

[Event Name]
[Event Date]
**AFTER ACTION REPORT &
IMPROVEMENT PLAN (AAR / IP)**

Prepared by:
[Organization/Department Preparing the Report]



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EXECUTIVE SUMMARY

The *[event name and type]* was conducted on *[event date]* at *[event location]*. This event was developed, conducted and evaluated by *[organizations/departments hosting and organizing the event]*. During the planning of this event, the following objectives / goals were identified to be met:

1. *[e.g. Assess the ability to rapidly activate the Incident Command System in response to an emergency]*

2. *[Objective 2...etc]*

A detailed evaluation of the objectives / goals was conducted and a review and critique of the event occurred at several levels. An event Hotwash, or facilitated debrief, was conducted with all participants immediately following the event. Additionally, all Players were provided the opportunity to complete a written participant debrief survey. Finally, notes compiled from the event were used to compile this AAR / IP.

Key *strengths* identified during this event:

- *[e.g. Staff demonstrated a firm understanding of the Incident Command System]*

Throughout the event *opportunities for improvement* were identified, including the need to:

- *[e.g. Identify alternate methods to communicate the activation of the Incident Command System]*

PART 1: EVENT OVERVIEW

EVENT NAME:

[Name of the event]

EVENT DATE:

[Date(s) of the event]

LOCATION:

[Location(s) of the event]

SCENARIO:

[A brief description of the event scenario]

TYPE OF EVENT:

[e.g. Real-life, Drill, table-top exercise, etc]

FOCUS:

[Functions exercised e.g. Establishment of the incident Command System]

PARTICIPATING ORGANIZATIONS

- Sponsor organizations
 - *[Event sponsor]*
- Other Organizations:
 - *[Organization(s)/Department(s) overseeing the design, execution, and evaluation of the event]*

EXERCISE OVERVIEW:

Purpose

[Overall goals of the event]

Event Objectives / Goals

[Specific objectives / goals of the event that formed the basis for this AAR / IP]

1. *[e.g. Assess the ability to rapidly activate the Incident Command System in response to an emergency]*
2. *[Objective / Goal 2...etc]*

A participant Hotwash immediately followed the event, and allowed participants to brief each other on the actions taken, issues encountered, and lessons learned. Additionally, all participants completed a debrief survey regarding their experience. The results of this survey are integrated into this after action report.



PART 2: EXERCISE EVENTS SYNOPSIS

SCENARIO:

[Include narrative description of the event]

EVENT HOTWASH:

The following issues were identified in the Hotwash session: *[This reflects feedback received during the Hotwash. Feedback should be organized into general topic area. Examples include]:*

1. Issue #1 (

- *Describe issue*

2. Issue #2

- *Describe issue*



PART 3: CONCLUSIONS

During the event participants demonstrated a capability to: *[Discuss demonstrated capabilities here. An example is below]*

- *(e.g. Staff demonstrated a firm understanding of the Incident Command System)*

Event participants identified several areas for improvement. Major recommendations include: *[Highlight areas for improvement here. Examples are below]*

- *(e.g. Identify alternate methods to communicate the activation of the Incident Command System)*

[Event Organization(s)/Department(s)] can use the results of this event to further refine plans, procedures, and training. Additional trainings and exercises should be conducted to test the improvements instituted as a result of this event, as well as to further foster an environment of communication, networking, and education.

APPENDIX

APPENDIX A: IMPROVEMENT PLAN

Issue Identified	Corrective Action Recommendation	Lead Organization/Dept	Timeline for Completion	Completed On
<i>[e.g. Integrating Incident Command was with external agencies was not smooth and consistent]</i>	<i>[e.g. Provide training and exercising on Unified Command to potential ICS leadership]</i>	<i>[Facility X Emergency Management]</i>	<i>[6 months]</i>	



APPENDIX B: POST-EVENT EVALUATION FORM

[Event Name]

[Event Date]

This survey should be completed after today's event and returned to the facilitator. The information contained in this survey will help to generate the after action report recommendations. Thank you in advance for your input.

1. **Name (Optional):** _____

2. **Title (Optional):** _____

3. **Discipline (choose one):**

	Nursing		Physician
	Clerical Staff		Mental Health
	Physician Assistant		Management / Snr. Leadership
	Pharmacist		Facilities
	Other (<i>Specify</i>):		

4. **Role During the Event:** _____

5. Recommendations and Action Steps

Based on this event list the top issues and/or areas that you identified as needing improvement, the action steps necessary to accomplish that task and who you feel would be responsible for implementing the action.

Issue	Action Steps	Responsibility

6. Improvement Priorities

Based on this event, list the policies, plans and procedures that you feel should be revised or developed. Place your recommendations in priority order:

High Priority
Medium Priority
Low Priority

7. Event Design and Facilitation

Please provide us with feedback on your assessment of the overall event design and facilitation.

Assessment Factor	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
I was provided with enough training prior to the event to be effective in my role	1	2	3	4	5
The planning prior to the event was effective	1	2	3	4	5
The Leadership team effectively managed the event	1	2	3	4	5
Appropriate and adequate resources were available during the event	1	2	3	4	5
Overall the event was handled successfully	1	2	3	4	5
I would feel comfortable participating in this type of event again	1	2	3	4	5



8. Please provide any comments on how you feel the event and/or process could be improved or enhanced to better prepare you to respond again in the future

9. Based on your participation in the event, what further training and education would have helped to prepare you for your role?