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] |

This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/HQI/QIN-QIO-0854-08/21/24