**SE Minnesota**

**Healthcare Coalition**

[Exercise/ Real Incident Name]

After-Action Report / Improvement Plan 2014

[Date Published]

# Exercise Overview

|  |  |
| --- | --- |
| **Exercise or Incident Name** | [Insert the formal name of exercise, which should match the name in the document header.] |
| **Exercise or Incident Dates** | [Indicate the start and end dates of the exercise.] |
| **Scope** | This exercise/incident is a [tabletop, functional, full-scale, real incident, planned event], [exercise/incident duration] at [location(s)]. This exercise play / incident response evaluation is limited to [specify the activity such as one agency’s role in a larger exercise/incident or one portion of the response such as opening off-site care facility or a point of dispensing]. |
| **Mission Area(s)** | [Prevention, Protection, Mitigation, Response, and/or Recovery] |
| **Capabilities** | [List the *HPP, PHEP and/or* core capabilities being exercised.] |
| **Objectives** | [List exercise objectives.] |
| **Threat or Hazard** | [List the threat or hazard (e.g. natural/hurricane, technological/radiological release).] |
| **Scenario or Incident Description** | [Insert a brief overview of the exercise scenario including the impacts (2-3 sentences).] |
| **Sponsor** | [Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable.] |
| **Participating Organizations** | See Appendix B. [*Do not include Participating Organizations here. Complete Appendix B. Use the drop-down menu for Types of Organizations.]* |
| **Point of Contact** | [Insert the name, title, agency, address, phone number, and email address of the primary exercise POC (e.g., exercise director).] |

# Exercise / Incident Summary

[*This section should give a brief overview. For an exercise, it includes the purpose for conducting the exercise and who was included in the planning process such as representatives from Health Coalition partners, community organizations leaders, and special groups. For incidents, it includes a description of the role of the agency in the response.]*

[*Include in this section a description of the exercise.*

* *For an operations-based exercise, it should summarize the scenario or situation initially presented to the players, subsequent key events introduced into the play, and the time in which these events occurred.*
* *For a discussion-based exercise, this section should outline the scenario used and/or modules presented to the participants.]*
* *For real incidents, provide a concise, chronological description of the response to the incident*.]

[*Describe how the exercise or incident response was evaluated including how participant feedback was included in developing this after-action report*.]

# Analysis of Capabilities

Aligning exercise objectives and 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 capabilities, and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

**Table 1 Summary of Capability Performance**

The following sections provide an overview of the performance related to each exercise or incident objective and the associated HPP or PHEP Capability, highlighting strengths and areas for improvement.

*Healthcare Preparedness Program Participants Please Note: HPP Exercises must address, as a minimum, the four capabilities and objectives as outlined in Appendix C of this document.*

| Objective | Capability | P | S | M | U |
| --- | --- | --- | --- | --- | --- |
| [Objective 1] | [Capability] |  |  |  |  |
| [Objective 2] | [Capability] |  |  |  |  |
| [Objective 3] | [Capability] |  |  |  |  |
| **Ratings Definitions:*** **Performed without Challenges (P):** The targets and critical tasks associated with the 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 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 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 capability were not performed in a manner that achieved the objective(s).
 |

Capability 1 [List HPP *or PHEP Capability*]

## Functions and Tasks demonstrated:

Function # – Official description

 Task 1 [*Brief summary of Task*]

 Task 2 [*Brief summary of Task*]

 Task 3 [*Brief summary of Task*]

 Task 4 [*Brief summary of Task*]

Function # – Official description

 Task 1 [*Brief summary of Task*]

 Task 2 [*Brief summary of Task*]

 Task 3 [*Brief summary of Task*]

 Task 4 [*Brief summary of Task*]

### **Objective 1:** *[List the first exercise/incident objective]*

**Gap Addressed**: [*This is the reason why this objective was included for this exercise. The source may be a previous corrective action, an ongoing requirement to sustain response capability, an issue of concern from the agency hazard and vulnerabilities assessment, or a recognized gap in a procedure or plan.]*

The strengths and areas for improvement for each capability 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**  [List *a second exercise/incident* objective *associated with this Capability if applicable.*]

**Gap Addressed**: [*This is the reason why this objective was included for this exercise. The source may be a previous corrective action, an ongoing requirement to sustain response capability, an issue of concern from the agency hazard and vulnerabilities assessment, or a recognized gap in a procedure or plan.]*

#### 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. - 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: [List *a second exercise/incident* objective *associated with this Capability if applicable.*]

**Gap Addressed**: [*This is the reason why this objective was included for this exercise. The source may be a previous corrective action, an ongoing requirement to sustain response capability, an issue of concern from the agency hazard and vulnerabilities assessment, or a recognized gap in a procedure or plan.]*

The strengths and areas for improvement for each capability 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.]

## Capability 2 *[List HPP or PHEP Capability]*

**Functions and Tasks demonstrated:**

Function # – Official description

 Task 1 [*Brief summary of Task*]

 Task 2 [*Brief summary of Task*]

 Task 3 [*Brief summary of Task*]

 Task 4 [*Brief summary of Task*]

Function # – Official description

 Task 1 [*Brief summary of Task*]

 Task 2 [*Brief summary of Task*]

 Task 3 [*Brief summary of Task*]

 Task 4 [*Brief summary of Task*]

Objective 1: [*List the first exercise/incident objective*]

**Gap Addressed**: [*This is the reason why this objective was included for this exercise. The source may be a previous corrective action, an ongoing requirement to sustain response capability, an issue of concern from the agency hazard and vulnerabilities assessment, or a recognized gap in a procedure or plan.]*

The strengths and areas for improvement for each capability 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: [List *a second exercise/incident* objective *associated with this Capability if applicable*.]

**Gap Addressed**: [*This is the reason why this objective was included for this exercise. The source may be a previous corrective action, an ongoing requirement to sustain response capability, an issue of concern from the agency hazard and vulnerabilities assessment, or a recognized gap in a procedure or plan.]*

The strengths and areas for improvement for each capability 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.]

**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.]

[*Continue listing additional capabilities and objectives using this format.]*

# Appendix A: Improvement Plan

This Improvement Plan (IP) has been developed for the SEMN Healthcare Coalition as a result of [Exercise/Incident Name] occurring on [date of exercise/incident].

| **Capability[[1]](#footnote-1)** | **Issue/Area for Improvement** | **Recommendation/** **Corrective Action** | **Capability Element[[2]](#footnote-2)** | **Primary Responsible Organization** | **Organization Point of Contact** | **Start Date** | **Completion** Due **Date** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Choose an item. | 1.1 [Area for Improvement] | 1.1.1 | Choose an item. |  |  | Click here to enter a date. | Click here to enter a date. |
| Choose an item. |  | 1.1.2 | Choose an item. |  |  | Click here to enter a date. | Click here to enter a date. |
| Choose an item. | 1. 2 [Area for Improvement] | 1.2.1 | Choose an item. |  |  | Click here to enter a date. | Click here to enter a date. |
| Choose an item. | 1.2 | 1.2.1 | Choose an item. |  |  | Click here to enter a date. | Click here to enter a date. |
| Choose an item. | 2.2 [Area for Improvement] | 2.2.1 | Choose an item. |  |  | Click here to enter a date. | Click here to enter a date. |
| Choose an item. |  | 2.2.2 | Choose an item. |  |  | Click here to enter a date. | Click here to enter a date. |

Draft After Action Report submitted by: Name Click here to enter text. Date Click here to enter a date.

AAR/IP approved by designated agency representative: Name Click here to enter text. Date Click here to enter a date.

PHEP grantees: please send a copy of the after action report to health.phep@state.mn.us

HPP Grantees: Please submit the After Action Report/Improvement Plan to HPP to the following email address: Health.HSPP@state.mn.us

# Appendix B: Exercise Participants

|  |  |
| --- | --- |
| Participating Organization | Type of Organization |
| **Hospitals**  |  |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
| **EMS** |  |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
| **Long Term Care** |  |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
| **[Jurisdiction]** |  |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
|  | Choose an item. |
| **State** |  |
|  | Choose an item. |
|  | Choose an item. |
| **Federal** |  |
|  | Choose an item. |
|  | Choose an item. |

# Appendix C: HPP Exercise Guidance

All HCCs must conduct at least one functional or full-scale HSEEP based exercise annually to test HPP Capabilities, Program Measures and identified HCC gaps. All HPP participating hospitals must participate in this annual functional or full-scale exercise. Each functional or full-scale exercise must include the following:

1. Emergency Operations Coordination
2. Information Sharing
3. Medical Surge
	* Special Consideration: Evacuation / Shelter-in-Place: If the primary risk for the healthcare coalition requires full-scale evacuation and shelter-in-place operations for the healthcare systems in the region, the healthcare coalition can exercise healthcare evacuation / shelter-in-place operations
4. Recovery/Continuity of Operations

In addition, each of the following HPP Program Measure objectives must be evaluated in an exercise within the five year project period.

1. ***Capability 3: Emergency Operations Coordination***
	1. Objective 1: HCDDA #11: HCCs demonstrate coordination within the jurisdictional response framework during emergency operations.
	2. Objective 2: HCDDA #12: HCCs demonstrates they can communicate the status of the healthcare system during response.
	3. Objective 3: HCDDA #14: HCC engages in the jurisdictional resource management process to support healthcare system operations.
2. ***Capability 6: Information Sharing***
	1. Objective 1: Continuity #4: HCC demonstrates redundant means of communication for achieving and sustaining situational awareness.
	2. Objective 2: Joint Measure #6.1: Report Essential Elements of Information.
3. ***Capability 10: Medical surge***
	1. Objective 1: MS #4: Implement resource management processes to deliver appropriate levels of care to all patients as well as to provide no less than 20% immediate availability of staffed members' beds, within 4 hours of a disaster.
	2. Objective 2: MS #5: Monitor acuity, staff, beds; off-load and on-load patients, track patient movement.
	3. Objective 3: Continuity #3: Implement a process to enhance its members' situational awareness to support activation of immediate bed availability through continuous monitoring.
* Please note the following Special Consideration regarding Evacuation Shelter-in-Place:The associated program measure indicator must be tested (listed above). *However, if the primary risk for the healthcare coalition requires full-scale evacuation and shelter-in-place operations for the healthcare systems in the region*, the required objective for Capability 10: Medical Surge, Function 5 includes Healthcare Coalition Developmental Assessment Factor #15. Meeting this objective may be considered as the medical surge demonstration.
1. ***Capability 2: Recovery/Continuity of Operations***
	1. Objective 1: Continuity #6: Implement resource processes to assist HCC members to ensure the delivery of essential healthcare services
1. Capabilities: Healthcare System Preparedness, Healthcare System Recovery, Emergency Operations Coordination, Fatality Management, Information Sharing/Communications, Medical Surge [↑](#footnote-ref-1)
2. Capability Elements: Planning, Organization, Equipment, Training, Exercise [↑](#footnote-ref-2)