The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

**Exercise Overview** Click or tap to enter a date.

| **Exercise Name** | [Insert the formal name of exercise, which should match the name in the document header] |
| --- | --- |
| **Exercise Dates** | [Indicate the start and end dates of the exercise] |
| **Scope** | This exercise is a [exercise type], planned for [exercise duration] at [exercise location]. Exercise play is limited to [exercise parameters]. |
| **Focus Area(s)** | [Prevention, Protection, Mitigation, Response, and/or Recovery] |
| **Capabilities** | [List the capabilities being exercised] |
| **Objectives** | [List exercise objectives] |
| **Threat or Hazard** | [List the threat or hazard (e.g. natural/hurricane, technological/radiological release)] |
| **Scenario** | [Insert a brief overview of the exercise scenario, including scenario impacts (2-3 sentences)] |
| **Sponsor** | [Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable] |
| **Participating Organizations** | [Insert a brief summary of the total number of participants and participation level (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies). Consider including the full list of participating agencies in Appendix B. Delete Appendix B if not required.] |
| **Point of Contact** | [Insert the name, title, agency, address, phone number, and email address of the primary exercise POC (e.g., exercise director or exercise sponsor)] |

**Capabilities Analysis**

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 Core Compatibility Performance**

| Objective | Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to Be Performed (U) |
| --- | --- | --- | --- | --- | --- |
| Discuss strategies to provide life-sustaining services and to minimize health impacts to residents of a long-term care facility during an infectious disease outbreak. | Operational Coordination |  |  |  |  |
| Review methods for maintaining situational awareness by providing decision-makers with relevant information and regular status updates throughout an infectious disease outbreak. | Operational Communications |  |  |  |  |
| Evaluate emergency preparedness policies against an infectious disease scenario to pursue improvement and efficiency. | Operational Coordination, Critical Transportation |  |  |  |  |

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).

The following sections provide an overview of the performance related to each exercise objective and associated capability, highlighting strengths and areas for improvement.

|  |  |
| --- | --- |
| **Objective 1** | **Discuss strategies to provide life-sustaining services and to minimize health impacts to residents of a long-term care facility during an infectious disease outbreak.** |

*The strengths and areas for improvement for each capability aligned to this objective are described in this section.*

**Capabilities: Operational Coordination**

**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** | **Review methods for maintaining situational awareness by providing decision-makers with relevant information and regular status updates throughout an infectious disease outbreak.** |

*The strengths and areas for improvement for each capability aligned to this objective are described in this section.*

**Capabilities: Operational Communication**

**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 3** | **Evaluate emergency preparedness policies against an infectious disease scenario to pursue improvement and efficiency. Evaluate the transport of patients needing a higher level of care.** |

*The strengths and areas for improvement for each capability aligned to this objective are described in this section.*

**Capability: Operational Coordination**

**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.]

**Capability: Critical Transportation**

**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.]

|  |  |
| --- | --- |
| **Appendix A** | **Improvement Plan** |

| Capability | Issue/Area for Improvement | Corrective Action | Capability Element | Primary Responsible Organization | Organization POC | Start Date | Completion Date |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Capability 1: [Capability Name] | 1. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |  |
| Capability 1: [Capability Name] | 1. [Area for Improvement] | [Corrective Action 2] |  |  |  |  |  |
| Capability 1: [Capability Name] | 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |  |
| Capability 1: [Capability Name] | 2. [Area for Improvement] | [Corrective Action 2] |  |  |  |  |  |
| Capability 2: [Capability Name] | 1. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |  |
| Capability 2: [Capability Name] | 1. [Area for Improvement] | [Corrective Action 2] |  |  |  |  |  |
| Capability 2: [Capability Name] | 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |  |
| Capability 2: [Capability Name] | 2. [Area for Improvement] | [Corrective Action 2] |  |  |  |  |  |

This IP is developed specifically for [Organization] as a result of the Facility Norovirus Tabletop Exercise conducted on [date of exercise].

|  |  |
| --- | --- |
| **Appendix B** | **Exercise Participants** |

|  |  |
| --- | --- |
| **Facility Participants** | |
| [Participant] | [Participant] |
| [Participant] | [Participant] |
| [Participant] | [Participant] |
| [Participant] | [Participant] |
| [Participant] | [Participant] |
| [Participant] | [Participant] |
| [Participant] | [Participant] |
| [Participant] | [Participant] |
| [Participant] | [Participant] |

|  |  |
| --- | --- |
| **Outside Facility Participants/Partners** | **Facility/Organization** |
| [Participant] | [Facility/Organization] |
| [Participant] | [Facility/Organization] |
| [Participant] | [Facility/Organization] |
| [Participant] | [Facility/Organization] |
| [Participant] | [Facility/Organization] |
| [Participant] | [Facility/Organization] |

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