follow-up but was not specific

2, Specifically addressed follow up, setting, time and person

Helped you understand how to navigate the system in order to follow through on next steps today (blood work, meds, etc.)

* must provide value

0, Did not help you navigate the system

1, Partially explained how system works in terms of next steps

2, Fully explained process and how to navigate the system

Patient discharge or transfer plan includes appropriate infection control instructions and follow-up care

* must provide value

0, Did not inform you of any further infection control measures or discharge instructions were non-specific to infectious condition.

1, Gave some infection control instructions but information was incomplete, unclear, or staff did not confirm patient understanding of key precautions.

2, Gave comprehensive discharge instructions including specific isolation precautions, symptom monitoring guidelines, clear criteria for when to seek immediate care, appropriate follow-up appointments scheduled, and contact information for questions.

Did Clinician give you info/educate you about: (check all that apply)

*** must provide value**

How to get home (eg no public transit)

Stay home away from others (including roommates) as much as possible

Don't share personal items, e.g. towels, dishes, cups

When to seek further/emergency care

Other

Comments about the provider's management and treatment skills

Patient Centeredness/Satisfaction

Answered or addressed all your questions or concerns

*** must provide value**

0, Answered/addressed only a few of your most central questions

1, Answered/addressed many of your questions or concerns

2, Answered/addressed all of your questions or concerns

Took a personal interest in you; treated you as a person

* must provide value

0, Did not see you as a person

1, Viewed you as a person, but did not take personal interest

2, Took an active personal interest in you

Gave you enough information

* must provide value

0, Did not give much information at all

1, Gave some information but you still had questions OR gave an overwhelming volume of information

2, Gave all the information you wanted/needed

Made you feel like had enough time (not rushed)

* must provide value

0, Did not have enough time; visit felt rushed

1, Mostly had enough time (visit a bit rushed); felt some time pressure

2, Felt no real time constraints; covered most without pressure

Comments about the provider's patient centeredness/satisfaction skills

Patient Activation

This encounter helped you understand the nature and causes of illness

* must provide value

0, Did not help you understand

1, Helped you understand to some degree

2, Helped you fully understand

This encounter helped you understand how to manage your illness in the future (including how medications work and how to use them)

0, You did not learn about how to manage your illness

* must provide value

1, You learned about some of the treatment options

2, You left with a clear treatment and management plan

Because of this encounter, you feel confident you can keep this illness from interfering too much with your life

* must provide value

0, Did not affect you confidence

1, Helped you feel somewhat confident that you could keep your illness from interfering too much with your life

2, Helped you feel very confident that you could keep your illness from interfering too much with your life

Because of this encounter, you feel confident that you can figure out solutions if something comes up

* must provide value

0, Did not affect your confidence

1, Helped you feel somewhat confident that you could deal with new issues

2, Helped you feel very confident that you could deal with new issues

Comments about the provider's patient activation skills

Follow Up

By the end of the visit, did you know how to contact the care team if you had questions or concerns?

* must provide value

0, No explanation was given

1, Partially explained (i.e. it was addressed but not specific)

2, Fully explained (i.e. specific information such as phone number, instructions, etc)

Clinic Functioning

It was easy to navigate through the system

* must provide value

0, Not So Easy

1, Relatively Easy

2, Very Easy

Describe the atmosphere in the clinic (please select #)

* must provide value

1, Calm

2, Two

3, Busy, but reasonable

4, Four

5, Hectic, Chaotic

Describe the team dynamic during infection control execution (please select #).

* must provide value

1, One- Calm

2, Two

3, Three- Minor lapses in coordination or stress observed

4, Four

5, Five- Disorganized, high stress, breakdowns in communication

Describe what you witnessed regarding team functioning

* must provide value

Did the non-MD staff treated you professionally?

* must provide value

0, Not at all

1, Somewhat Professionally

2, Very Professionally

Comments about your experience with the clinic:

Overall Recommendations: Would you recommend this clinician to a friend or family member for his/her...

	0, Not Recommend	1, Recommend with Reservations	2, Recommend	3, Highly Recommend
Communication/Interpersonal Skills? * must provide value	☐	☐	☐	☐
Professionalism? (Accountable, respectful, sensitive and/or responsive, compassionate) * must provide value	☐	☐	☐	☐

Overall Recommendation

	0, Not Recommend	1, Recommend with Reservations	2, Recommend	3, Highly Recommend
Would you recommend this clinic to a friend if they needed primary care? * must provide value	☐	☐	☐	☐

Please explain your choice (comment on anything you feel is relevant including the facility, staff, waiting area, and time spent waiting)
* must provide value

What are three things the Clinician did well?
* must provide value

What is three thing the Clinician could improve?
* must provide value

If any additional notes or observations on strengths, challenges or deficiencies please list them here:

* must provide value

Detection and Debrief

Do you think this provider recognized that you were a Standardized Patient?

* must provide value

Yes

No

Did you unmask to provide feedback at any point?

* must provide value

Yes

No

Did the site follow internal notifications protocols or planned to based on hot wash?

Yes

No

Please elaborate

* must provide value

Did the site report this case to internal infection control contact or planned to based on hot wash?

* must provide value

Yes

No

Did the site notifies department of health (eg, provider access line) or planned to based on hot wash?

* must provide value

Yes

No

Did the site notify other appropriate personnel or planned to based on hot wash?

Yes

No

Please identify the other appropriate personnel or department?

Submit

Save & Return Later