

# Infectious Disease Preparedness in the Primary Care Setting: Lessons Learned from Ebola Preparedness Site Visits and Mystery Patient Drills



Gianna Van Winkle, MBA  
Health Center Support Program  
Manager- Training and Development



Marsha Williams, MPH  
Director Healthcare Facilities  
Preparedness (OEPR)

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# Session Objectives

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- Discuss recent PCEPN initiatives to support/increase infectious disease preparedness in the primary care setting
- Review gaps, strengths, and performance improvements identified through the Ebola Preparedness Site Visits and Mystery Patient Drill Project
- Review available training & exercise tools to support infectious disease preparedness among primary care staff

# Infectious Disease Preparedness

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- Primary Care Centers serve diverse and vulnerable populations and are essential proxy for surveillance of infectious/communicable diseases.
- Primary Care Center staff must be engaged and educated to support ongoing vigilance and infection control strategies.
- Increased awareness among primary care providers enhances their ability to identify patient signs and risk factors, prompting measures to prevent transmission, both in the primary care setting and the communities served.

# DOHMH Background

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## DOHMH's Role in an NYC Emergency:

*DOHMH is the lead City agency during a citywide public health emergency event, like H1N1 Pandemic Influenza. Our responsibilities are to:*

- Identify diseases and determine which people are most at risk of catching those diseases.
- Provide guidance to the Healthcare Community about the identification and treatment of disease.
- Provide the public information about the emergency.
- Distribute medication to the public, if necessary.
- Provide safety information to the public and emergency workers when there are hazards in the environment that may affect their health.
- Coordinate mental health needs and services.
- Provide staff for Emergency Evacuation Shelters.
- Continue to provide critical agency services.

# How does DOHMH Communicate with Providers?

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- Develop guidance documents specific to NYC primary care centers and providers
- Provide information to providers through [Health Alerts](#)
- Staff Provider Access Line for reporting immediately notifiable conditions (1-866-692-3641)
- Provider Education via [City Health Information \(CHI\) Bulletin](#)

# Why screening and isolation?

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- NYC has a high volume of travelers from all over the world – travel-associated infections, including those that are highly communicable, are of great concern
- Recognizing and appropriately managing the care of patients with highly communicable diseases of public health concern can prevent spread of illness to other patients, staff, and visitors
- Clinics and Emergency Departments are frontline points of entry into the healthcare system
- Effective strategies for triage and implementation of infection control precautions will reduce transmission of communicable diseases in healthcare settings

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# Ebola Preparedness and Response in NYC

# Ebola Preparedness Timeline

August 8,  
2014

- WHO declared the Ebola Virus Disease (EVD) epidemic, a public health emergency of international concern

October 3,  
2014

- DOHMH activated the Agency Incident Command System
- DOHMH Healthcare System Support Branch (HSSB) activated and partnered with PCEPN for EVD preparedness and planning for Primary Care Centers

October  
16, 2014

- NYS Health Commissioner issued an order outlining the requirements for the management and treatment of persons under investigation (PUI) and confirmed cases of EVD

October  
23, 2014

- NYC, NYCEM activated ESF-8 (Health and Medical) to support and coordinate public health response (confirmed case of EVD in NYC)



# Ebola Preparedness Timeline

November  
2014

- Pre-planning phase
- Developing goals and objectives of Ebola Preparedness Site Visits
- Developed concept of operations and execution (number of staff needed)

December  
2014

- Developed Site Visit Guide and Toolkits
- Outreach to Sites
- Recruitment of Sites

January  
5,2015

- Implementation phase
- Schedule of site visits with DOHMH and PCEPN staff members
- PCEPN and DOHMH conducted first Ebola Preparedness Site Visit ( 2 hours)

May 2015

- Post-site visits
- PCEPN completed the final Ebola Preparedness Site Visit (61 Visits Total)
- Draft findings/results

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# Ebola Preparedness Site Visits

# Ebola Preparedness Site Visit Objectives

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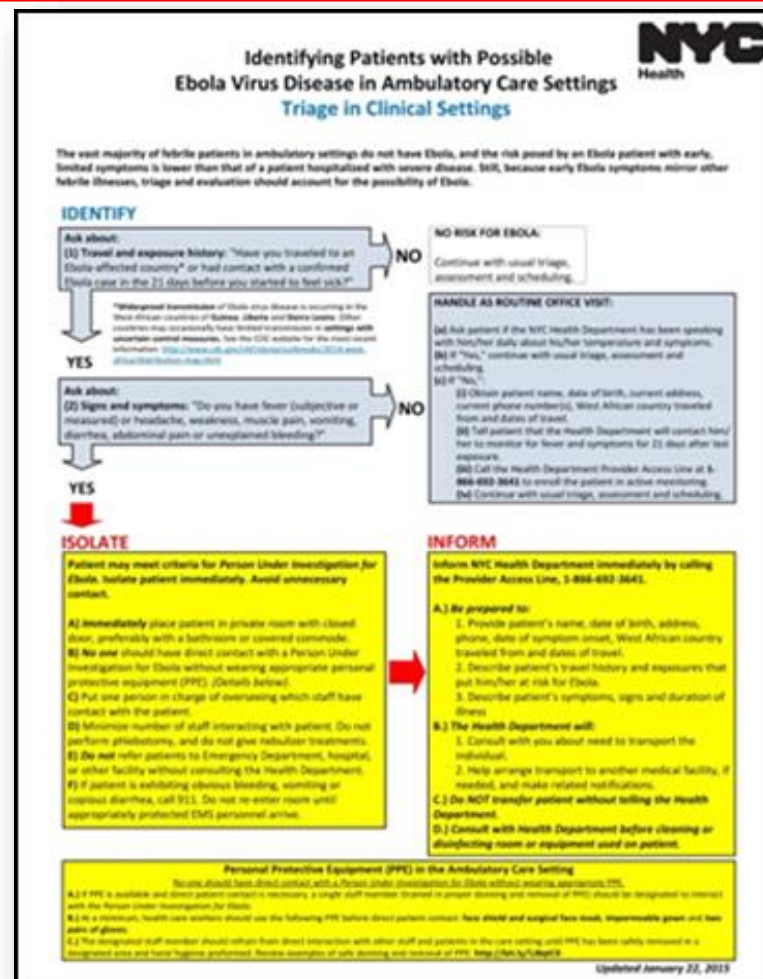
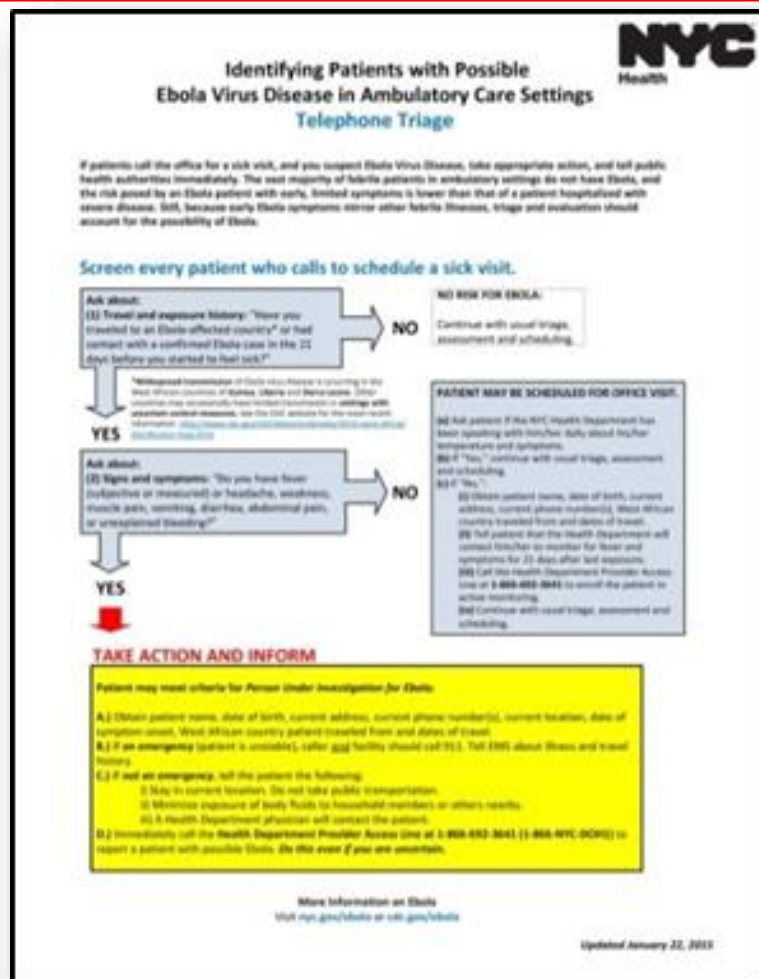
- Understand preparedness activities related to Ebola at ambulatory care sites
- Provide information to support preparedness and response specific to New York City
- Identify specific infection control steps to protect against EVD exposure and transmission
- Collect questions and concerns on behalf of ambulatory care sites to address with CDC, SDOH or DOHMH experts

# Site Visit Planning and On-Site Support

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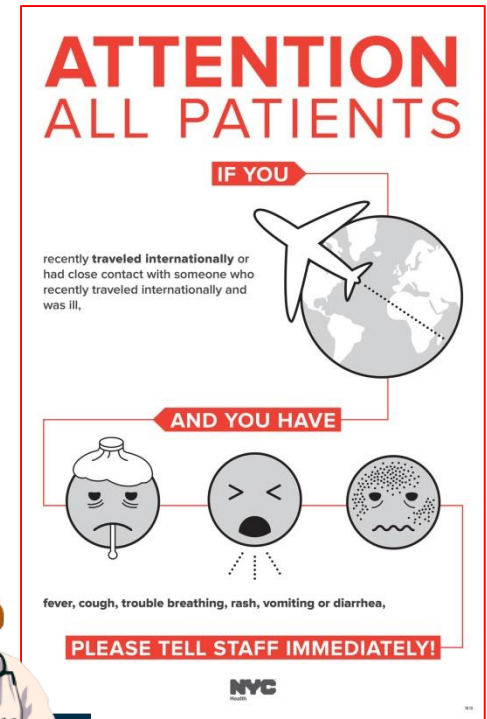
- DOHMH developed a site visit guide to capture details on current protocols and preparedness activities.
- DOHMH and PCEPN staff members partnered to form teams to conduct site visits comprised of two components:
  - Review of DOHMH 'Toolkit' Guidance Documents with frontline and clinical staff
  - A walkthrough of the facility focusing on the "Identify, Isolate, Inform" Strategy

# Toolkit Documents



# Trends Identified: Identify

- All sites visited have protocols for screening for travel history and symptoms.
- Signage Posted
- Provider & Back-up Provider designated to evaluate PUI



# Trends Identified: Isolate

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- Sites visited have identified Isolation Rooms with handwashing facilities and access to restroom or covered commode
- Routes Identified to/from isolation
- Donning/Doffing Areas Identified
- Recommended PPE Available On-site

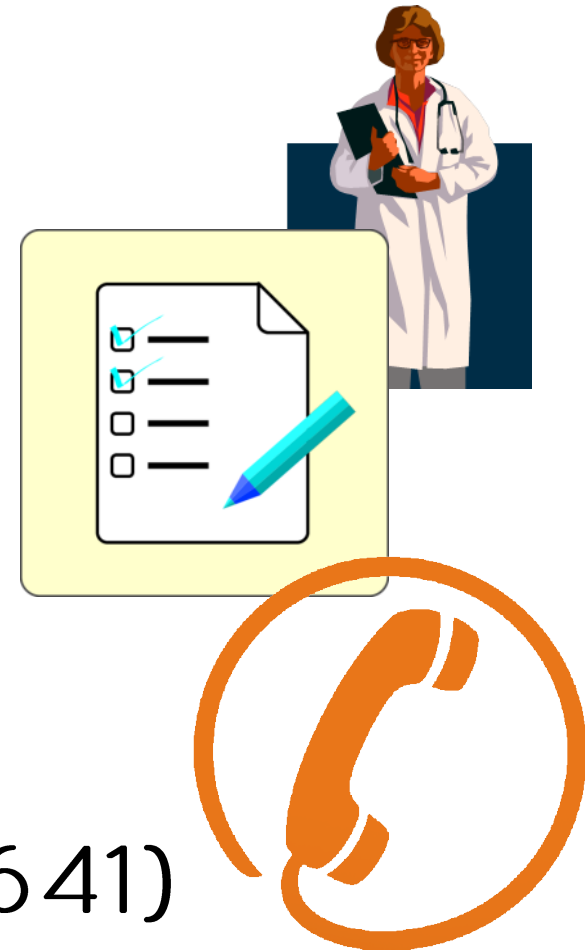


# Trends Identified: Inform

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- All sites visited have protocols for internal Communication and DOHMH Notification
- DOHMH Provider Access Line Posted
- Documentation Protocols for potential exposure

1-866-NYC-DOH1 (692-3641)





# Trends Identified : Training

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- Screening and Isolation Protocols
- Screening and Isolation Drills
- Donning and doffing of PPE
  - monthly training ongoing
  - training once or twice



# Gaps Identified

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- PCC staff members have limited access to hands-on training opportunities for donning and doffing PPE.
- Increased frequency of staff trainings and drills on screening and isolation protocols is needed.
- Additional PPE supplies are needed to practice donning and doffing.
- Increased awareness of the Primary Care Center's role in identifying and notifying DOHMH to enroll individuals in active monitoring is needed.

# PCEPN Recommendations

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- Increase hands-on PPE training opportunities for Primary Care providers.
- Provide Primary Care Centers with guidance on developing screening and isolation tools.
- Assist Primary Care Centers with conducting screening and isolation drills.
- Increase/enhance messaging to Primary Care Centers to clarify DOHMH expectations through a series of regular member communications.

# Questions?

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# Mystery Patient Drill Project

# Mystery Patient Drill Project

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Purpose: To assist PCCs in the development of internal protocols and exercises procedures for the rapid recognition and isolation of patients with highly communicable diseases.



# Project Participants

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In 2015, Mystery Patient Drills were carried out at 21 distinct primary care centers (sites) operated by 19 primary care networks (organizations) in NYC.

In 2016, Mystery Patient Drills were carried out at 15 distinct primary care centers (sites/organizations) in NYC.

# PCEPN Resources Provided

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## ■ Informational Webinars

- Project Introduction
- Screening and Isolation Protocol Development
- Exercise Planning & Roles

## Mystery Patient Drill Kit:

- Exercise Plan
- Master Event Scenario List (MSEL)
- Exercise Evaluation Guide(EEG)
- Participant Feedback Forms
- Hotwash Guide
- After Action Report(AAR) Template

Technical Assistance to review and revise existing protocols.





# Mystery Patient Drills

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**Scenario:** A potentially infectious patient presenting with influenza-like illness (ILI) at a primary care center. Patient is accompanied by a friend/family member.



**Objective:** Assess the ability of the primary care center to appropriately screen and isolate a potentially infectious patient.

# Exercise Roles

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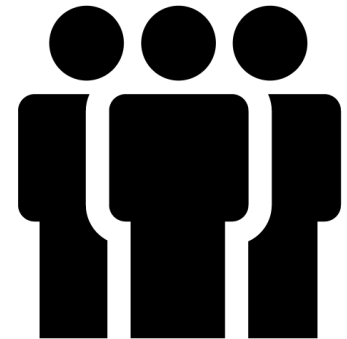
- Controller/Evaluators (PCEPN Liaison)
- Site Controller & Evaluators (PCEPN and On-Site Drill Team)
- Mystery Patient Actor (Volunteer)
- Participants/Players (Primary Care Center staff)



# Pre-Drill Activities

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- Participating Primary Care Centers designated an on-site drill team to coordinate drill Logistics (date, time, location)
- Drill Teams were provided with informational webinars and Drill Kit Documents
- Drill Teams met with PCEPN prior to the unannounced drill at a location outside the center



# On-Site Drills

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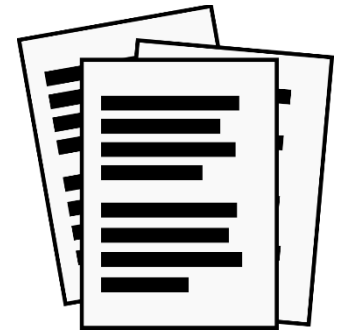
- PCEPN Staff member and Mystery Patient Actor enter site and report to front desk for a walk-in appointment
- Upon screening, mystery patient discloses symptoms (Fever and respiratory symptoms or rash)
- Upon identification and isolation by staff, drill concludes
- PCEPN conducts hotwash (debrief) with participants and on-site Drill Team and collects feedback forms



# Post-Drill Activities

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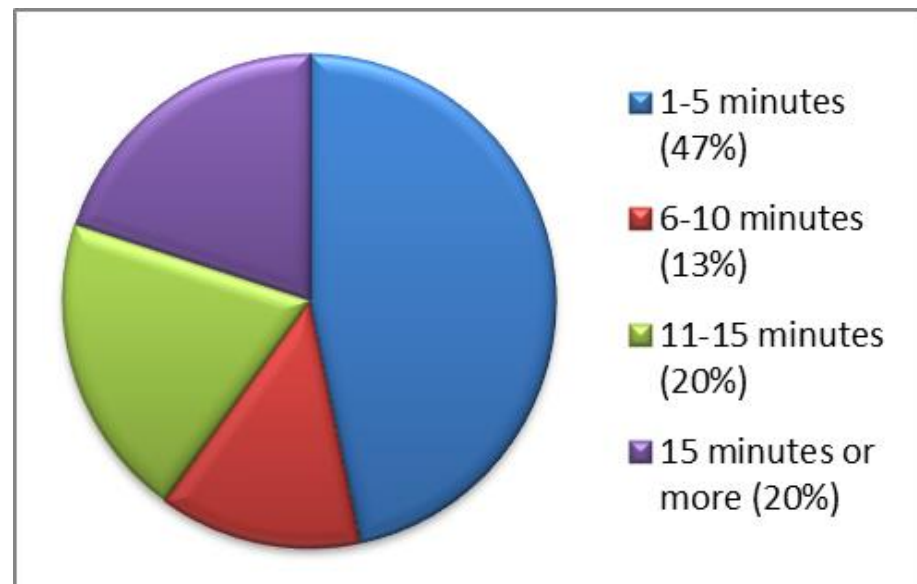
- Each participating primary care center completed an After Action Report (AAR) using the template provided
- AARs were submitted to PCEPN
- Completed AARs, EEGs, and participant feedback forms were used to compile a master AAR



# Key Findings (2015)

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- Average waiting time between initial entry and triage (patient escorted to evaluation/ isolation area) was 8.5 minutes.



# Key Findings (2015)

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- In almost half of the drills conducted, the mystery patient was offered a mask by the first point of contact.
- In 19 of the drills conducted, the patient's disposition after triage was to be held in the isolation area until further evaluation by a medical provider.



# 2015 AAR Results: Screening

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## Strengths Observed:

- Established protocols for patient screening.
- Staff members have been trained to screen patients for symptoms of infectious disease.
- Awareness of screening requirements and infection control processes supported by informing patients and placing signage in common areas.





# 2015 AAR Results: Screening

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## Improvement Areas Observed:

- Screening of potentially infectious patients not consistently performed by the first point of contact.
- Potentially infectious patients that are not screened (or given a mask) by first point of contact present increased exposure risk to staff and patients in common areas.



# 2015 AAR Results: Isolation

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## Strengths Observed:

- Established protocols for patient isolation.
- Staff members have been trained to isolate patients with a positive screening for infectious disease.
- Ongoing communication among staff members supports the prompt isolation of patients upon identification and/or screening.
- Identified isolation rooms, PPE, and infection control requirements for patients placed in isolation.



# 2015 AAR Results: Isolation

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## Improvement Areas Observed:

- Awareness of isolation precautions/ requirements including consistent use of masks for patients and staff.
- Inconsistent hand hygiene by PCC staff members and patients in isolation.
- Incomplete patient information collected during initial entry to isolation room.



# Protocol Checklist & Follow-up

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As part of the AAR developed in 2015, PCEPN developed a checklist to assist participating primary care centers in the review of current screening and isolation protocols.



After the project, many participating primary care centers have continued to perform Mystery Patient Drills utilizing the tools and support provided.

# Questions?

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# Role Play Activity

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We need 2 volunteers to participate in a mock “Mystery Patient Drill”



# Next Steps

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- PCEPN continues to work with DOHMH to identify and develop training opportunities for the primary care centers
  - PPE Trainings for Primary Care Providers
    - 4/18, 4/26, & 4/28
  - Respiratory Protection Webinar & Fit-Testing Workshop
    - 5/12 & 5/25
- All primary care centers are invited to access the available resources:  
<http://www.pcepn.org/#!mystery-pt-drill/octe3>
- Mystery Patient Project Phase III – PCEPN will begin recruitment late 2016

# Final Questions...

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Contact us:  
[info@pcepn.org](mailto:info@pcepn.org)  
[www.pcepn.org](http://www.pcepn.org)