Mystery Illness Exercise

After-Action Report/Improvement Plan

January 10, 2023

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

# Exercise Overview

| **Exercise Name** | Mystery Illness |
| --- | --- |
| **Exercise Dates** | January 10, 2023 from 0900-100 |
| **Scope** | This exercise is a facilitated, virtual tabletop exercise or self-guided. The exercise is planned for 2 hours and is to be conducted at the player’s facility in collaboration with virtual scenario updates and injects from the Infection Prevention Education Sub-Committee or the exercise recording. Players will include participation from Metro long term care facilities, Hennepin County Public Health, the Minnesota Department of Health, and the Metro Health & Medical Preparedness Coalition. Exercise play is limited to exercise participants. There will be no role players/actors during this exercise. |
| **Mission Area(s)** | Infectious disease outbreak and response |
| **Core Capabilities** | Infection prevention and control, internal and external communication plans, responding to an emerging pathogen |
| **Objectives** | 1. Prioritize Infection Prevention and Control interventions based on clinical presentation & pathogen identification.  2. Identify communication priorities including message content, important partners/ stakeholders.  3. Implement testing, contact tracing, isolation/quarantine protocols, and identify vaccination resources when responding to a new or unknown pathogen.  4. Promote continuity/ increased awareness of internal Infection Prevention and Control protocols among Long Term Care Facility staff |
| **Threat or Hazard** | Unknown respiratory illness |
| **Scenario** | One of your residents begins to exhibit symptoms of an unknown respiratory illness. |
| **Sponsor** | Hennepin County Long-Term Care Infection Prevention Coalition Education Sub-Committee  This exercise is paid for through funding from the Minnesota Department of Health Workforce Development Grant. |
| **Participating Organizations** | Participants include Metro area Long-term Care and Assisted Living Facilities, Hennepin County Public Health, the Minnesota Department of Health, Hennepin Healthcare, and the Metro Health and Medical Preparedness Coalition. Anticipated total number of participants: 400   * Facility Type:   + LTC Facilities: 107   + Assisted Living Facilities: 165   + Group Home Facility: 11   + Home Care/Hospice Facilities: 46   + Clinics: 6   + Public Health: 2   + Other: 10 * Number of Regional Exercise Controller: 1 * Number of Regional Exercise Director: 1 |
| **Point of Contact** | **Site Contact:** [name, title, organization name, email]  **Exercise Sponsor**: Aislinn Warnke  [Aislinn.warnke@hennepin.us](mailto:Aislinn.warnke@hennepin.us)  **Exercise Director**: Emily Moilanen, MPH  [Emily.moilanen@hcmed.org](mailto:Emily.moilanen@hcmed.org) |

# Analysis of Core Capabilities

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

| Objective | Core Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
| --- | --- | --- | --- | --- | --- |
| Prioritize Infection Prevention and Control interventions based on clinical presentation & pathogen identification. | Infection prevention and control |  |  |  |  |
| Identify communication priorities including message content, important partners/ stakeholders. | Internal and external communications |  |  |  |  |
| Implement testing, contact tracing, isolation/quarantine protocols, and identify vaccination resources when responding to a new or unknown pathogen. | Responding to an emerging pathogen |  |  |  |  |
| Promote continuity/ increased awareness of internal Infection Prevention and Control protocols among Long Term Care Facility staff. | Infection prevention and control; Internal and external communications |  |  |  |  |

Table 1. Summary of Core Capability Performance

Ratings Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

## Objective 1: Prioritize Infection Prevention and Control interventions based on clinical presentation & pathogen identification.

The strengths and areas for improvement aligned to this objective are described in this section.

### Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

Strength 2: [Observation statement]

Strength 3: [Observation statement]

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

Area for Improvement 2: [Observation statement]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

## Objective 2: Identify communication priorities including message content, important partners/ stakeholders.

### Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

Strength 2: [Observation statement]

Strength 3: [Observation statement]

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

## Objective 3: Implement testing, contact tracing, isolation/quarantine protocols, and identify vaccination resources when responding to a new or unknown pathogen.

The strengths and areas for improvement aligned to this objective are described in this section.

### Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

Strength 2: [Observation statement]

Strength 3: [Observation statement]

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

Area for Improvement 2: [Observation statement]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

## Objective 4: Promote continuity/ increased awareness of internal Infection Prevention and Control protocols among Long Term Care Facility staff.

The strengths and areas for improvement aligned to this objective are described in this section.

### Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

Strength 2: [Observation statement]

Strength 3: [Observation statement]

### Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

Area for Improvement 2: [Observation statement]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

1. Improvement Plan

This IP has been developed specifically for [Organization or Jurisdiction] as a result of [Exercise Name] conducted on [date of exercise].

| Objectives | Issue/Area for Improvement | Corrective Action | Capability Element[[1]](#footnote-1) | Primary Responsible Organization | Organization POC | Start Date | Completion Date |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Objective 1: Prioritize Infection Prevention and Control interventions based on clinical presentation & pathogen identification | [Area for Improvement] | [Corrective Action] |  |  |  |  |  |
| Objective 2: Identify communication priorities including message content, important partners/ stakeholders. | [Area for Improvement] | [Corrective Action] |  |  |  |  |  |
| Objective 3: Implement testing, contact tracing, isolation/quarantine protocols, and identify vaccination resources when responding to a new or unknown pathogen. | [Area for Improvement] | [Corrective Action] |  |  |  |  |  |
| Objective 4: Promote continuity/ increased awareness of internal Infection Prevention and Control protocols among Long Term Care Facility staff. | [Area for Improvement] | [Corrective Action] |  |  |  |  |  |

# Appendix B: Exercise Participants

|  |
| --- |
| Participating Organizations |
| **Federal** |
| NA |
|  |
|  |
| **State** |
| Minnesota Department of Health |
|  |
|  |
|  |
| **County/Regional** |
| Hennepin County Public Health |
| Metro Health & Medical Preparedness Coalition |
|  |
| **Facilities** |
|  |
|  |
|  |

1. Capability Elements are: Planning, Organization, Equipment, Training, or Exercise. [↑](#footnote-ref-1)