Insert Logo here

COVID-19 Response [insert name of ICS group/team]

After-Action Report / Improvement Plan

[Date Published]

Table of Contents

[Executive Summary 3](#_Toc51760749)

[Analysis of PHEP Capabilities 4](#_Toc51760750)

[Capability [#]: [insert Capability name here] 4](#_Toc51760751)

[Capability Performance Ratings Definitions 5](#_Toc51760752)

[Appendix A: Improvement Plan 7](#_Toc51760753)

[Capability [#]: [Insert Capability Name Here] 7](#_Toc51760754)

[Objective 1. [list objective 1 here from the table on page 4] 7](#_Toc51760755)

[Objective 2. [list objective 2 here from the table on page 4] 7](#_Toc51760756)

[Objective 3. 8](#_Toc51760757)

[Objective 4. 8](#_Toc51760758)

[Objective 5. 8](#_Toc51760759)

[Appendix B: Response Participants 9](#_Toc51760760)

[State and Local Government 9](#_Toc51760761)

[Non-Government Partners 9](#_Toc51760762)

[Federal Partners 9](#_Toc51760763)

[Additional Comments 9](#_Toc51760764)

# Executive Summary

Required Section:

If this AAR/IP is for a response to a real incident, describe the hazard and include a description of the role of the agency in the response.

* Brief description of the Hazard/Incident and the role of the agency in the response
* Include the ICS Group purpose statement (either include in the description above-within the “role of agency” or add it separately and include the bullet points below
* Summary of best practices and challenges identified by the ICS group in their hotwash
* Briefly describe the conclusions and recommendations, as outlined in the improvement plan. (make this high level—by describing the main resource elements needed to make the improvements. Include a reference to Appendix A. Improvement Plan for complete of corrective action items)

# Analysis of PHEP Capabilities

Alignment of objectives and capabilities provides a consistent taxonomy for evaluation to support preparedness reporting and trend analysis. Table 1 includes the response objectives, aligned capabilities and performance ratings for each capability as determined by examination of response activities, after action surveys, hot wash feedback by response staff and ICS leads.

**Table 1 Summary of Capability Performance**

The following sections provide an analysis of the performance related to the incident objectives and the associated PHEP Capability, highlighting strengths and areas for improvement. Use the [Capability Performance Ratings Definitions](#_Capability_Performance_Ratings) table to determine the Capability Performance Rating and numeric value for each objective and to determine the Overall/Average rating for the capability.

| **Capability and Response Objectives** | Capability Performance Rating  (P=6, S=4, M=2, or U=0) |
| --- | --- |
| Capability [#]: [insert Capability name here] | Overall (Average): |
| Objective 1: | Individual Rating: |
| Objective 2: | Individual Rating: |
| Objective 3: | Individual Rating: |
| **Strengths** [The full or partial capability level can be attributed to the following strengths.] | |
| 1. | |
| 2. | |
| 3. | |
| **Areas for Improvement** [The following areas require improvement to achieve the full capability level.] | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| **Health Equity Impacts** [Provide a brief description (paragraph style) of the positive and negative health equity impacts on populations of color and/or those with access or functional needs. Include a short bullet list of examples for both positive and negative impacts.] | |
|  | |
| **Innovations** [Provide a brief description (paragraph style) of any identifiedinnovations that may be incorporated into current Health Department day-to-day practices or future response efforts.] | |
|  | |
| **References**: [List any relevant plans, policies, procedures, regulations, or laws applicable to the response work for which this capability applies.] | |
| **Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved- (for objectives that received a rating less than “Performed Without Challenges”).] | |
| **Recommendations: [**Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength, without corresponding recommendations, insert “None.”] | |
| 1. | |
| 2. | |
| 3. | |
| 4. | |

### Capability Performance Ratings Definitions

Use the following ratings system, in the table below, to determine the level of performance of each objective. Place the numeric value of the performance rating for each objective in the cell labeled, “**Individual**” which is located under the Capability Performance Rating column in the table above. Add up the total of all the performance rating values for all the objectives within each capability. Then divide to find the average. Place the numeric value of the average (and the letter to indicate the performance rating) in the “**Overall/Average**” row under the Capability Performance Rating column. This will give you the overall performance rating for that capability. The ratings and numeric values are defined as follows:

* **Performed without Challenges (P):** The functions 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. *The numerical value for this performance rating is a (6).*
* **Performed with Some Challenges (S):** The functions 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. *The numerical value for this performance rating is a (4) and the numerical range for the overall capability rating is 4. The average range is between: 4-5.9.*
* **Performed with Major Challenges (M):** The functions 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. *The numerical value for this performance rating is a (2) and the numerical range for the overall capability rating is 2. The average range is between: 2-3.9.*
* **Unable to be Performed (U):** The functions and critical tasks associated with the capability were not performed in in a manner that achieved the objective(s). *The numerical value for this performance rating is a (0) and the numerical range for the overall capability rating is 0. The average range is between: 0-1.9.*

AAR/IP submitted by: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix A: Improvement Plan

This IP has been developed specifically for the [Jurisdiction Name] Department of Health as a result of the response to the COVID-19 pandemic from January 2020 to \_\_\_\_\_\_.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Problem Statement/Area Needing Improvement | Corrective Action  *(Based on Recommendation identified in the AAR)* | Capability Resource Element[[1]](#footnote-1) | POC/Agency | Start Date | Projected Completion Date |
| Capability [#]: [Insert Capability Name Here] | | | | | |
| Objective 1. [list objective 1 here from the table on page 4] | | | | | |
| Obj. 1.1. [Area for Improvement] | [Corrective Action 1.1.1] |  |  |  |  |
| [Corrective Action 1.1.2] |  |  |  |  |
| [Corrective Action 1.1.3] |  |  |  |  |
| Obj 1.2. [Area for Improvement] | [Corrective Action 1.2.1] |  |  |  |  |
| [Corrective Action 1.2.2] |  |  |  |  |
| Obj 1.3. [Area for Improvement] | [Corrective Action 1.3.1] |  |  |  |  |
| [Corrective Action 1.3.2] |  |  |  |  |
| [Corrective Action 1.3.3] |  |  |  |  |
| Objective 2. [list objective 2 here from the table on page 4] | | | | | |
| Obj 2.1. [Area for Improvement] | [Corrective Action 2.1.1] |  |  |  |  |
| [Corrective Action 2.1.2] |  |  |  |  |
| Obj 2.2. [Area for Improvement] | [Corrective Action 2.2.1] |  |  |  |  |
| [Corrective Action 2.2.2] |  |  |  |  |
| [Corrective Action 2.2.3] |  |  |  |  |
| Obj 2.3 [Area for Improvement] | [Corrective Action 2.3.1] |  |  |  |  |
| [Corrective Action 2.3.2] |  |  |  |  |
| **Problem Statement/Area Needing Improvement** | **Corrective Action**  ***(Based on Recommendation identified in the AAR)*** | **Capability Resource Element** | **POC/Agency** | **Start Date** | **Projected Completion Date** |
| Objective 3. | | | | | |
| Obj 3.1. [Area for Improvement] | [Corrective Action 3.1.1] |  |  |  |  |
| [Corrective Action 3.1.2] |  |  |  |  |
| [Corrective Action 3.1.3] |  |  |  |  |
| Obj 3.2. [Area for Improvement] | [Corrective Action 3.2.1] |  |  |  |  |
| [Corrective Action 3.2.2] |  |  |  |  |
| Objective 4. | | | | | |
| Obj 4.1. [Area for Improvement] | [Corrective Action 4.1.1] |  |  |  |  |
| [Corrective Action 4.1.2] |  |  |  |  |
| [Corrective Action 4.1.3] |  |  |  |  |
| Obj 4.2. [Area for Improvement] | [Corrective Action 4.2.1] |  |  |  |  |
| [Corrective Action 4.2.2] |  |  |  |  |
| Objective 5. | | | | | |
| Obj 5.1. [Area for Improvement] | [Corrective Action 5.1.1] |  |  |  |  |
| [Corrective Action 5.1.2] |  |  |  |  |
| [Corrective Action 5.1.3] |  |  |  |  |
| Obj 5.2. [Area for Improvement] | [Corrective Action 5.2.1] |  |  |  |  |
| [Corrective Action 5.2.2] |  |  |  |  |
| [Corrective Action 2] |  |  |  |  |

# Appendix B: Response Participants

### State and Local Government

1. [List state and/or local government organizations that participated in the exercise; organizations might include LHDs, CHBs, Emergency Management, State Health Department, etc. If there were no participating state and/or local government organizations, delete this section.]

### Non-Government Partners

1. [List non-government partners that participated in the exercise; partners might includeEMS, Hospitals, LTC Facilities, Community Health Centers, Red Cross, Salvation Army, etc. If there were no participating non-government partners, delete this section.]

### Federal Partners

1. [List federal partners that participated in the exercise; partners might include CDC, ASPR, FEMA, etc. If there were no participating federal partners, delete this section.]

### Additional Comments

[*Please provide any additional information or comments as indicated.]*

1. Capability Elements are: Preparedness/Planning, Skills/Training, Equipment/Technology [↑](#footnote-ref-1)