Mystery Illness 2.0

Situation Manual

June 14, 2023

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

# Exercise Overview

|  |  |
| --- | --- |
| **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 Malewicki [Jen.Malewicki@hennepin.us](mailto:Jen.Malewicki@hennepin.us)  Exercise Director: Emily Moilanen, MPH [Emily.moilanen@hcmed.org](mailto:Emily.moilanen@hcmed.org) |

# General Information

## Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the Exercise Planning Team.

| Exercise Objective | Core Capability |
| --- | --- |
| 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. Exercise Objectives and Associated Core Capabilities

## Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

* **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
* **Observers.** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
* **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts (SMEs) during the exercise.
* **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, polices, and procedures.

## Exercise Structure

This exercise will be a multimedia, facilitated exercise. Players will participate in the following four modules:

* Module 1: New Admission
* Module 2: Unexpected Test Result
* Module 3: Silent Spreader  
  Module 4: Containment

Each module begins with a multimedia update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in group discussions of appropriate prevention, mitigation, and response issues.

## Exercise Guidelines

* This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
* Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
* Decisions are not precedent setting and may not reflect your organization’s final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.

Issue identification is not as valuable as suggestions and recommended actions that could improve prevention, mitigation, response efforts. Problem-solving efforts should be the focus.

## Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation. During this exercise, the following apply:

* The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
* The exercise scenario is plausible, and events occur as they are presented.
* All players receive information at the same time.

## Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. Additionally, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

# Module 1: New Admission

### Wednesday, June 14, 2023

### Your facility is accepting a new admission today. Fred is an 81-year-old man who is being transferred from a facility in Phoenix, Arizona. Five years ago, Fred had moved from Minnesota to a retirement community in Arizona. Fred was diagnosed with Parkinson’s several years ago and over the last year Fred’s mobility has declined. After several falls in his retirement community, he was admitted to a skilled nursing facility in Arizona. Fred’s family has initiated the transfer to your facility in Minnesota in order to have him closer to his loved ones that live in the state.

### Due to being unsteady on his feet, Fred uses a wheelchair. He has recently developed a Stage 2 decubitus/pressure ulcer (bedsore) on the lower portion of his back, above the coccyx. The previous facility was providing wound care to treat the pressure ulcer.

### Fred is being admitted into a double room with a roommate and shared bathroom. Fred’s roommate also receives wound care on a post-surgical incision.

## Key Issues

* Interfacility transfer and new admission.
* Wound care infection prevention and control.

## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. What information is shared between transferring facilities? Does this differ depending on an in-state vs out of state transfer?
2. Review your procedures for providing wound care to residents.
   1. What infection control and prevention (IPC) practices should be followed when providing wound care?
   2. What are the potential risks associated with performing wound care to a resident like Fred? Does your facility’s wound care policy address associated risks and administrative controls?

## MDH Knowledge Check

# Module 2: Unexpected Test Result

### Saturday, June 17, 2023

### It has been 72 hours since Fred’s admission and he is settling in nicely. Unfortunately, another resident on the same unit seems to be exhibiting signs of infection. Ruth is an 86-year-old woman with Type II diabetes who is recently recovering from hip replacement surgery. Staff have been providing wound care to her incision site as well as monitoring a Foley catheter she has while recovering. The wound nurse has been making her rounds to all of the wound care residents including Fred, his roommate, and Ruth. As she returns to the nursing station to replenish her kit, she mentions that Ruth’s wound is showing signs of increased swelling, redness, and secretion from the incision site. The nurse took Ruth’s temperature, and she is running a fever of 101F. Staff call Ruth’s physician to report this change in symptoms.

### Later that afternoon, you receive a call from the Arizona facility with a screening result for Fred. You did not know that a screening result was pending. The Arizona facility, in conjunction with the Arizona Department of Health Services, has been conducting a point prevalence survey to screen residents for Carbapenemase-producing Carbapenem-resistant Enterobacterales organisms due to recent identification of a resident with *Klebsiella pneumoniae* carbapenemase (KPC) organism in a clinical specimen. Although Fred does not appear ill, he has screened positive for a *Klebsiella pneumoniae* carbapenemase (KPC) bacteria. It appears that Fred is colonized with the bacteria and could be considered a silent spreader.

## Key Issues

* Wound infection
* Klebsiella pneumoniae carbapenemase (KPC)
* Colonized individual

## MDH Knowledge Check

## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. Describe your process for receiving and following up on lab results.
2. What is the difference between colonization and infection? Is there a risk of transmission with a colonized individual?
3. Given what you now know about Carbapenemase-Producing Carbapenem-resistant Enterobacterales (CP-CRE) organisms, what are your major concerns at this point in time?
4. Who needs to know about this test result at this point in time?
5. Who else at your facility may be at risk or most vulnerable for contracting Carbapenemase-Producing Carbapenem-resistant Enterobacterales (CP-CRE)- or other multidrug-resistant organisms - now that it’s been introduced to your facility?
6. Are there any IPC practices you will be reviewing as potential transmission opportunities? Consider:
   1. PPE
   2. Cleaning/disinfecting
      1. Consider wound care items/other equipment.
   3. Hand hygiene
   4. Transmission-based precautions/Enhanced Barrier Precautions

# Module 3: Silent Spreader

### Sunday, June 18, 2023

## Ruth continues to decline. You have concerns about Ruth’s signs of infection, as does her physician. Ruth’s physician is concerned about a bloodstream infection and is transferring her to an acute care setting for further assessment. Ruth’s family notifies your facility that the initial Gram Stain shows gram-negative rods. Given Fred’s diagnosis, Ruth’s proximity to Fred (residing on the same unit), as well as Ruth receiving wound care from the same provider as Fred, you are concerned that she and others in the facility may be at increased risk for CP-CRE acquisition.

## Key Issues

* Potential spread of CP-CRE
* Containment of potential outbreak

## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. Discuss others you may need to let know about the CP-CRE case in your facility. What does that communication look like and how does it take place? Consider:
   1. Staff
      1. Environmental services
      2. Nursing staff, including nursing assistants
      3. Therapy and activities staff
      4. Administrator
      5. Non-clinical staff
      6. Medical director
   2. Visitors
      1. Fred and Ruth’s family/visitors
      2. Other residents’ visitors
   3. Visiting providers
   4. Volunteers, especially those who go room-to-room or visit multiple residents.
   5. Medical record documentation
2. If other cases are identified, how would you manage the following:
   1. Cohorting
   2. Treatment
   3. Modifying infection prevention and control procedures
   4. Visitation
   5. Communal activities
   6. Education (staff and residents)
   7. Auditing
      1. Does the facility audit adherence to recommended IPC practices (e.g., hand hygiene, use of PPE, environmental cleaning, wound care)?
      2. What is your hand hygiene compliance rate?
         * 1. Does the facility have a process for addressing nonadherence to recommended practices (e.g., provide feedback in a summary of audit findings to be used to target performance improvement)?
   8. Cleaning/disinfection

## MDH Knowledge Check

## Module 4: Containment

### Monday, June 19, 2023

## Ruth’s blood culture lab results have come back positive for KPC+ *Klebsiella oxytoca*. The hospital reports this finding to the Minnesota Department of Health and they reach out to your facility to provide guidance.

## Key Issues

* Containment of potential outbreak
* Reportable disease

## Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 4. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

1. How do you identify which organisms are reportable to MDH? Where is this information located?
   1. Describe the reporting process.
2. How would you go about identifying additional individuals at risk for CP-CRE acquisition in your facility?
   1. Is this addressed in facility policies/protocols?
3. Review your resident population and identify who you would likely start with when conducting a point prevalence survey. Would you test the whole facility or a subset?
4. How might CP-CRE spread outside of your facility? Consider:
   1. Visiting physicians who treat multiple residents.
   2. Staff who work between multiple locations.
   3. Volunteers and visitors.
5. What steps can you take to keep the outbreak contained and stop the spread of CP-CRE outside of your facility?

## MDH Knowledge Check

# Appendix A: Exercise Schedule

**Note:** Because this information is updated throughout the exercise planning process, appendices may be developed as stand-alone documents rather than part of the SitMan.

| Time | Activity |
| --- | --- |
| **June 14, 2023** | |
| 1:00pm | Welcome and Opening Remarks |
| 1:10pm | Module 1: New Admission |
| 1:25pm | MDH Knowledge Check |
| 1:40pm | Module 2: Unexpected Test Result |
| 1:45pm | MDH Knowledge Check |
| 2:00pm | Module 2 Questions |
| 2:20pm | Module 3: Silent Spreader |
| 2:40pm | MDH Knowledge Check |
| 2:55pm | Module 4: Containment |
| 3:15pm | MDH Knowledge Check |
| 3:30pm | Hotwash |
| 3:50pm | Closing Comments |
| 4:00pm | Adjourn |

# 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 |

# Appendix C: Relevant Plans

These are suggestions of plans players may want to have available during the exercise. Your facility may have additional plans that you want to have available during the exercise.

* Infection Prevention and Control policies and procedures
* Infectious disease outbreak plan
* Communications plan
* PPE policies

# Appendix D: Acronyms

| **Acronym** | **Term** |
| --- | --- |
| AAR | After Action Report |
| CP-CRE | Carbapenemase-Producing Carbapenem-resistant Enterobacterales |
| DHS | U.S. Department of Homeland Security |
| EEG | Exercise Evaluation Guide |
| EBP | Enhanced Barrier Precautions |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| IPC | Infection Prevention and Control |
| KPC | Klebsiella pneumoniae carbapenemase |
| LTC | Long Term Care |
| MDH | Minnesota Department of Health |
| PPE | Personal Protective Equipment |
| SitMan | Situation Manual |
| SME | Subject Matter Expert |
| TTX | Tabletop Exercise |