**After Action Report – Improvement Plan Form (AAR / IP)**

**Evaluation of Drill / Exercise OR Actual (Real-Life) Event**

*This form was developed by the Big Bend Health Care Coalition in collaboration with the Florida Health Care Association (September 28, 2017),*

*and is being used by the North Central Florida HealthCare Coalition to assist Facilities with documentation of a Drill/Exercise or Actual (Real-Life) Event.
Sources used include the CMS Emergency Preparedness Rule, Interpretive Guidance, and DHS HSEEP guidelines.*

The following After-Action Report / Improvement Plan (AAR/IP) template incorporates the required CMS Emergency Preparedness Rule elements described below, and includes other valuable features. The template format is designed to effectively integrate the required AAR/IP elements into a facility’s overall emergency program and emergency operations plan.

**CMS EP Rule Requirements for After Action Reports**

1. [**The CMS Emergency Preparedness Rule (EP Rule)**](https://www.regulations.gov/document?D=CMS-2013-0269-0377) requires facilities to analyze their response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the facility’s emergency plan accordingly. The [Interpretive Guidance](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Advanced-Copy-SOM-Appendix-Z-EP-IGs.pdf) states that facilities should *“document the lessons learned following their tabletop and full-scale exercises and real-life emergencies and demonstrate that they have incorporated any necessary improvements in their emergency preparedness program. Facilities may complete an after action review process to help them develop an actionable after action report (AAR). The process includes a round-table discussion that includes leadership, department leads and critical staff who can identify and document lessons learned and necessary improvements in an official AAR. The AAR, at a minimum, should determine 1) what was supposed to happen; 2) what occurred; 3) what went well; 4) what the facility can do differently or improve upon; and 5) a plan with timelines for incorporating necessary improvement.” [IG, Tag #0039].*
2. **Actual (Real-Life) Events:** The EP Rule states that if the facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event. The After-Action Report for the actual (real-life) event is also required.
3. **AAR / IP Format:** The EP Rule does not dictate a specific format. It states that the facility must analyze the facility’s response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the facility’s emergency plan.

**After-Action / Improvement Plan Documentation**

1. **For all facility-based drills and exercises (full scale, functional, tabletop, etc.):** Document on sign-in sheets all attendees by name, title, department, and organization (especially important if external partners also participated).
2. **For community-based exercises sponsored by another entity, but in which your facility participates:** Request a copy of the sign-in sheets from the sponsoring agency/organization and assemble in a folder with other exercise handouts/materials.
3. **For actual (real-life) events:** Maintain a folder containing shift rosters, staff schedules and assignments, communications from your Emergency Manager and other authorities and community partners, situation status reports, and any other supporting materials used during the actual event.
4. **Assemble in a folder for access upon request by the licensing authority:** All drill / exercise planning documents: For example, planning meeting agendas, meeting announcements, scenario descriptions, or other materials that document the drill / exercise or actual (real-life) event.

**After Action Report – Improvement Plan Form (AAR / IP)**

**Evaluation of Drill / Exercise or Actual (Real-Life) Event**

*This form was developed by the Big Bend Health Care Coalition in collaboration with the Florida Health Care Association. (9.28.17), and is being used by the North Central Florida HealthCare Coalition to assist Facilities with documentation of a Drill/Exercise or Actual (Real-Life) Event.*

**Name of Organization/Facility:**

**Point of Contact & Title:**

**Drill / Exercise or Actual (real-life) Event Date(s):**   **Duration:**

**AAR / IP Meeting Date: Location:**

1. **Type of Drill / Exercise or Actual (real-life) event being evaluated (see REFERENCES for definitions):**Check one box in each section below (a through c) to describe the drill / exercise or actual (real-life) event.

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| 1. **Type of Event:**

[ ]  **Tabletop Exercise (TTX)**[ ]  **Workshop/ Discussion**[ ]  **Full Scale/Functional Exercise**[ ]  **Actual (Real-Life) Event** | 1. **Facility-Based or Community-Based:**

[ ]  **Facility-Based Drill / Exercise** [ ]  **Community-Based Drill / Exercise** [ ]  **Actual (Real-Life) Event** | 1. **Internal or External Event or Scenario**

[ ]  **Internal Drill / Exercise Scenario** [ ]  **External Drill / Exercise Scenario**  |

1. **Type of Hazard:** Referencing your Hazard Vulnerability Assessment (HVA), identify the hazard(s) involved in the drill / exercise or actual (real-life) event.
2. **Provide a brief description of the Drill / Exercise Scenario or Actual (real-life) Event.** Use additional page(s) if needed.

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| **Drill / Exercise or Actual (Real-Life) Event Objective(s)**Describe the distinct objectives (outcomes that you wanted to achieve) for the drill / exercise or actual (real-life) event. The objectives should relate to a specific performance expectation described in your Emergency Operations Plan (EOP). * Objectives should be SMART: Simple, Measurable, Achievable, Relevant, and Time-bound.
* Typically, 3 to 5 concisely stated objectives will adequately address a drill / exercise or actual (real-life) event. Increase or decrease the number to meet your needs).
* Example: “Test evacuation policies and procedures for moving patients to an external site or an internal safe "shelter-in-place" location.”
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**OBJECTIVE 1:**

***Plan Reference(s****)****:*** Identify the section(s) of your Emergency Operations Plan (EOP) which relate to this Objective.

***Expected Performance:*** Describe (list) the specific performance expected to achieve/meet the objective (what was supposed to happen?).

***Actual Performance Observed/Executed:***Describe (list) the actual performance observed or executed (what actually occurred?).

***Major Strengths:*** Describe (list) the performance strengths observed (what went well?) which contributed to achieving the objective.

**Strength 1:**

**Strength 2:**

**Strength 3:**

***Areas for Improvement:***  Describe the observed performance problems or gaps, and the performance improvements necessary to address them; list each area of improvement separately (what can be done differently or improved upon?).

**Improvement Area 1:**

**Improvement Area 2:**

**Improvement Area 3:**

***Analysis:*** Provide an analysis of why the objective was not achieved (e.g., root cause analysis).

**OBJECTIVE 2:**

***Plan Reference(s****)****:*** Identify the section(s) of your Emergency Operations Plan (EOP) which relate to this Objective.

***Expected Performance:*** Describe (list) the specific performance expected to achieve/meet the objective (what was supposed to happen?).

***Actual Performance Observed/Executed:***Describe (list) the actual performance observed or executed (what actually occurred?).

***Major Strengths:*** Describe (list) the performance strengths observed (what went well?) which contributed to achieving the objective.

**Strength 1:**

**Strength 2:**

**Strength 3:**

***Areas for Improvement:***  Describe the observed performance problems or gaps, and the performance improvements necessary to address them; list each area of improvement separately (what can be done differently or improved upon?).

**Improvement Area 1:**

**Improvement Area 2:**

**Improvement Area 3:**

***Analysis:*** Provide an analysis of why the objective was not achieved (e.g., root cause analysis).

**OBJECTIVE 3:**

***Plan Reference(s****)****:*** Identify the section(s) of your Emergency Operations Plan (EOP) which relate to this Objective.

***Expected Performance:*** Describe (list) the specific performance expected to achieve/meet the objective (what was supposed to happen?).

***Actual Performance Observed/Executed:***Describe (list) the actual performance observed or executed (what actually occurred?).

***Major Strengths:*** Describe (list) the performance strengths observed (what went well?) which contributed to achieving the objective.

**Strength 1:**

**Strength 2:**

**Strength 3:**

***Areas for Improvement:***  Describe the observed performance problems or gaps, and the performance improvements necessary to address them; list each area of improvement separately (what can be done differently or improved upon?).

**Improvement Area 1:**

**Improvement Area 2:**

**Improvement Area 3:**

***Analysis:*** Provide an analysis of why the objective was not achieved (e.g., root cause analysis).

**OBJECTIVE 4:**

***Plan Reference(s****)****:*** Identify the section(s) of your Emergency Operations Plan (EOP) which relate to this Objective.

***Expected Performance:*** Describe (list) the specific performance expected to achieve/meet the objective (what was supposed to happen?).

***Actual Performance Observed/Executed:***Describe (list) the actual performance observed or executed (what actually occurred?).

***Major Strengths:*** Describe (list) the performance strengths observed (what went well?) which contributed to achieving the objective.

**Strength 1:**

**Strength 2:**

**Strength 3:**

***Areas for Improvement:***  Describe the observed performance problems or gaps, and the performance improvements necessary to address them; list each area of improvement separately (what can be done differently or improved upon?).

**Improvement Area 1:**

**Improvement Area 2:**

**Improvement Area 3:**

***Analysis:*** Provide an analysis of why the objective was not achieved (e.g., root cause analysis).

**OBJECTIVE 5:**

***Plan Reference(s****)****:*** Identify the section(s) of your Emergency Operations Plan (EOP) which relate to this Objective.

***Expected Performance:*** Describe (list) the specific performance expected to achieve/meet the objective (what was supposed to happen?).

***Actual Performance Observed/Executed:***Describe (list) the actual performance observed or executed (what actually occurred?).

***Major Strengths:*** Describe (list) the performance strengths observed (what went well?) which contributed to achieving the objective.

**Strength 1:**

**Strength 2:**

**Strength 3:**

***Areas for Improvement:***  Describe the observed performance problems or gaps, and the performance improvements necessary to address them; list each area of improvement separately (what can be done differently or improved upon?).

**Improvement Area 1:**

**Improvement Area 2:**

**Improvement Area 3:**

***Analysis:*** Provide an analysis of why the objective was not achieved (e.g., root cause analysis).

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| **AAR / IP MEETING DOCUMENTATION ~~ Sign-in Sheet for Participating Staff and External Partners***The below chart documents the attendance at the AAR / IP Meeting. Included are key leaders with the authority to approve and implement improvement plans. Attendees include organizational leaders; department heads; additional key staff; and external partners.* |

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| **Name** | **Title** | **Organization** | **Telephone & Email** |
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*Print additional sheets as needed.*

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| **After-Action Report (AAR) and Improvement Plan (IP)****DIRECTIONS:** Use the below format to outline a specific improvement plan for each objective. From the previous Objective pages, list each objective number, the corresponding EOP plan reference(s), the areas for improvement, the person responsible for the improvement plan action, and the projected completion date. Expand to additional pages as needed. |

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| --- | --- | --- | --- | --- | --- |
| **OBJECTIVE****Number** | **EOP PLAN****Reference** | **AREAS FOR IMPROVEMENT****(Include all items identified for each objective – see previous pages)** | **IMPROVEMENT PLAN – ACTION STEPS** | **RESPONSIBLE PARTY****(name, position, title)** | **Completion Date** |
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| **After-Action Report Primary Point of Contact:**Name (printed): Telephone: Email: Title: Organization: Signature: Date:  |

**Checklist for After-Action / Improvement Plan Documentation**

* **For all facility-based drills and exercises (full scale, functional, tabletop, etc.):** Document on sign-in sheets all attendees by name, title, department, and organization (especially important if external partners also participated).
* **For community-based exercises sponsored by another entity, but in which your facility participates:** Request a copy of the sign-in sheets from the sponsoring agency/organization and assemble in a folder with other exercise handouts/materials.
* **For actual (real-life) events:** Maintain a folder containing shift rosters, staff schedules and assignments, communications from your Emergency Manager and other authorities and community partners, situation status reports, and any other supporting materials used during the actual event.
* **Assemble in a folder for access upon request by the licensing authority:** All drill / exercise planning documents: For example, planning meeting agendas, meeting announcements, scenario descriptions, or other materials that document the drill / exercise or actual (real-life) event.

**Links to Regulatory References and Guidance**

* [**CMS Emergency Preparedness Rule**](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html)– webpage dedicated to the EP Rule, including FAQs and links to other regulatory and guidance tools.
* [**CMS FAQ webpage**](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html)**:** Note that there are six sets of FAQs (some with revised versions). [FAQ Round 4 Definitions](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/FAQ-Round-Four-Definitions.pdf) is specifically referenced in the CMS Surveyor Web-Based Training (see #D below).
* [**CMS Interpretive Guidance**](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Advanced-Copy-SOM-Appendix-Z-EP-IGs.pdf)for the EP Rule
* [**CMS Emergency Preparedness Basic Surveyor Training Online Course:**](http://r20.rs6.net/tn.jsp?f=001uv6DpQPiObL99MH1hfylt8bJ4MvzTGlcygBEI6j4kXr0JyKVhsWV9hAELsJ1jHkmWeH_S2ajf6N3V4JsDcmI3gAN9IUxriCtyHrFFWEZgKvt3Z-4FJWgqeAw9nlgRx5TAYnDo1zPPEtpPh4iW3Xeip5Pg0EH3CXX&c=-0O8j4YCX-_2eKHsytHzFltpQ615vTHX5TQrN0N0GcoByyJdZohS9w==&ch=2gWLTWHcEp1eZNOD-Zvzx_RIp-PIyb0Tm-ljf9aAB60fTGcC8THE3g==) Released by CMS on September 1st [(Administrative Memo 14-24-ALL)](http://r20.rs6.net/tn.jsp?f=001uv6DpQPiObL99MH1hfylt8bJ4MvzTGlcygBEI6j4kXr0JyKVhsWV9hAELsJ1jHkmKxk6CPuXZJNlYAT_fNgYfBt0Yv-0BwDP8FiXQF4kUUGbUnYr6EX5sAQJuOzftYc7UzSEAC-nyKcGYsny_ujA17iRT7BaJhymOQ9RqQqeWFQVUbiCoR_SgroSnNKr1jhrxVQUO2aafqNUpZxCk4MKUHM6QD5ixNfpSR52RnXIS4MsvMbj4RWqUdApsniA50SaoObS2z21pVY=&c=-0O8j4YCX-_2eKHsytHzFltpQ615vTHX5TQrN0N0GcoByyJdZohS9w==&ch=2gWLTWHcEp1eZNOD-Zvzx_RIp-PIyb0Tm-ljf9aAB60fTGcC8THE3g==), this web-based training is now available to providers. To access the training, go to the [Surveyor Training Website](http://r20.rs6.net/tn.jsp?f=001uv6DpQPiObL99MH1hfylt8bJ4MvzTGlcygBEI6j4kXr0JyKVhsWV9hAELsJ1jHkmWeH_S2ajf6N3V4JsDcmI3gAN9IUxriCtyHrFFWEZgKvt3Z-4FJWgqeAw9nlgRx5TAYnDo1zPPEtpPh4iW3Xeip5Pg0EH3CXX&c=-0O8j4YCX-_2eKHsytHzFltpQ615vTHX5TQrN0N0GcoByyJdZohS9w==&ch=2gWLTWHcEp1eZNOD-Zvzx_RIp-PIyb0Tm-ljf9aAB60fTGcC8THE3g==) and select “I AM A PROVIDER”, then “Course Catalog.” In the Search Courses field, type Emergency Preparedness Basic Surveyor Training, then click the Launch the Course button.