

[title of incident]

Incident Date:

[date]

**AFTER ACTION REPORT**

**Created on**

**[date]**

# I. Executive Summary

## **Incident Summary**

**Date/Time:** [date] / [time]

**Location:** [location]

**Type:** Actual Incident

**Reported by:**

**Response Type:** [type]

**Description:**

[Description]

## **Strengths**

## **Opportunities for Improvement**

Major areas for improvement include:

|  |  |
| --- | --- |
| Communication |  |
| Resources |  |
| Safety/Security |  |
| Staff Responsibilities |  |
| Utilities |  |
| Patient Care |  |

Comments:

*Note: specific improvement recommendations are be listed in the Improvement Plan, Appendix A.*

# Appendix A: Improvement Plan

Legend

|  |  |  |  |
| --- | --- | --- | --- |
| **Aligned Committee** | | **Priority Definitions** | |
| **For Example:**  **EPP =** | Emergency Preparedness Plan Committee | **Priority 1:** | Just do it; top priority. (3 months.) |
|  |  | **Priority 2:** | Appropriate to accomplish after Priority 1 items are complete. (6-9 months.) |
|  |  | **Priority 3:** | Appropriate to accomplish after Priority 2 items are complete. (12-18 months.) |
|  |  | **Priority 4:** | Do not initiate unless prioritized to higher level as a direct result of changes in conditions. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| **TJC EM Core Functions** | **Capability** | **Recommendation** | **Aligned Committee** | **Accountable Person/ Action Staff** | **Completion Date** | **Priority** |
| --- | --- | --- | --- | --- | --- | --- |
| Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Choose an item. |
| Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Choose an item. |
| Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Choose an item. |
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