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 0900-1100 |
| **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, Hennepin County Human Services- Long-Term Services and Supports, 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: 200 facilities.  Anticipated total number of players:   * Assisted Living Facilities: 102 * Memory Care Facilities: 33 * Skilled Nursing Facilities: 149 * Transitional Care Facilities: 24 * Other Facility Types: 24 * Number of Exercise Controllers: 1 * Number of Exercise Directors: 1 |
| **Point of Contact** | **Site Contact:** [name, title, organization name, email]  **Exercise Sponsor**: Hennepin County Long-Term Care Infection Prevention Coalition Education Committee  [LTC.InfectionPrevention@hennepin.us](mailto:LTC.InfectionPrevention@hennepin.us)  **Exercise Director**: Emily Moilanen, MPH, Metro Health & Medical Preparedness Coalition  [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 |
| --- |
| **County** |
| Hennepin County Public Health |
| Hennepin County Human Services- Long-Term Services and Supports |
| **Regional** |
| Metro Health & Medical Preparedness Coalition |
| Northeast Healthcare Preparedness Coalition |
| NW Health Services Coalition |
| **State** |
| Minnesota Department of Health |
| **Long Term Care** |
| A Daughter's Love |
| Adapta |
| Adeg Group Home |
| Aftenro |
| Ageless Care, Inc |
| Aicota Health Care Center |
| Amazing LOve Assisted Living |
| Andrew Residence |
| Anoka Rehabilitation and Living Center |
| Appleton Area Health |
| Autumn Glen |
| Avian Care LLC |
| BARRETT CARE CENTER INC |
| Barross Cottage |
| Barross Cottage II |
| Belgrade Nursing Home |
| Belong Health care |
| Benedictine Living |
| Benedictine Living |
| Benedictine Living Community of Crookston |
| Benedictine Living of St. Joseph |
| Benedictine Living- Skilled Nursing Facility Duluth |
| Benedictine New Brighton |
| Benedictine Senior Living Community-St Peter |
| Bigfork Valley Communities |
| Birchwood Care Home, Grand Avenue Rest Home |
| Boulder Creek Assisted Living with Memory Care |
| Care&Rehab-Ostrander |
| CARING HOME HEALTH INC |
| Carondelet Village |
| Cassia - Moose Lake Village |
| Catholic Eldercare |
| Cerenity Marian St. Paul |
| Chapel View AL and SNF-Hopkins |
| Charter House |
| CHI LakeWood Health and LakeWood Care Center |
| Clara City Care Center |
| Clarkfield Care Center |
| Clarkfield Care Center |
| Cokato Charitable Trust |
| Colonial Manor |
| Compassionate Hearts |
| Countryview Assisted Living, LLC. |
| Courage Kenny Rehabilitation Institute - TRP, Part of Allina Health |
| Covenant Living of Golden Valley |
| Crossroads Care Center |
| Dassel Lakeside Healthcare Center |
| Ebenezer Care Center |
| Ebenezer Ridges Care Center |
| Ecumen Lakeshore |
| Ecumen North Branch |
| Ecumen Pathstone |
| Edgebrook Care Center |
| Episcopal Church Home - The Gardens |
| Episcopal Church Home of Minnesota |
| Essentia Health |
| Essentia Health |
| Essentia Health Prairie Pines Assisted Living |
| Essentia Health-Homestead |
| Evansville Care Center |
| Eventide Lutheran Home and Eventide The Linden |
| Fair Meadow Nursing Home |
| Fairview Care Center |
| Farmington Health Services, Trinity Care Center |
| Faulkton Senior Living |
| Field Crest Care Center |
| Field Crest Care Center |
| Field Crest Care Center & Assisted Living |
| Field Crest Care Center and AL |
| Five Pines Senior Solutions |
| Frazee Care Center |
| Gentle Haven |
| Gil-mor Manor |
| Glenwood Retirement Village |
| Golden Light Assisted Living |
| Good Samaritan Society |
| Good Samaritan Society Ambassador |
| Good Samaritan Society - Arlington, MN/Sanford Health |
| Good Samaritan Society, Albert Lea |
| Good Samaritan Society, Battle Lake, MN |
| Good Shepherd Lutheran Home |
| Grand Avenue Rest Home |
| GSS Jackson |
| Gundersen Harmony Care Center |
| Halstad Living Center |
| Hands Care LLP |
| Harmony House of Pierz |
| Hayes Residence |
| Health Services Network |
| Hearthstone Care Group |
| Heritage Manor |
| Hillcrest Senior Living |
| Hope Residence |
| Hope Residence |
| Hopkins Health Services |
| Johanna Shores |
| Jones Harrison |
| Jones Harrison |
| Jones-Harrison Senior Living |
| Kittson Healthcare |
| Lakewood Health System |
| LB Homes |
| Lifepoint home llc |
| Little falls Care Center |
| Little Sisters of the Poor |
| LIVING MEADOWS AT LUTHER - MADELIA |
| Living Meadows |
| Mahnomen Health Care Center |
| Maple Lawn Senior Care |
| Mapleton Community Home/Heritage Place |
| McIntosh Senior Living |
| MDH |
| Meadow Creek Hospitality,LLC |
| Meadow Lane Restorative Care Center |
| Meadows On Main |
| Meeker Manor Rehabilitation Center |
| MHealthFairview and Ebenezer |
| Milaca Elim Meadows Health Care Center |
| Millennium Health Care LLC |
| Minnehaha Residence |
| Minnesota Masonic Home |
| Minnesota Veterans Home - Minneapolis |
| MN Veterans Home - Silver Bay |
| MN Veterans Home - Silver Bay |
| Monarch |
| Moose Lake Village - a division of Cassia |
| Morris Health Services |
| Mount Olivet Homes |
| National Home Healthcare |
| New perspective senior living |
| NORTH STAR MANOR |
| Northfield Care Center |
| Oak Hill Assisted Living |
| Oak Hills Living Center |
| Oak Terrace |
| Oak Terrace Assisted Living |
| Oak Terrace Assisted Living of North Mankato |
| Oak Terrace of Jordan |
| Old Main Village Senior Living |
| Olivia Restorative Therapy and Nursing |
| Orchard hill senior living |
| Park Gardens Senior Living |
| Park River Estates Care Center |
| Paynesville Health Care Center |
| Peerlytics |
| Pennington Health Services |
| Pheasant ridge assisted living |
| Pheasants Ridge Assisted Living |
| Prairie Home Hospice & Community Care |
| Prairie View Senior Living |
| Providence Place Senior Care |
| RenVilla Care Center |
| Renville Health Services- Prairie View Assisted Living and Memory Care |
| RICEHOSP |
| Richfield a Villa Center |
| Ridgeview Le Sueur Nursing & Rehab Center |
| River Oaks at Shady Ridge |
| River oaks at Watertown |
| River Valley Health & Rehab |
| Royal Crown |
| Sabdstone Health Care Center |
| Sacred Heart Care Center |
| Saint Therese |
| Saint Therese at St. Odilia |
| Saint Therese of New Hope |
| Saint Therese of Oxbow Lake |
| Sanford Canby Medical Center |
| Sanford Canby Medical Center - Sylvan Court and Place |
| SEAHOS |
| Seasons Healthcare |
| Seasons Hospice |
| Shady Ridge |
| Sholom |
| Sholom |
| Sholom West LTC |
| Sleepy Eye Care Center-VOA |
| SLPFD and Care Resource Connection |
| South Central Healthcare Coalition |
| South Shore Care Center |
| St Anthony Park Home |
| St Croix Hospice |
| St John Lutheran Home/St. John's Circle of Care |
| St Louis Park Fire Dept |
| St. John's Lutheran Community |
| St. John's Lutheran Community |
| St. Luke's Lutheran Care Center |
| St. Otto's Care Center |
| St. Therese |
| Stewartville Care Center |
| Sunnyside Care Center |
| Sunnyside Health Care Center |
| Team Home Healthcare |
| The Estates at Bloomington |
| The Estates at Bloomington |
| The Estates at Chateau |
| The Estates at Linden |
| The Estates at Rush City |
| The Gables of Boutwells Landing |
| The Glenn Hopkins |
| The Green Prairie Rehab and Assisted Living Campus |
| The Legacy |
| The Maples |
| The North Shore Estates |
| The Villas at St. Louis Park |
| The Waterview Shores |
| Thief River Care Center |
| Traditions of Montgomery |
| Traditions of Waterville |
| UNITED SOCIAL SERVICE OF MN |
| UNITED SOCIAL SERVICE OF MN |
| Valley Care and Rehab |
| Valley View Healthcare & Rehab |
| Walker Health Center |
| Walker Methodist |
| Wesley Residence Assisted Living |
| WSLC |
| Zumbrota Health Services |

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