

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

Survey & Certification  
Emergency Preparedness & Response

# Organization Name

## Health Care Provider After Action Report/Improvement Plan

Full Name of Exercise or Event

Prepared by the Central Virginia Healthcare Coalition in collaboration with  
the above-named facility.

Date(s) of Exercise or Event:

Publication Date:

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### 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 (see Appendix C) 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.

<b>Enter a brief overview of the exercise</b>
<b>Enter the capabilities tested by the exercise (See Appendix C)</b>
<b>Enter the major strengths identified during the exercise (include the top 3 strengths, at a minimum)</b>
<b>Enter areas for improvement identified during the exercise, including recommendations (include the top 3 areas, at a minimum)</b>
<b>Describe the overall exercise as successful or unsuccessful, and briefly state the areas in which subsequent exercises should focus</b>
<b>COMPLETE THE SECTION ABOVE WITH YOUR OWN THOUGHTS ABOUT YOUR FACILITY'S OUTCOME – NOT "THE ROOM WAS TOO COLD" BUT "THE OVERALL EXERCISE WAS A SUCCESS BECAUSE WE TESTED OUR PLAN AND FOUND GAPS..." OR SIMILAR</b>

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### 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*

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Seminar  | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Tabletop | <input type="checkbox"/> Games    |

*Operations-Based Exercise*

- |                                              |                                              |
|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Drill               | <input type="checkbox"/> Full-Scale Exercise |
| <input type="checkbox"/> Functional Exercise |                                              |

*Emergency Event*

- Event

**Capabilities: List the appropriate targeted capabilities of the exercise/event (refer to Appendix C: Table 1, TCL capabilities identified in red, e.g., medical surge, isolation & quarantine, etc.):**

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

**Location (your physical address):**

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

CVHC was the sponsor for this exercise. CVHC is a regional healthcare coalition under the ASPR HPP program.

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**Participants: List all individual participating organizations or agencies**

See attached event roster for facility representation at the event.

**Number of Participants:**

List the total number of:

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

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### 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.*

This exercise was conducted to test the facility-based, community-based and regional preparedness and response to an event / incident that has been identified as a high-risk, high impact.

The exercise was organized by the regional healthcare coalition, the Central Virginia Healthcare Coalition. CVHC designed the exercise with simplicity and fundamental emergency management principles in mind as emergency operations exercises are somewhat new to many healthcare providers.

**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.*

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### 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

#### Below is the recommended format for presenting each Capability

Capability - Identify the capability from the Targeted Capabilities List:	Summary of Observation:
<b>Objective:</b> Align the capability to specific objective	
<b>Activity:</b> List the activity and reference critical tasks from the EEG	
<b>Task:</b> Reference the critical task from the EEG, link above	
<b>Analysis</b>	
<b>Recommendation:</b> 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."	

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### 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 Recommendations	Corrective Action Description	Responsible Facility	Facility POC	Start Date	Completion Date
Capability	Top 3 Recommendations	Corrective Action Description	Responsible Facility	Facility POC	Start Date	Completion Date
Capability	Top 3 Recommendations	Corrective Action Description	Responsible Facility	Facility POC	Start Date	Completion Date

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### **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.

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### APPENDIX A: ACRONYMS

ACRONYMS	
Acronym	Meaning
AAR / IP	After-Action Report/Improvement Plan
CBRNE	Chemical, Biological, Radiological, Nuclear Explosives detection
CVHC	Central Virginia Healthcare Coalition
DHS	Department of Homeland Security
EEG	Exercise Evaluation Guide
EOC	Emergency Operations Center
HICS	Hospital Incident Command System
HSEEP	Homeland Security Exercise and Evaluation Plan
IP	Improvement Plan
TCL	Target Capability List
WMD	Weapons of Mass Destruction

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### 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:*

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### APPENDIX C: TEMPLATE INSTRUCTIONS – KEY TERMS

#### Key Terms:

- **Capability:** A Capability is the means to achieve a measurable outcome through the performance of Critical Tasks under specified conditions to target levels of performance. A Capability may be delivered with any combination of properly planned, organized, equipped, trained, and exercised personnel that achieves the desired outcome. Each Capability has one corresponding [Emergency Evacuation Guide \(EEG\)](#).
- **Activity:** Within each Capability, Activities are groupings of Tasks with similar overall purpose that usually provide an output or outcome, which is often a required input or initial starting point for another Activity. In the AAR/IP, Activity performance will form the basis for your exercise observations.
- **Task:** In the EEGs, Tasks represent the expected individual actions of response personnel participating in the exercise. They provide the basis for evaluation, as they allow an observer the ability to indicate whether an action has been fully completed, partially completed, not completed, or is not applicable to the exercise.
- **Performance Measure:** Many Tasks are followed by corresponding Performance Measures. Performance Measures consist of a prescribed action and a quantifiable indicator (usually expressed as a time, percentage, or other quantity). Performance Measures should be recorded to supplement your evaluation, as they record more than the simple completion or non-completion of Tasks.
- **Observation Key:** Observation Keys are listed as sub-bullets for each Task and are intended to aid less experienced exercise evaluators to identify important indicators for execution of each Task. They are not intended to be inclusive of all actions to be taken by responders. Rather, they enhance the usability of EEGs as universal evaluation guides.
- **Target Capabilities:** The Target Capability List (TCL) is comprised of 37 different capabilities, which address response capabilities, immediate recovery, selected prevention and protection mission capabilities, as well as common capabilities such as planning and communications that support all missions. For these capabilities, local jurisdictions and States are the lead in conjunction with Federal and private sector support. See Table 1 for the list of target capabilities (**capabilities that are relevant to health care providers are displayed in red**):

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Table 1

<b>Target Capabilities List</b>
<p><b>Common Capabilities</b></p> <ol style="list-style-type: none"> <li>1. Planning</li> <li>2. Communications</li> <li>3. Risk Management</li> <li>4. Community Preparedness &amp; Participation</li> <li>5. Intelligence &amp; Information Sharing &amp; Dissemination</li> </ol>
<p><b>Prevent Mission Capabilities</b></p> <ol style="list-style-type: none"> <li>6. Information Gathering &amp; Recognition of Indicators &amp; Warnings</li> <li>7. Intelligence Analysis &amp; Production</li> <li>8. Counter-Terror Investigation &amp; Law Enforcement</li> <li>9. Chemical, Biological, Radiological, Nuclear Explosives (CBRNE) Detection</li> </ol>
<p><b>Protect Mission Capabilities</b></p> <ol style="list-style-type: none"> <li>10. Critical Infrastructure Protection</li> <li>11. Food &amp; Agriculture Safety &amp; Defense</li> <li>12. Epidemiological Investigation Surveillance &amp; Investigation</li> <li>13. Laboratory Testing</li> </ol>
<p><b>Respond Mission Capabilities</b></p> <ol style="list-style-type: none"> <li>14. Onsite Incident Management</li> <li>15. Emergency Operations Center (EOC) Management</li> <li>16. Critical Resource Logistics &amp; Distribution</li> <li>17. Volunteer Management &amp; Donations</li> <li>18. Responder Safety and Health</li> <li>19. Emergency Public Safety &amp; Security</li> <li>20. Animal Disease Emergency Support</li> <li>21. Environmental Health</li> <li>22. Explosive Device Response Operations</li> <li>23. Fire Incident Response Support</li> <li>24. Weapons of Mass Destruction (WMD) &amp; Hazardous Materials Response &amp; Decontamination</li> <li>25. Citizen Evacuation &amp; Shelter-In-Place</li> <li>26. Isolation and Quarantine</li> <li>27. Search &amp; Rescue (Land-Based)</li> <li>28. Emergency Public Information &amp; Warning</li> <li>29. Emergency Triage and Pre-Hospital Treatment</li> <li>30. Medical Surge</li> <li>31. Medical Supplies Management &amp; Distribution</li> <li>32. Mass Prophylaxis</li> <li>33. Mass Care (Sheltering, Feeding, and Related Services)</li> <li>34. Fatality Management</li> </ol>
<p><b>Recover Mission Capabilities</b></p> <ol style="list-style-type: none"> <li>35. Structural Damage Assessment</li> <li>36. Restoration of Lifelines</li> <li>37. Economic &amp; Community Recovery</li> </ol>

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### 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.**

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### 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