



[Exercise or Event Name]

After-Action Report/Improvement Plan

[Date]

EXERCISE OR EVENT OVERVIEW

Exercise or Event Name	[Insert the formal name of Exercise or Event, which should match the name in the document header]
Exercise or Event Dates	[Indicate the start and end dates of the Exercise or Event]
Scope	This Exercise or Event is a [Exercise or Event type], planned for [Exercise or Event duration] at [Exercise or Event location]. Exercise or Event play is limited to [Exercise or Event parameters].
Mission Area(s)	[Prevention, Protection, Mitigation, Response, and/or Recovery]
Healthcare Preparedness Program Capabilities	[List the core capabilities being Exercise or Eventd] http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf
Objectives	[List Exercise or Event objectives]
Threat or Hazard	[List the threat or hazard (e.g. natural/hurricane, technological/radiological release)]
Scenario	[Insert a brief overview of the Exercise or Event scenario, including scenario impacts (2-3 sentences)]
Sponsor	[Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable]
Participating Organizations	[Insert a brief summary of the total number of participants and participation level (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies). Consider including the full list of participating agencies in Appendix B. Delete Appendix B if not required.]
Point of Contact	[Insert the name, title, agency, address, phone number, and email address of the primary Exercise or Event POC (e.g., Exercise or Event director or Exercise or Event sponsor)]

ANALYSIS OF CORE CAPABILITIES

Aligning Exercise or Event objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual Exercise or Events to support preparedness reporting and trend analysis. Table 1 includes the Exercise or Event objectives, aligned core capabilities, and performance ratings for each core capability as observed during the Exercise or Event 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)
[Objective 1]	[Core capability]				
	[Core capability]				
[Objective 2]	[Core capability]				
[Objective 3]	[Core capability]				
Ratings Definitions: <ul style="list-style-type: none">• 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).					

Table 1. Summary of Core Capability Performance

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

[Objective 1]

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

[Core Capability 1]

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.]

[Core Capability 2]

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.]

ANALYSIS OF OBJECTIVES BASED ON EXERCISE OR EVENT FINDINGS TO SUPPORT PERFORMANCE SCORE

Exercise or Event Objective	Core Capability/Function/ TJC Critical Element

ANALYSIS OF THE SIX CRITICAL AREAS

Critical Area	Discussion
Communications	
Resources & Assets	
Safety & Security	
Staff Knowledge	
Utilities Management	
Patient Clinical & Support Activities	

APPENDIX A: IMPROVEMENT PLAN

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

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element ¹	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
		[Corrective Action 2]					
		[Corrective Action 3]					
	2. [Area for Improvement]	[Corrective Action 1]					
		[Corrective Action 2]					

¹ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise or Event.

APPENDIX B: EXERCISE OR EVENT PARTICIPANTS

Participating Organizations
Federal
State
[Jurisdiction A]
[Jurisdiction B]

Health Care Provider After Action Report/Improvement Plan

Survey & Certification
Emergency Preparedness & Response

Enter Organization Name

**Health Care Provider
After Action Report/Improvement Plan**

Enter Full Name of Exercise or Event

Prepared by

Prepared for

Date(s) of Exercise or Event

Publication Date

Health Care Provider After Action Report/Improvement Plan

TABLE OF CONTENTS

Executive Summary	1
Section 1: Exercise Overview.....	2
Section 2: Exercise Design Summary	4
Section 3: Improvement Plan	6
Section 4: Conclusion.....	7
APPENDIX A: ACRONYMS	8
APPENDIX B: LESSONS LEARNED (Optional)	8
APPENDIX C: PARTICIPANT FEEDBACK SUMMARY (Optional).....	10
APPENDIX D: EXERCISE EVENTS SYNOPSIS (Optional)	12
APPENDIX E: EXERCISE EVENTS SUMMARY TABLE (Optional)	12

Health Care Provider After Action Report/Improvement Plan

Executive Summary

The *Executive Summary* section should be used to briefly describe all of the information contained in the following sections of the After Action Report/Improvement Plan (AAR/IP) to highlight the report and assist partnering agencies in striving for preparedness excellence. The overview should discuss why the exercise was conducted, the exercise objectives, a list of the agencies that participated, and what target capabilities (select capabilities from Target Capabilities List included on pages 3-4 terms from the Health Care Provider AAR/IP Instruction packet), activities and scenarios were used to achieve those objectives. All of these areas will be discussed in more detail in subsequent sections of the AAR/IP.

Enter a brief overview of the exercise
Enter the capabilities tested by the exercise (reference Targeted Capabilities List on pages 3-4 of AAR/IP Instruction packet)
<ul style="list-style-type: none">•
Enter the major strengths identified during the exercise (include the top 3 strengths, at a minimum)
<ul style="list-style-type: none">•
Enter areas for improvement identified during the exercise, including recommendations (include the top 3 areas, at a minimum)
<ul style="list-style-type: none">•
Describe the overall exercise as successful or unsuccessful, and briefly state the areas in which subsequent exercises should focus
<ul style="list-style-type: none">•

Health Care Provider After Action Report/Improvement Plan

Section 1: Exercise/Event Overview

The *Exercise Overview* section should be used to briefly describe the following:

- The specific details of the exercise or event
- The agencies and organizations that participated in the exercise or event
- How the exercise or event was structured
- How the exercise or event was implemented and carried out

Exercise/Event Name: _____

Exercise/Event Start Date: _____

Exercise/Event End Date: _____

Duration (insert the total length of the exercise or event in terms of days or hours, as appropriate): _____

Type of Exercise/Event Completed:

Check the type of exercise completed, as listed below (see key terms included on pages 4-5).

Discussion-Based Exercise

☐ Seminar ☐ Workshop ☐ Tabletop ☐
Games

Operations-Based Exercise

☐ Drill ☐ Full-Scale Exercise
☐ Functional Exercise

Emergency Event

☐ Event

Capabilities: List the appropriate targeted capabilities of the exercise/event (refer to AAR/IP Instruction Packet, pages 3-4, TCL capabilities identified in red, e.g., medical surge, isolation & quarantine, etc.):

Scenario: Describe the exercise scenario type (e.g., flood, hurricane, etc.)

Location:

Partners: List all partners, contractors, supporting/co-sponsoring organizations:

-

Health Care Provider After Action Report/Improvement Plan

Participants: List all individual participating organizations or agencies

-

Number of Participants:

List the total number of:

- Players:
- Victim role players:
- Controllers:
- Evaluators:
- Facilitators:
- Observers:

Health Care Provider After Action Report/Improvement Plan

Section 2: Exercise Design Summary

Exercise Purpose and Design: *Briefly summarize why the exercise was conducted and what the participants hoped to learn. Include a brief history of how the exercise was organized, designed, funded, etc.*

Exercise Objectives and Capabilities: *List the exercise objectives followed by the capabilities for each objective. The number of objectives and capabilities will vary based on the scope of the exercise and the number of participating agencies.*

Scenario Summary: *This section should summarize the scenario or situation initially presented to players, subsequent key events introduced, and the time in which these events occurred. For a table-top exercise, this section should outline the scenario used and/or modules presented to the participants.*

Health Care Provider After Action Report/Improvement Plan

Analysis of Critical Objectives Performance

- The *Analysis of Critical Objectives Performance* section reviews performance of the individual objectives and tasks. This section should provide the most detail regarding each behavior or action at the core of the observation. Each objective identified to be performed for the simulated event defined by the scenario should be discussed.
- Those objectives and tasks that were **performed as expected** require only a short write up that describes how the task was performed. For objectives and tasks that were **not performed** as expected, describe what did or did not happen and the root causes for the variance from the plan, established procedures, or agreements.
- This section should indicate if the variance from expected performance resulted in an improved response, which may result in a recommendation that plans or procedures be changed.
- **Recommendations** for improvement should be presented for these tasks. Innovative approaches that were used should be highlighted and described.
- **Please reference the Exercise Evaluation Guide (EEG) for each capability at https://hseep.dhs.gov/pages/1002_EEGLi.aspx.**

Below is the recommended format for presenting each Capability

Capability - Identify the capability from the Targeted Capabilities List:	Summary of Observation:
• Objective: Align the capability to specific objective	
• Activity: List the activity and reference critical tasks from the EEG	
• Task: Reference the critical task from the EEG (please see applicable EEG posted at https://hseep.dhs.gov/pages/1002_EEGLi.aspx):	
• Analysis	
• Recommendation: Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as strength, without corresponding recommendations, insert "None."	

Health Care Provider After Action Report/Improvement Plan

SECTION 3: IMPROVEMENT PLAN

This Improvement Plan (IP) should include the top three key recommendations and corrective actions (at a minimum) identified in the Critical Objectives Performance section. Insert additional rows to the table if more than three recommendations and corrective actions have been identified.

Capability	Top 3 Observations	Top 3 Recommendations	Corrective Action Description	Responsible Facility	Facility POC	Start Date	Completion Date
	Observation 1	Recommendation 1					
	Observation 2	Recommendation 2					
	Observation 3	Recommendation 3					

Capability	Top 3 Observations	Top 3 Recommendations	Corrective Action Description	Responsible Facility	Facility POC	Start Date	Completion Date
	Observation 1	Recommendation 1					
	Observation 2	Recommendation 2					
	Observation 3	Recommendation 3					

Capability	Top 3 Observations	Top 3 Recommendations	Corrective Action Description	Responsible Facility	Facility POC	Start Date	Completion Date
	Observation 1	Recommendation 1					
	Observation 2	Recommendation 2					
	Observation 3	Recommendation 3					

Health Care Provider After Action Report/Improvement Plan

Section 4: Conclusion

This section is a conclusion for the entire document, and should be used as a summary of all the sections of the AAR/IP. The Conclusion should include the following:

- Participants demonstrated capabilities
- Lessons learned
- Top 3 recommendations (at a minimum)
- Summary of what steps should be taken to ensure that the concluding results will help to further refine plans, procedures and training for this type of incident.

Health Care Provider After Action Report/Improvement Plan

APPENDIX A: ACRONYMS

Any acronym used in the AAR/IP should be listed alphabetically and spelled out.

ACRONYMS	
Acronym	Meaning

Health Care Provider After Action Report/Improvement Plan

APPENDIX B: LESSONS LEARNED (Optional)

While the After Action Report/Improvement Plan includes recommendations which support development of specific post-exercise corrective actions, exercises may also reveal lessons learned which can be shared with the broader health care and homeland security audience. The Department of Homeland Security (DHS) maintains the Lessons Learned Information Sharing (LLIS.gov) system as a means of sharing post-exercise lessons learned with the emergency response community, including health care providers. All are welcome to use this website, which provides jurisdictions and organizations the opportunity to nominate lessons learned from exercises for sharing on LLIS.gov.

For reference, the following are the categories and definitions used in LLIS.gov:

- **Lesson Learned:** Knowledge and experience, positive or negative, derived from actual incidents, such as the 9/11 attacks and Hurricane Katrina, as well as those derived from observations and historical study of operations, training, and exercises.
- **Best Practices:** Exemplary, peer-validated techniques, procedures, good ideas, or solutions that work and are solidly grounded in actual operations, training, and exercise experience.
- **Good Stories:** Exemplary, but non-peer-validated, initiatives (implemented by various jurisdictions) that have shown success in their specific environments and that may provide useful information to other communities and organizations.
- **Practice Note:** A brief description of innovative practices, procedures, methods, programs, or tactics that an organization uses to adapt to changing conditions or to overcome an obstacle or challenge.

Exercise Lessons Learned: *Insert an account of any lessons learned. If the account is being nominated for inclusion in the DHS LLIS.gov system (optional), include a statement to that effect:*

Health Care Provider After Action Report/Improvement Plan

APPENDIX C: PARTICIPANT FEEDBACK SUMMARY (Optional)

Following is a sample Participant Feedback Form, which should be distributed to the exercise participants at a post-exercise session. If the Participant Feedback Form is used, include a summary of the feedback received through the form in the Exercise Design Summary.

PARTICIPANT FEEDBACK FORM	
Exercise Name:	Exercise Date:
Participant Name:	Agency Name:
Role: <input type="checkbox"/> Player <input type="checkbox"/> Observer <input type="checkbox"/> Facilitator <input type="checkbox"/> Evaluator	
Part I: Recommendations and Corrective Actions	
1. Based on the exercise today and the tasks identified, list the top 3 strengths and/or areas that need improvement.	
2. Is there anything you saw in the exercise that the evaluator(s) might not have been able to experience, observe and record?	
3. Identify the corrective actions that should be taken to address the issues identified above. For each corrective action, indicate if it a high, medium or low priority.	
4. Describe the corrective actions that relate to your area of responsibility. Who should be assigned responsibility for each corrective action?	
5. List the applicable equipment, training, policies, plans and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.	

Health Care Provider After Action Report/Improvement Plan

Part II – Exercise Design and Conduct: Assessment

Please rate on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

PARTICIPANT ASSESSMENT

Assessment Factor	Strongly Agree			Strongly Disagree	
The exercise was well structured and organized.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
The facilitator/controller kept the exercise on target.	1	2	3	4	5
The exercise documentation provided to assist in preparing for and participating in the exercise was useful.	1	2	3	4	5
Participation in the exercise was appropriate for someone in my position.	1	2	3	4	5
The participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5
This exercise allowed my health care facility to practice and improve priority capabilities.	1	2	3	4	5
After this exercise, I believe my health care facility is better prepared to successfully deal with the scenario that was exercised.	1	2	3	4	5

Part III - Participant Feedback

Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.

--

Health Care Provider After Action Report/Improvement Plan

APPENDIX D: EXERCISE EVENTS Synopsis (Optional)

The *Exercise Events Synopsis* section is optional for HSEEP compliance. If completing this section, it should provide a narrative overview of the scenario used to facilitate the exercise actions taken by the players to respond to the simulated event (similar to the Hospital Incident Command System HICS-214 form). If completing present the **general timeline of events** that happened at each site. The synopsis provides a means of looking at the ramifications of the cause and effect of specific actions on others actions taken by other players and on the overall response.

The “Exercise Events Synopsis” should include a narrative of the synopsis, the modules for the exercise, and a timeline of events for each element of play.

Health Care Provider After Action Report/Improvement Plan

APPENDIX E: EXERCISE EVENTS SUMMARY TABLE (Optional)

In formulating its analysis the evaluation team may assemble a timeline of key exercise events. The evaluation team may find value in including a timeline as an appendix to their report. If so, this section should summarize what actually happened during the exercise in a timeline table format. Focus of this section is on what inputs were actually presented to the players and what actions the players took during the exercise. Successful development of this section is aided by the design, development and planning actions of the exercise design team. Prior to the exercise, the exercise design team should have developed a timeline of anticipated key events.

An example of the format for the Exercise Events Summary Table is presented below:

EXERCISE EVENTS SUMMARY			
Date	Time	Scenario Event	Event/Action