

[Note for After Action Report/Improvement Plan (AAR/IP) Template:

- Text found in this document that is highlighted and bracketed is included to provide instruction or to indicate a location to input text.
- All text that is not highlighted is to be included in the final version of the AAR/IP.]

[FULL EXERCISE NAME]

[Exercise Dates]

AFTER ACTION REPORT/IMPROVEMENT PLAN

[Publication Date]

[On the cover page, insert additional graphics such as logos, pictures, and background colors as desired. The word “Draft” should be included before the phrase “After Action Report/Improvement Plan” on the cover page and in the header/footer of all versions except the final AAR/IP.]



After-Action Reports/ Improvement Plans 101

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September – October, 2011

Introduction

- As if NIMS did not throw enough jargon, acronyms, and daunting guidance documents at us
 - HSEEP is a whole additional way to be crushed by the sheer volume of paper needed to document what you do



BUT it does not have to be that way!!

Stages of Writing the AAR

- **Denial**

- What is an AAR?
- Honestly - I have no idea what you are talking about.

- **Anger/Whining**

- It's someone else's turn!
- Why do I always get stuck with this????

- **Bargaining/Begging**

- If you tell John to write it, I will do every progress report for the next 5 years. Really. I promise.

Let's talk about HSEEP

HSEEP

- **HSEEP = Homeland Security Exercise Evaluation Program**
 - Developed by Department of Homeland Security seven years ago to bring consistency to exercise design, evaluation, and reporting
 - Modified and refined over 10 pilot sessions in 3 years
 - CDC and DHHS Preparedness funding guidance directs “HSEEP Compliance” for exercises

So what is “HSEEP Compliance?”

– Conduct multi-year Training and Exercise Planning Workshop (TEPW) - State Agencies conduct

- Exercise priorities based on overarching strategy and previous improvement actions
- Identify capabilities which will be trained for and exercised
- Produce 3 year schedule which utilizes a “building block” approach in which exercise activities escalate gradually in complexity

So what is “HSEEP Compliance?”

– Exercise Planning and Conduct

- In accordance with HSEEP Volumes I-IV
 - Elements of exercise planning
 - » Initial Planning Conference, Mid-term Planning Conference, MSEL, Final Planning Conference
 - » Development of EXPLAN and Controller/Evaluator Handbook
 - » Trained evaluators
 - » Use objectives developed from the 37 Target Capabilities
 - » Evaluate using standardized Exercise Evaluation Guides (EEGs)

HSEEP Compliance (cont.)

- **After-Action Reporting (AAR)**
 - Must conform to the AAR template
 - Based on information gathered from Exercise Evaluation Guides (EEGs) and hotwash feedback
 - Corrective actions developed to address the draft AAR recommendations
 - Complete within 60 days after exercise

HSEEP Compliance (cont.)

- **Improvement Planning**

- Corrective actions

- Linked to a capability element as defined in Target Capability List (TCL)
 - Measurable
 - Designate projected start and completion date, organization, and Point of Contact (POC)

That said...

AARs can be straightforward and to the point

Do not need to be dozens of pages in length

Ultimately need to demonstrate areas to improve, and develop a plan to achieve this

On to the AAR Template

After-Action Reports/ Improvement Plans

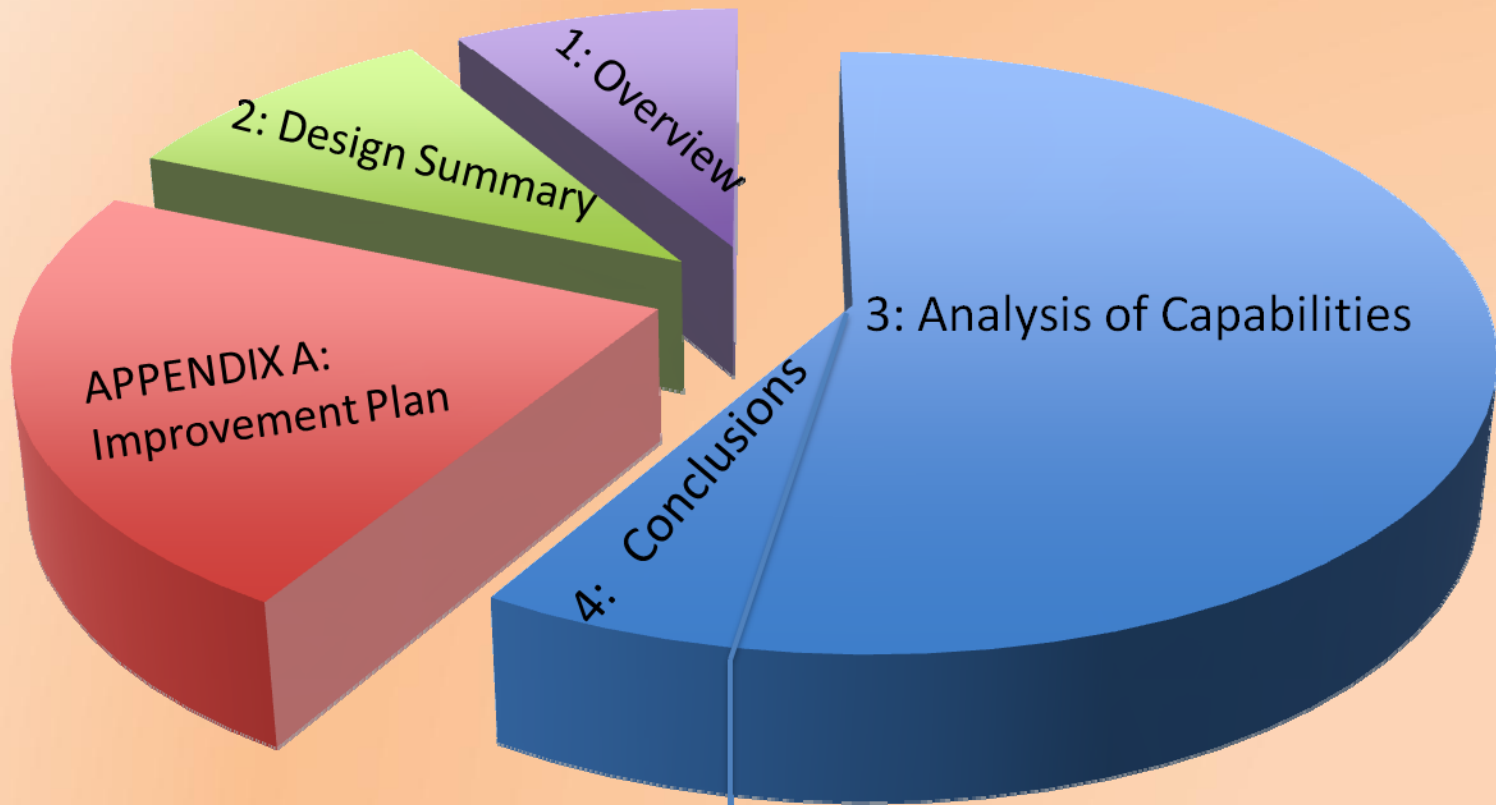
- **Elements of completion**
 - Title page, Handling Instructions, Table of Contents (pages 1 – 3)
 - Can be used directly from template and modified appropriately for the exercise and entity conducting it (name of exercise, date, organization, POC)

After-Action Reports/ Improvement Plans

– Executive Summary (pages 5 – 6)

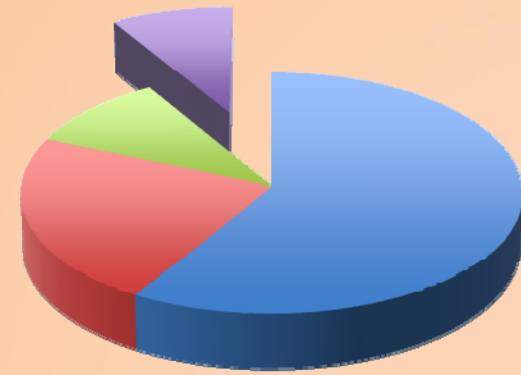
- Keep it short - 2-3 pages – may be only section senior management reads
- Name and overview of exercise or event
- Objectives
- 3-5 most significant Strengths and Areas for Improvement
- **HINT: Write it last, after rest of report completed**

Break the Rest of the After Action Report into pieces



Section 1: Exercise Overview (pages 7 – 9)

- Exercise details - Write as a list
- Exercise Planning Team
- Participating Organizations
 - Local
 - State (if applicable)
 - Federal (if applicable)
 - # of participants

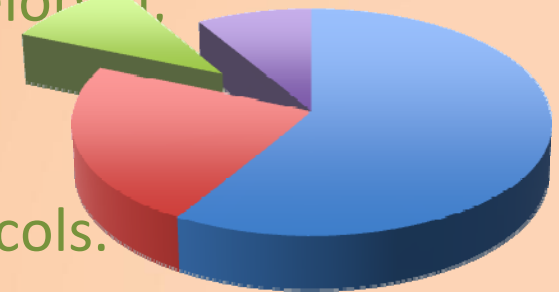


Section 2: Exercise Design Summary

- **Purpose and Design**

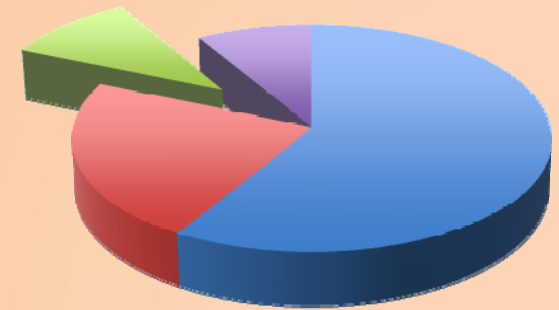
- Why was exercise conducted and what do participants want to learn
- Does not have to be lengthy
- Few sentences

EXAMPLE: Red Zone was conducted to evaluate Smithtown Hospital's planning activities for an influx of patients injured in a mass casualty incident. Participants wanted to assess triage procedures developed, and identify gaps to further refine their plan. Participants also wanted to assess integration with EMS triage protocols.



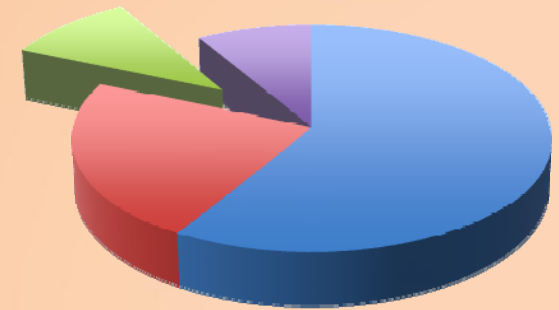
Section 2: Exercise Design Summary

- **Objectives, capabilities and activities**
 - Design Team will write objectives that address specific capabilities in an exercise scenario (e.g., Medical Surge, Triage and Pre-Hospital Surge, etc.)
 - In real life event, no objectives, but can review Capabilities addressed and response actions



Section 2: Exercise Design Summary

EXAMPLE: The exercise objectives were demonstrated during the exercise and accomplished. Participants successfully simulated an effective response to the scenario, but also identified ways in which future responses could be more effective.



Current DHS Target Capabilities

- Animal Health 
Emergency Support
- CBRNE Detection
- Citizen Evacuation and Shelter in Place
- Communications
- Community Preparedness and Participation
- Critical Infrastructure Protection
- Critical Resource Logistics and Distribution
- Economic and Community Recovery
- Emergency Operations Center Management
- Emergency Information and Public Warning

Current DHS Target Capabilities

- Environmental Health
- Epidemiological Surveillance and Investigation
- Explosive Device Response Operations
- Fatality Management
- Firefighting Operations and Support
- Food and Agriculture Safety and Defense
- Information Gathering and Recognition of Indicators and Warnings
- Intelligence Analysis and Production
- Intelligence/Information Sharing and Dissemination

Current DHS Target Capabilities

- Isolation and Quarantine
- Law Enforcement Investigation and Operations
- Mass Care
- Mass Prophylaxis
- Medical Supplies Management and Distribution
- Medical Surge
- Onsite Incident Management
- Planning
- Public Health Laboratory Testing
- Public Safety Security and Response

Current DHS Target Capabilities

- Responder Health and Safety
- Restoration of Lifelines
- Risk Management
- Structural Damage Assessment
- Triage and Pre-Hospital Treatment
- Search and Rescue
- Volunteer and Donations Management
- WMD/Hazardous Materials Response and Decontamination

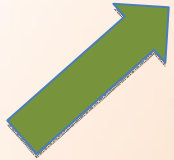
Public Health Preparedness Capabilities – Released March, 2011

- Community Preparedness
- Community Recovery
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Fatality Management
- Information Sharing
- Mass Care
- Medical Countermeasure Dispensing
- Medical Material Management and Distribution

Public Health Preparedness Capabilities – Released March, 2011

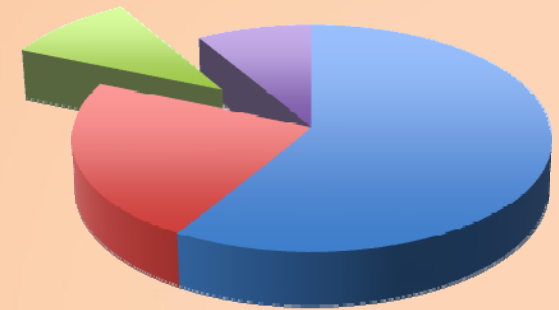
- Medical Surge
- Non-pharmaceutical Interventions
- Public Health Laboratory Testing
- Public Health Surveillance and Epidemiological Investigation
- Responder Safety and Health
- Volunteer Management

Section 2: Exercise Design Summary



**PUT IN YOUR TARGET CAPABILITIES ALIGNED
WITH OBJECTIVES NEXT:**

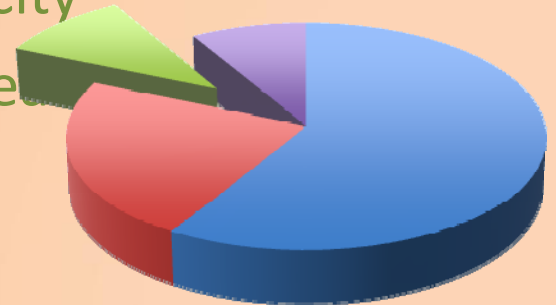
“Capabilities-based planning allows for exercise design teams to develop exercise objectives and observe the outcomes using action items from the Target Capabilities List. Each capability is linked to corresponding activities and tasks.”



Section 2: Exercise Design Summary

EXAMPLE:

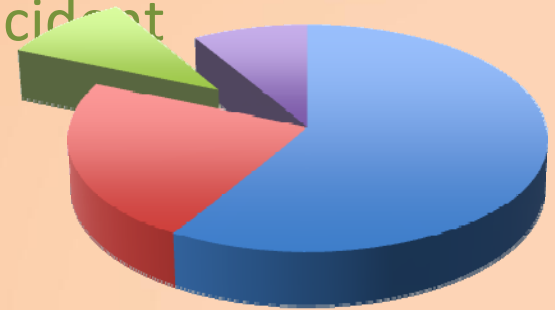
- **Objective 1:** In response to a notification of a mass casualty event, activate the hospital's Surge Plans.
 - **TARGET CAPABILITY: Medical Surge**
 - Activity 1.1: Incident management
 - Activity 1.2: Increase bed surge capacity
 - Activity 1.3: Receive, evaluate and treat surge casualties



Section 2: Exercise Design Summary

EXAMPLE:

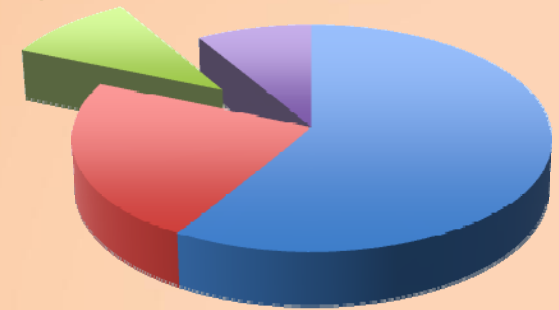
- **Objective 2:** Demonstrate ability to activate and staff the hospital's Operations Center.
 - **TARGET CAPABILITY: Onsite Incident Management**
 - Activity 2.1: Direct on-site incident management
 - Activity 2.2: Implement on-site incident management
 - Activity 2.3: Establish full on-site incident command



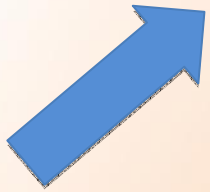
Section 2: Exercise Design Summary

Summary of Scenario

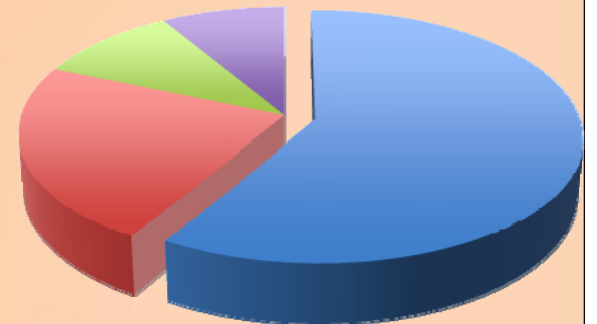
- Summarize with more detail than in Executive Summary
- Add key events (injects) presented to participants
(if applicable)
- Time events occurred, as relevant



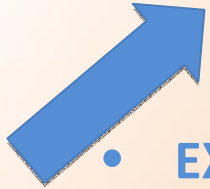
Section 3: Analysis of Capabilities



- **Review of the performance of exercised capabilities, activities and tasks**
 - Most involved piece of report but is really the meat of what occurred during the exercise
 - **Capability Summary:** Copy directly from TCL or EEG
 - **Activity:** Copy directly from TCL or EEG
 - **Observation**
 - *Strength* if addressed successfully; **OR**
 - *Area for Improvement* if gaps identified



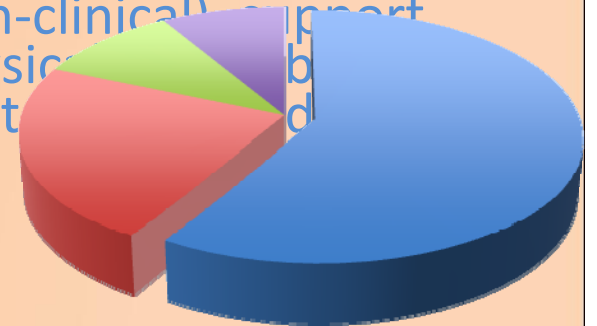
Section 3: Analysis of Capabilities



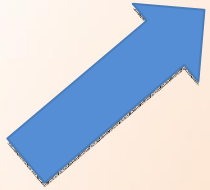
- **EXAMPLE**

Capability 1: Medical Surge

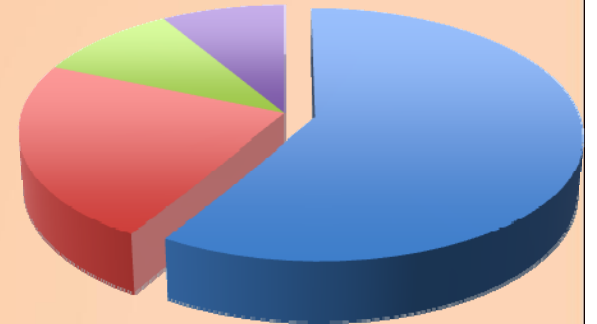
Capability Summary: Medical Surge is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity. Medical Surge is defined as the rapid expansion of the capacity of the existing healthcare system in response to an event that results in increased need of personnel (clinical and non-clinical), support functions (laboratories and radiological), physical resources (alternate care facilities) and logistical support (clinical equipment and supplies).



Section 3: Analysis of Capabilities



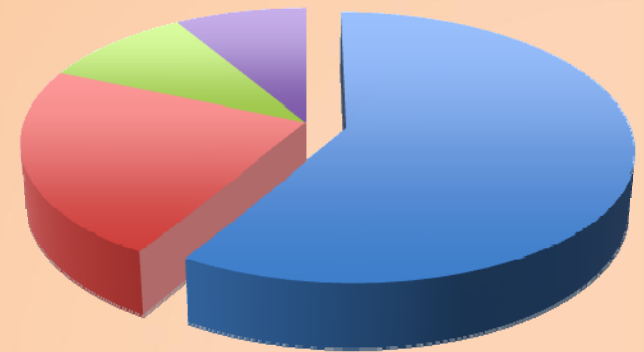
- **Activity 1.1: Incident Management**
 - **Observation 1.1:** Strength if addressed successfully; Area for Improvement if gaps identified. One or two sentences at most.
- **References, e.g.**
 - Policy manual, written plan, law, regulation, etc.
 - Sometimes there is no reference



Section 3: Analysis of Capabilities (cont.)



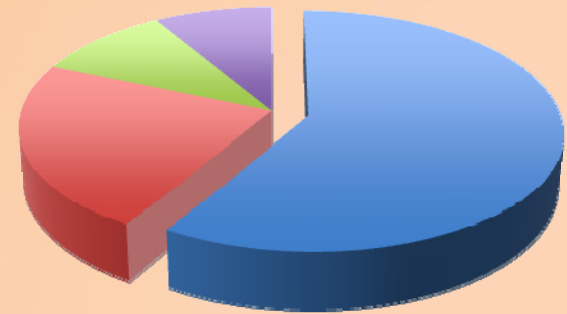
- **Analysis**
 - How did it go?
 - Response as expected?
 - Innovative approach if successful?
 - Cause if not successful



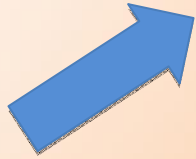
Section 3: Analysis of Capabilities (cont.)

- **Recommendations**

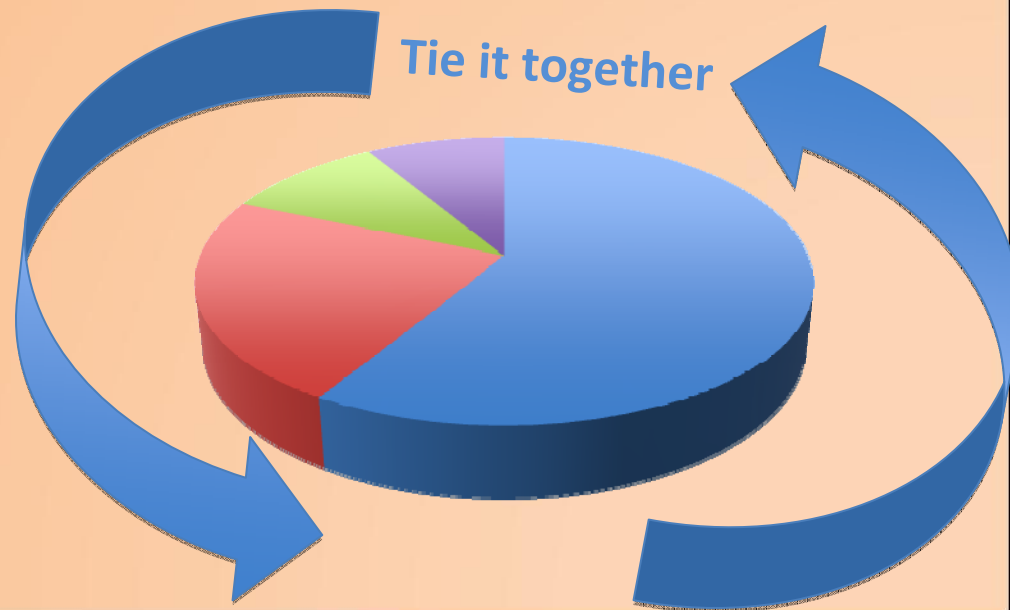
- How could response be improved?
- What needs to be in place (Capability Element)?
 - More **training? Exercise** again?
 - **Policy review** by senior management?
 - Update **Standard Operating Procedure?**
 - **Systems and equipment** required (e.g., communications equipment, more staff, etc.)?



Section 4: Conclusion



- ½ - 1 page
- Brief summary
 - What was scenario?
 - Did it succeed and if yes, brief reason how
 - Challenges revealed



Optional Appendices

- Appendix B: Lessons Learned
- Appendix C: Participant Feedback Summary
- Appendix D: Exercise Events Summary Table
- Appendix E: Performance Ratings

Be sure to include

- Appendix F: Acronyms

Next Steps

- Will review AARs, if hospitals or LHDs are interested, to assist with learning the process
- Questions can be sent to:
pea02@health.state.ny.us

Questions?

