

Mystery Patient Drill: Project Impact Survey

Summary Report

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Background

The Primary Care Emergency Preparedness Network (PCEPN) is a coalition of primary care providers in New York City (NYC). It is led by Community Health Care Association of New York State (CHCANY) in close partnership with NYC Department of Health and Mental Hygiene (DOHMH). PCEPN supports primary care emergency preparedness and response activities. Its mission is to increase the ability of the NYC primary care community to prepare for, respond to, and recover from disasters, as well as to ensure that primary care is represented in citywide planning and response. PCEPN has representatives from Federally Qualified Health Centers (FQHC), hospital-based sites, and specialty care centers. PCEPN's main focus is to increase the level of emergency preparedness capacity across the primary care sector in NYC.

Introduction

NYC bears a big risk for a communicable disease outbreak due to its population density, role as a major hub for international travel, crowded mass transit systems. NYC's 2014 Hazard Mitigation Plan¹ includes Disease Outbreaks as one of the profiled risks. It specifically lists pandemic and severe influenza, coronavirus, novel viral outbreak and bacterial outbreak as diseases that could affect NYC. The 2016 NYC Hazard Mitigation Plan Annex² adds Zika virus and Legionnaires' disease to the list as areas of concern.

During disasters or public health emergencies Primary Care Centers (PCCs) play a critical part in the response by addressing the needs of patients with both acute and chronic conditions. Failures, damage, or compromise to ambulatory care operations can dramatically increase the stress on emergency medical services and hospital systems, and also result in exacerbations of chronic medical conditions that would add additional healthcare burdens.³

To this extent, a Mystery Patient Drill (MPD) Project series was conducted by PCEPN in coordination with DOHMH and NYC Medical Reserve Corps (MRC) over three years (2014 – 2017, i.e. Budget Periods 3 through 5) to address the increasing need for primary care sector to be prepared for this hazard. A total of 50 individual sites participated in this project with 26 individual networks represented.⁴

Since Budget Period 5 is the final year in this funding cycle, PCEPN conducted a *Mystery Patient Drill: Project Impact* Survey with MPD participants to gauge their reactions to their experience with the project and understand how previously identified gaps in the improvement plans were addressed. This report presents the findings of that survey.

¹ http://www1.nyc.gov/assets/em/downloads/pdf/hazard_mitigation/plan_update_2014/final_nyc_hmp.pdf

² http://www1.nyc.gov/assets/em/downloads/pdf/hazard_mitigation/2016_hazard_mitigation_annex.pdf

³ ASPR TRACIE Topic Collection: Ambulatory Care and Federally Qualified Health Centers (FQHC) - <https://asprtracie.hhs.gov/technical-resources/49/Ambulatory-Care-and-Federally-Qualified-Health-Centers-FQHC/47>

⁴ Please refer to MPD Master After-Action Reports for BP3-BP5 for additional details.

Method

The *Mystery Patient Drill: Project Impact* Survey was conducted utilizing the SurveyMonkey® platform. The survey itself was designed with PCEPN Advisory Board's input and consisted of ten questions, with six of them being mandatory (Attachment 1). The link to the survey was sent to 103 individuals, who represented Drill Teams across all three phases of the project and all of the unique participating primary care networks (N=26). The first request to fill out the survey was sent out in a group email on January 17, 2017, with a reminder email on January 25, 2017. In addition, PCEPN staff reached out to all participating organizations individually both by email and phone. PCEPN received 21 responses in total.

Results

Out of the 26 unique networks that participated in the Mystery Patient Drill project over three phases, 15 networks were represented in survey submissions of which 6 submitted two surveys each (Table 1). There was a response rate of 20% (21 responses, out of 103 individuals). All the respondents were at or above manager level and fell into four main functional groups: Operations, Clinical, Quality Improvement and Emergency Management. The word analysis allowed identification of key words in a Word Cloud format (Figure 1).

Organization	Type	PCEPN Member?	Number of Responses	Sites in Network
1. ACCESS CHC	FQHC	Yes	1	2
2. Apicha CHC	FQHC	Yes	1	1
3. Bedford-Stuyvesant Family Health Center	FQHC	Yes	1	7
4. Betances Health Center	FQHC	Yes	1	1
5. Brownsville Multi-Service Family HC	FQHC	Yes	1	6
6. East Harlem Council for Human Services	FQHC	Yes	2	4
7. Community Health Center of Richmond	FQHC	Yes	2	2
8. CityMD	Urgent Care	Yes	1	33
9. Community Healthcare Network	FQHC	Yes	1	14
10. Housing Works	FQHC	Yes	1	3
11. Joseph P. Addabbo Family Health Center	FQHC	Yes	2	6
12. Metro Community Health Centers	FQHC	Yes	2	4
13. Morris Heights Health Center	FQHC	Yes	1	25
14. NYC H+H – Ambulatory Clinic	Non-FQHC	No	2	2 ⁵
15. William F. Ryan Network	FQHC	Yes	2	15
TOTAL			21	123

Table 1: MPD Impact Survey, participating primary care networks

⁵ This number only includes participating locations and does not include other non-FQHC outpatient facilities in the NYC H+H network.



Figure 1: Respondents, position title trends

Submitted responses were representative of all three phases of the projects (Figure 2).

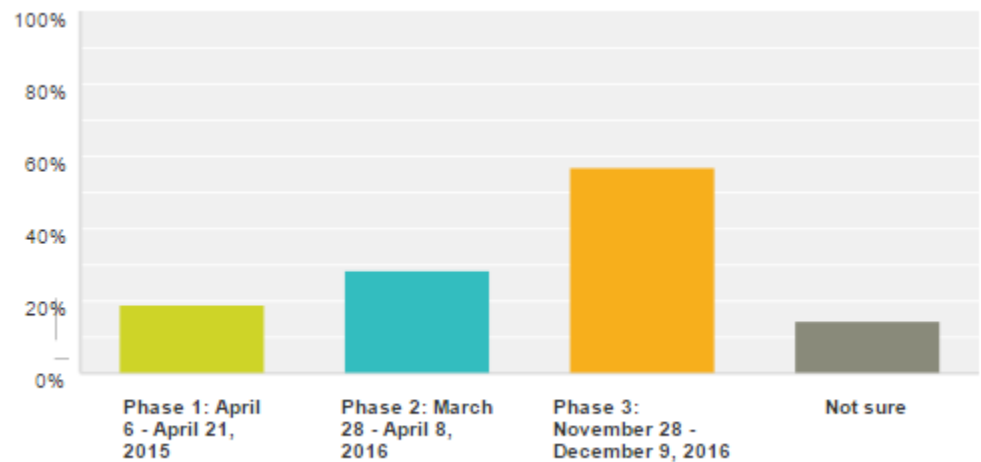


Figure 2: Respondents, Project Phase

In regards to the two main objectives of the survey, i.e. 1) gauging participants’ overall experience with the project; and 2) understanding how previously identified gaps in the improvement plans were addressed, the following trends were identified:

Usefulness of MPD Project

- Almost 67% of the respondents strongly agreed that the project was useful (Figure 3); and approximately 52% of the respondents strongly agreed that their participation informed the development of a post-drill improvement plan for their primary care centers (Figure 4).

Answer Choices	Responses	
Strongly agree	66.67%	14
Agree	28.57%	6
Neutral	4.76%	1
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total		21

Figure 3: Q6 - Our staff found the drill useful in assessing our ability to screen and isolate a potentially infectious patient.

Answer Choices	Responses	
Strongly agree	52.38%	11
Agree	42.86%	9
Neutral	4.76%	1
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total		21

Figure 4: Q7 - Our staff found the drill useful in informing the development of a post-drill improvement plan.

In addition, the following comments were provided as it relates to the usefulness of the MPD by the respondents as to open-ended questions within the survey⁶:

1. *It gave [staff] the ability to see how they operate every day and to see where there were gaps based on the findings.*
2. *This drill helped us to identify training that was needed for enhanced adherence to our current ID protocol.*
3. *Staff correctly and efficiently screened and isolated the patient*
4. *It was a good opportunity to test our protocols. We participated twice. Each scenario was different due to the age of the "patient"; the second drill was with an older patient who had a "relative" accompany her.*
5. *It demonstrated the need and precaution required to manage these clinical situations.*
6. *It helped us identify our level of preparedness and areas of need.*
7. *It is a good practice for everybody & in this way we can evaluate what we are missing and someone from outside the organization can also evaluate us.*
8. *It reminded staff not usually involved, especially front office, to be vigilant*
9. *It definitely showed us the issues we had with identifying the person and responding appropriately.*
10. *It helped to prompt more discussion about how to better screen and isolate a potentially infectious patient.*
11. *It allowed [staff] to practice our policies.*
12. *It validated [staff's] training*
13. *Staff was engaged and used the opportunity to explore best practices*
14. *We identified areas that we did not consider when dealing with patients and PPE.*
15. *This drill exercise allowed us to focus on specific points of our current ID plan and how we can improve.*
16. *The drill debriefing revealed a few issues regarding isolation that the team needs to discuss.*
17. *We were able to refine our isolation protocols to include consideration of accompanying persons, like relatives and home care aides.*
18. *The drill educated all of the clinic staff on the importance to be ready [and] to respond to these situations.*
19. *The post drill meeting gave us great feedback and helped to address areas of concern.*

⁶ Here and further in the document, quoted statements were corrected for grammar and punctuation

20. *After the drill, we were able to analyze what were our strong & weak points.*
21. *There is a need to strengthen our policy and staff training.*
22. *We realized that we needed additional practice drills to ensure that staff were able to effectively identify and isolate the person.*
23. *Education to re-enforce the policy was immediately provided to the employees who participated in the drill.*
24. *Only minor adjustments were needed.*

Improvement Plans - MPD

- In regards to the completion of the improvement plans after participation in the project, ~81% of all respondents “strongly agreed” or “agreed” that the project informed their organizational improvement cycles (Figure 5).

Answer Choices	Responses	
Strongly agree	42.86%	9
Agree	38.10%	8
Neutral	19.05%	4
Disagree	0.00%	0
Strongly disagree	0.00%	0
Total		21

Figure 5: Q8 – The post-drill improvement plan informed our improvement cycle.

- In addition, 71% of all respondents reported that the improvement plans developed after project participation had been completed (Figure 6).

Answer Choices	Responses	
Yes	71.43%	15
Somewhat	28.57%	6
No	0.00%	0
Total		21

Figure 6: Q9 – Did your organization complete the improvement plan(s) established as a result of the Mystery Patient Drill?

The following comments were provided on the implementation of improvement plans by some of the respondents to open-ended questions within the survey tool:

1. *Identifying gaps and tightening our policies and procedures dealing with infectious patients clearly improves our cycle.*
2. *We were able to make recommendations to make our weak points stronger.*
3. *Documenting the improvement plan helped us to clarify the needs.*
4. *We have not had another cycle as of yet.*
5. *Education training will be re-enforced with all staff in the next few months.*
6. *All lessons learned are plowed back into the program.*

7. *Staff turnover [is affecting the process].*
8. *The items have been scheduled and are planned to be implemented over the next few weeks.*
9. *[We are] in the process.*
10. *We just had the drill in December and we're still in this process. We have an improvement plan, but have not gone much further with it yet.*
11. *Only minor adjustments were needed, but maintaining training poses a challenge.*

Overall MPD Experience

The following submissions were received for Question 10, i.e. *“Please provide any additional feedback on your drill experience that would be beneficial for future Mystery Patient Drill exercise planning”*:

1. *In light of events in the news, it would be helpful to change the focus of the drill e.g. patient surge, active shooter, bomb threat, etc.*
2. *It was great that the scenario for the two drills were different, and that we had the chance to drill additional staff. A very positive experience.*
3. *We should have a drill annually.*
4. *Nothing to add, good drill for our centers.*
5. *We found the drill to be very helpful and are hoping to improve our performance during subsequent ones.*
6. *We found it to be an excellent idea.*
7. *Great collaboration.*

Discussion

Successes:

The survey results strongly indicate that it was a very valuable initiative as seen by the Primary Care Center participants themselves, especially as an opportunity for staff training and exercising the organizational infection control protocols.

95% of respondents “agreed” or “strongly agreed” that the project was useful in assessing PCC’s ability to screen and isolate a potentially infectious patient. The same percentage “agreed” or “strongly agreed” that the drill was useful in informing the development of the organization’s post-drill improvement plan. In fact, only 1 respondent was “neutral” in replying to this question. 71% report completion of the improvement plan(s) established as a result of the Mystery Patient Drill and none reported that their improvement plans were not completed.

In addition, it is clear that respondents see value in this kind of exercises and look forward to future opportunities to participate in similar projects. Suggestions for scenario augmentation were also received.

Limitations of the Survey:


Due to the modest sample size of submitted surveys, the findings may not be representative of the whole group of MPD participants. In addition, as the survey was voluntary, there is a chance that the responses were skewed towards the positive response. However, it should be taken into consideration that our sample of respondents included all three phases of the project and represented 15 individual networks, which is approximately 58% of the total number of participating networks during the three phases (N=26).

Recommendations

Based on the results of the Mystery Patient Drill Project Impact Survey, the following recommendations are made:

1. Continue providing an annual opportunity for Primary Care Centers to participate in unannounced drills, i.e. Mystery Patient exercises.
2. Consider expanding scenario options to include additional Infection Control hazards to enhance future experience of the players, e.g. including donning/doffing of PPE for clinical providers, simulating reporting mechanisms, include different clinical diagnoses, etc.
3. Continue collaborating with NYC Medical Reserve Corps, as it provides a depth to the exercise and its participants, and brings a spontaneity aspect into the experience.
4. Consider developing additional unannounced drills that are not Infection Control-focused, e.g. patient surge, active shooter.

Attachment 1 – Mystery Patient Project Impact Survey Design



Primary Care **Emergency Preparedness** Network

Mystery Patient Drill: Project Impact Survey

Instructions:

Dear Primary Care Partner:

Thank you for your previous participation in the Mystery Patient Drill project. This project, conducted by PCEPN with major support by NYC Department of Health and Mental Hygiene (DOHMH), tested the ability of participating primary care centers to follow their infection control plans when faced with a potentially infectious patient.

Below is a quick survey designed to help us improve the Mystery Patient Drill process, as well as gauge progress made within your organization based on the findings in your After Action Reports and Improvement Plans.

Please fill out the survey and return to us **no later than January 23rd, 2017**. Thank you in advance for your participation.

You can reach us with any questions at info@pcepn.org

1. Person completing this form:

2. Title:

*** 3. Network Name**

*** 4. Specific Site Name / Address**

5. Which Mystery Patient Drill cycle(s) did you participate in?

- ☐ Phase 1: April 6 - April 21, 2015
- ☐ Phase 2: March 28 - April 8, 2016
- ☐ Phase 3: November 28 - December 9, 2016
- ☐ Not sure

*** 6. Our staff found the drill useful in assessing our ability to screen and isolate a potentially infectious patient.**

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

Please explain why:

*** 7. Our staff found the drill useful in informing the development of a post-drill improvement plan.**

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

Please explain why:

*** 8. The post-drill improvement plan informed our improvement cycle.**

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

Please explain why:

*** 9. Did your organization complete the improvement plan(s) established as a result of the Mystery Patient Drill?**

- ☐ Yes
- ☐ Somewhat
- ☐ No

Please share some obstacles that prevented you from doing so:

10. Please provide any additional feedback on your drill experience that would be beneficial for future Mystery Patient Drill exercise planning: