



Mystery Patient Drill Exercise Plan (Template)

Updated: October, 2016

Table of Contents

Preface	3
Handling Instructions	4
Exercise Overview	5
Exercise Name	5
Date of Exercise.....	5
Type of Exercise.....	5
Exercise Sponsor	5
Exercise Location.....	5
Exercise Purpose	5
Exercise Scope	5
Exercise Capabilities.....	5
Exercise Objectives.....	5
Exercise Scenario.....	6
Exercise Considerations	6
Exercise Conduct	6
Exercise Assumptions.....	7
Exercise Artificialities	8
Exercise Participants	Error! Bookmark not defined.
Detailed Exercise Scenarios.....	8
Hotwash Questions	10
Annexes	I
Exercise Evaluation Annex	II
Exercise Evaluation Overview	II
Evaluator/Controller Roles.....	II
Time Study Methodology.....	II
Post-Exercise Evaluation and After Action Reporting.....	III

Preface

The New York City Mystery Patient Drill (NYC-MPD) series is sponsored by the New York City Department of Health and Mental Hygiene (NYC DOHMH). This Exercise Plan (EXPLAN) including evaluation materials was produced with input, advice and assistance from a Stakeholder Advisory Group (SAG) and adheres to guidance provided by the US Department of Health and Human Services Assistant Secretary for Preparedness and Response (HHS-ASPR).

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

The Evaluator Materials 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 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. Public release of exercise materials to third parties is at the discretion of the facility.

Handling Instructions

1. The title of this document is *Mystery Patient Drill Exercise Plan (EXPLAN)*.
2. The information gathered in this EXPLAN 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.
3. For more information, please consult with the following point of contact:

LIST POC

Exercise Overview

Exercise Name

Mystery Patient Drill

Date of Exercise

Month, day, year

Type of Exercise

Drill

Exercise Sponsor

Name

Exercise Location

Location

Exercise Purpose

The exercise is intended to test the ability of acute care hospitals to rapidly and safely identify, isolate and assess potential patients with EVD or other diseases of public health concern.

Exercise Scope

The exercise is an unannounced drill, planned for no more than two hours. Exercise play will begin when the controller (patient) enters the emergency department and ends at the point of initial evaluation and/or notional report of decision to notify your local health department. Alternatively, the exercise will be terminated when the wait for triage exceeded 20 minutes or the wait in isolation exceeded 40 minutes without the patient being evaluated by a clinician.

Exercise Capabilities

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.

Exercise Objectives

1. Determine the time it takes the facility to identify a potential patient with EVD or other highly infectious disease and begin exposure mitigation procedures in the emergency department triage area.
2. Identify the amount of time taken for the patient to be transferred to an isolation room.
3. Assess staff adherence to key infection control measures.

4. Determine facility capability to make the necessary internal notifications and report the need for notification to your **local health department** (notional).

Exercise Scenario

Patient presenting with symptoms consistent with an infectious disease of public health concern that will require isolation and reporting to the **local health department**.

Exercise Considerations

Exercise Participants

The following are the categories of participants involved in this exercise series. Note that the term “participant” refers to all categories listed below, not just those playing in the exercise. The term “staff” refers to all those listed below with the exception of players and observers:

Controllers: Controllers are appointed to present as the patient at each facility’s emergency department. The exercise controller will assume the role of the patient and present with symptoms consistent with any of the exercise scenarios. The exercise controller retains the right to terminate exercise play at any point due to safety concerns or real world events that may otherwise interfere with exercise play. The exercise controller will assist in evaluation wherever practical and will do so in a manner that maintains the unannounced intention of the drill.

Evaluators: Evaluators are chosen to evaluate and provide feedback based on the exercise objectives and the exercise evaluation guides. Evaluators will coordinate with the trusted agent and be present in the facility at all times during exercise play and will maintain view of the controller whenever it is possible without otherwise interfering during the drill. The evaluator at each drill will be responsible for collecting data related to the exercise and the exercise objectives and drafting the After Action Report for finalization and submission to each of the facilities within 14 days of each drill.

Trusted Agents: At least one staff person at each facility will be selected to serve as a trusted agent. The trusted agent will be informed of the expected date and time of the drill and will advise the controller and evaluator of any unique considerations that should be made based on the facility itself, applicable plans, and other events that may be taking place. As the trusted agent will be employed by the facility playing in the drill, they will also retain the right to terminate the exercise if at any point they feel it is appropriate.

Players: Players are personnel at each facility who have an active role in providing triage, care and reporting for patients presenting with symptoms consistent with a highly infectious disease. Players for each drill will consist primarily of the front-line staff at each facility that are on duty at the time of the exercise.

Exercise Conduct

The drill will be unannounced and will take place during normal business hours, evenings or weekends. It is acknowledged that each facility's emergency department may be experiencing above or below normal census levels and that this may impact the conduct of the exercise. However, it is the intent of these drills to measure the facility's ability to respond to a potentially highly infectious disease despite these circumstances and as such the drill will take place accordingly. The following are the general rules that govern exercise play:

- Real-world emergency actions take priority over exercise actions.
- Exercise participants will comply with real-world response procedures, unless otherwise directed by the exercise controller.
- Although these drills are unannounced, a trusted agent at each facility will coordinate activities with the exercise controller to ensure that all applicable safety and security provisions are followed.
 - The trusted agent will retain the right to terminate the exercise if at any point they feel it is appropriate.
- At no point should the controller allow facility staff to perform any invasive procedures or administer any medications.
- The exercise controller may terminate the drill at any point that he or she feels it is appropriate given the actions being taken by facility staff, these may include (but shall not be limited to):
 - Notification to local media outlets of a possible communicable disease
 - Administering medications based on the controller's reported symptoms
 - Performing invasive procedures, such as giving IV fluids, based on the controller's reported symptoms
 - Evacuation or movement of patients in portions of the emergency department or other actions that may otherwise compromise the care of other patients in the emergency department

Exercise Assumptions

The following assumptions are in play to ensure that the exercise is as realistic as possible. Events taking place during the exercise are intended to progress in a logical and realistic manner and all exercise objectives will be achieved throughout the course of exercise play.

- Exercise players are well versed in their own departmental/organizational response plans and procedures.
- Players will respond in accordance with existing plans, policies and procedures.
- Real-world response actions will take priority over exercise actions.
- The exercise controller will present him or herself in a manner consistent with symptoms of Ebola Virus Disease (EVD) or another highly infectious disease.
- Symptoms described by the controller may require some medical evaluation for triage purposes, such as vital signs, but will not require other invasive procedures (e.g., IV fluids, etc.) or medication administration.

- The exercise controller will present him or herself in a manner that will not require reimbursement to the facility for services through their personal insurance carrier. The facility should plan to delete the ‘mystery patient’ record at the completion of the drill.

Exercise Artificialities

It is recognized that the following artificialities and constraints may detract from realism; however, exercise planners should accept these artificialities as a means of facilitating achievement of the exercise objectives:

- Exercise play and evaluation will be limited to only those items that are under the direct control of the players, controller and evaluator.
- The exercise controller will be describing symptoms but will not necessarily be able to present all symptoms (e.g., rash, fever, chills, etc.). As such the controller will need to describe symptoms that were experienced prior to arrival at the facility in some cases.
- The exercise will not include admission to the facility.
- The exercise will not include any means of confirmatory testing for a highly infectious disease.

Detailed Exercise Scenarios

1. (ADULT EVD) A 40 year-old male/female presents at the emergency department The patient indicates that they awoke this morning experiencing fatigue and a headache and their temperature as of around 7:30AM was 102°F. After seeing their temperature they promptly took Tylenol and the fever subsided roughly 30 minutes later.

The patient has recently returned from Sierra Leone after providing humanitarian aid due to the recent Ebola epidemic. The patient indicates they are from Connecticut and have traveled to the city to debrief after working with Doctors Without Borders (MSF in France) in Sierra Leone. While in Sierra Leone the patient was assisting with medical care, but not in an Ebola Treatment Unit.*

**use location with current cases*

2. (PEDIATRIC EVD) A 17 year-old male/female presents at the emergency department and indicates that they are not feeling well. Their symptoms include headache and fatigue and that they thought they may have had a fever but had already taken Tylenol for the headache.

The patient indicates that they recently returned home to Connecticut from Sierra Leone roughly 10 days ago where they were doing missionary work. The patient indicates that his/her parents work in Connecticut and they have been unable to reach them by cellular phone.

3. (ADULT MEASLES) A 33 year-old male/female presents to the emergency department and indicates that he/she returned from Germany* 2 weeks ago. He states that approximately 6 days ago he experienced fever (if asked, max 102°) and cough. Four days ago a rash appeared on his face/chest and spread to his entire body. The rash has started to improve and now it’s mostly just on his legs.

Notes: if they take his temperature, he should say he took Tylenol a few hours ago and if they ask if he received his childhood measles shot; he should say he doesn’t know.

** Can use any location where there is endemic measles transmission*

4. (PEDIATRIC MEASLES) A 17 year-old male/female presents to the emergency department and indicates that he/she just returned from a family vacation to Germany 2 weeks ago. He states that approximately 6 days ago he experienced fever (if asked, max 102°) and cough. Four days ago a rash appeared on his face/chest and spread to his entire body. The rash has started to improve and now

FOR OFFICIAL USE ONLY

it's mostly just on his legs. *Notes: if they take his temperature, he should say he took Tylenol a few hours ago and if they ask if he received his childhood measles shot; he should say he doesn't know.*

5. (ADULT MERS) A 38 year-old male/female presents at the emergency department complaining of malaise, fever and flu-like symptoms. The patient indicates they started feeling ill about 4-5 days ago but that they really started to feel worse in the past 12-24 hours and have now developed a severe cough and some shortness of breath.

The patient indicates that they recently spent roughly 2 weeks in Riyadh, Saudi Arabia (may replace with Jordan or NYU in Abu Dhabi) doing Life Safety consulting work through the Ministry of Health for some newly designed hospitals. During that trip he/she spent time visiting hospitals. The patient returned 4 days ago and other than some gastrointestinal issues (likely due to food) the patient indicates they had no illness while in Riyadh. The patient has since stayed at home in their apartment; however, they came to the hospital after they started experiencing worsening cough, experiencing shortness of breath and over-the-counter medications stopped alleviating symptoms.

Note: for a pediatric scenario, can adjust to a 17 year-old child who traveled with a parent as described in the scenario. The child developed symptoms 1 week after parent fell ill with similar symptoms.

Hotwash Questions

- What actions did you take?
- Who, if anyone, did you notify?
- What would your next steps have been?
- Is there anything you would have done differently, and why?
- How could this drill be improved?
- Did you know, or suspect, that this was a drill?
- Did you find this drill valuable?

Annexes

Exercise Evaluation Annex

Exercise Evaluation Overview

This drill will be unannounced and will have limited exercise staff. As such, evaluation of these drills will be performed by both the exercise controller and the exercise evaluator. In doing so, data collected during the course of exercise play will be as complete as possible even though the controller and evaluator may become separated throughout the course of the drill. While integrated into exercise planning, the trusted agent at each facility will not be expected to collect data other than any qualitative information that may be captured during the hotwash.

Evaluator/Controller Roles

The exercise evaluator will make initial contact with the trusted agent once onsite at the facility. The trusted agent will accompany the evaluator to the emergency department where they will remain for the duration of the exercise (unless otherwise directed/escorted by the trusted agent). Once in the emergency department, the evaluator will instruct the exercise controller via cellphone to enter the emergency department and begin the drill. In order to avoid undue suspicion, the exercise evaluator may assume the role of a vendor, consultant or colleague of the trusted agent that is viewing the emergency department for reasons unrelated to the drill. The evaluator will collect all data possible on the Exercise Evaluation Guide (EEG); however, it is expected that this may not be possible should the controller be moved out of view by clinical staff for further evaluation and/or isolation.

The exercise controller will enter the facility's emergency department upon notification from the evaluator that it is appropriate to do so. The controller will play the role of the patient presenting with symptoms consistent with any of the three exercise scenarios. The exercise controller will collect any data possible during the course of exercise play; it is recommended to take notes on a mobile device, however, it is acknowledged that taking notes may not be feasible given the unannounced nature of the drill. The exercise controller should attempt to note the time they were moved to isolation and any of the Yes/No/N/A criteria noted in the EEG. The exercise controller should complete an EEG to the best of their ability following the completion of the drill and provide it to the evaluator for incorporation into the AAR. If possible, there should be a plan for the controller to communicate key time stamps to the evaluator as they occur (e.g. via text) whenever possible.

Target Time Methodology

The target time measures recorded in association with this drill are adapted from the Hospital Preparedness Program (HPP) Measure Manual: Implementation Guidance for Ebola Preparedness Measures (July 2015) and were revised based on an analysis of 98 drills performed in NYC utilizing this format. Two metrics were selected for the purpose of this series, as seen in table 1. Evaluators should note that 'source control' in measure 1 generally refers to masking of patient but could include physically separating patient from other patients/staff or placement in a room away from other patients (e.g. triage, isolation room). These metrics are considered grounded benchmark targets and not an indicator "passing" or "failing" the exercise.

Time stamps may be collected by the controller and evaluator on paper or less conspicuously on their phone using notes or text messaging.

Table 1: Performance measures and suggested target times

Performance Measure ¹	Target Time
1. Time from patient presentation to donning a mask (initial source control implementation) ²	Less than or equal to 60 seconds ³
2. Time from triage identification to placement in isolation room	Less than or equal to 10 minutes ⁴

Post-Exercise Evaluation and After Action Reporting

Once the facility has determined the need to contact the health department and notify them of the patient presenting with a potentially highly infectious disease (or if the patient was not triaged within 20 minutes or the wait for clinical evaluation exceeded 40 minutes), the exercise controller will inform the players that the drill has been completed. The controller will then conduct a brief hotwash with clinical staff and others at the facility that was involved in the triage, treatment and isolation procedures. While preferred, participation in the hotwash by facility staff will not be mandatory as their primary role is to care for patients while on duty. The exercise evaluator will document the findings of the hotwash for inclusion in the After Action Report.

The exercise evaluator will utilize all data collected during and after the exercise and draft the After Action Report for review, finalization and submission. The After Action Report will include a Corrective Action Plan (CAP) which will include draft recommendations for improvement.

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

² 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)

³ 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.

⁴ 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. Metric based on findings from prior mystery patient drill analyses.

NYC Mystery Patient Drill - Exercise Evaluation Guide

Facility:		Date:	
Controller:		Scenario:	
Evaluator:		Start Time:	
Trusted Agent:		End Time:	

Key Measures	Time Stamp		
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>Who gave the patient a mask?</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>Was this the first staff member the patient came into contact with?</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>If other initial source control measures were taken besides masking, please specify: _____</p>			
Time the patient is moved to isolation room:			
Time facility's Infection Control is notified:			
Time Health Department is notified (notional):			
Entry and Screening Questions	Y	N	N/A
Was there visible signage concerning precautions for patients entering with highly communicable disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)?			
If not , who did the initial patient screening?	<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"/>
Risk Screening Questions			
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"/>
Infection Control Questions			
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"/>
Isolation Questions			
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 from other patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

