Mystery Illness 2.0

After-Action Report/Improvement Plan

June 14, 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

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| --- | --- |
| **Exercise Name** | Mystery Illness 2.0 |
| **Exercise Dates** | Wednesday, June 14, 2023 |
| **Scope** | This exercise is a tabletop exercise planned for three hours and is to be conducted at the players’ 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 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)** | Prevention, Protection, Mitigation, Response |
| **Core Capabilities** | Infection prevention and control, internal and external communication plans, responding to an emerging pathogen |
| **Objectives** | 1. Mobilize immediate infection prevention and control measures in response to a newly emerging pathogen.2. Identify infection control and containment measures focusing on system controls in response to an infectious pathogen.3. Describe communication pathways and processes to alert partners of an emerging pathogen (facilities, families, staff, residents, other providers).4. Implement mitigation techniques to reduce the spread of a multi-drug resistant organism.  |
| **Threat or Hazard** | Emerging mystery pathogen |
| **Scenario** | A new admission at your facility brings with him an unexpected pathogen. |
| **Sponsor** | Hennepin County Long-Term Care Infection Prevention Coalition Education Committee. This exercise is paid for through funding from the Minnesota Department of Health Workforce Development Grant. |
| **Participating Organizations** | Participants include area Long-term Care and Assisted Living Facilities, Hennepin County Public Health, the Minnesota Department of Health, and the Metro Health and Medical Preparedness Coalition.Anticipated total number of players:• Assisted Living Facilities: 24• Memory Care Facilities: 13• Skilled Nursing Facilities: 49• Transitional Care Facilities: 13• Other Facility Types: 7• Number of Exercise Controllers: 1• Number of Exercise Directors: 1 |
| **Point of Contact** | Exercise Sponsor: Jen MalewickiJen.Malewicki@hennepin.us Exercise Director: Emily Moilanen, MPHEmily.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) |
| --- | --- | --- | --- | --- | --- |
| Mobilize immediate infection prevention and control measures in response to a newly emerging pathogen. | Infection prevention and control, responding to an emerging pathogen |  |  |  |  |
| Identify infection control and containment measures focusing on system controls in response to an infectious pathogen. | Infection prevention and control, responding to an emerging pathogen |  |  |  |  |
| Describe communication pathways and processes to alert partners of an emerging pathogen (facilities, families, staff, residents, other providers. | Internal and external communication plans |  |  |  |  |
| Implement mitigation techniques to reduce the spread of a multi-drug resistant organism. | Infection prevention and control, responding to an emerging pathogen |  |  |  |  |

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: Mobilize immediate infection prevention and control measures in response to a newly emerging 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 2: Identify infection control and containment measures focusing on system controls in response to an infectious pathogen.

### 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: Describe communication pathways and processes to alert partners of an emerging pathogen (facilities, families, staff, residents, other providers.

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: Implement mitigation techniques to reduce the spread of a multi-drug resistant organism.

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: Mobilize immediate infection prevention and control measures in response to a newly emerging pathogen. |  [Area for Improvement] | [Corrective Action]  |  |  |  |  |  |
| Objective 2: Identify infection control and containment measures focusing on system controls in response to an infectious pathogen. |  [Area for Improvement] | [Corrective Action] |  |  |  |  |  |
| Objective 3: Describe communication pathways and processes to alert partners of an emerging pathogen (facilities, families, staff, residents, other providers | [Area for Improvement] | [Corrective Action] |  |  |  |  |  |
| Objective 4: Implement mitigation techniques to reduce the spread of a multi-drug resistant organism. | [Area for Improvement] | [Corrective Action] |  |  |  |  |  |

# Appendix B: Exercise Participants

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| Participating Organizations |
| **State** |
| Minnesota Department of Health |
| **Regional**  |
| Metro Health & Medical Preparedness Coalition |
| **County** |
| Hennepin County LTC Infection Prevention Coalition  |
| **Facilities** |
| Good Samaritan Society Ambassador |
| Mount Olivet Home |
| Mount Olivet Careview Homes |
| Ebenezer Care Center |
| Friendship Manor Shakopee  |
| Hope Residence  |
| Victory Health and Rehabilitation  |
| Ebenezer Ridges Care Center  |
| Carondelet Village  |
| The Glenn Hopkins  |
| Saint Therese of New Hope  |
| Maple Hill Senior Living  |
| Benedictine Living- Owatonna  |
| Cerenity White Bear Lake  |
| Benedictine Living Community  |
| Courage Kenny Rehabilitation Institute - TRP, part of Allina Health  |
| Sholom  |
| Auburn Manor  |
| Lyngblomsten Care Center  |
| Birchwood Senior Living  |
| Meadow Ridge Senior Living  |
| Ebenezer: Martin Luther Senior Living  |
| Prairie Bluffs (RM/Marquis)  |
| Edenbrook of Edina  |
| Select Senior Living  |
| Elk River Senior Living  |
| Cerenity Senior Care Humboldt  |
| Bel Rae Senior Living  |
| Lake City Care Center  |
| Friendship Village of Bloomington  |
| Mainstreet Village  |
| Good Life Assisted Living & Memory Care  |
| Marvella - Presbyterian Homes and Services  |
| Benedictine Health Center  |
| Benedictine Living  |
| Good Samaritan Society -Stillwater  |
| Phoenix Residence Inc  |
| Good Samaritan Society Waconia and Westview Acres  |
| Providence Place Senior Living  |
| Good Samaritan Society-Stillwater  |
| Saint Therese Senior Living at Oxbow Lake  |
| Hennepin Healthcare  |
| Senior Care Communities  |
| The Gables of Boutwells Landing- Presbyterian Homes & Services  |
| Summit Hill Senior Living  |
| The Villas at Osseo  |
| Benedictine New Brighton  |
| Andrew Residence  |
| The Wellstead of Rogers  |
| Hope Springs at Minnetoka  |
| Woodbury Senior Living  |
| Interlude Restorative Suites West Health  |
| Johanna Shores  |

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