Survey & Certification
Emergency Preparedness & Response

Health Care Provider After Action Report/Improvement Plan (AAR/IP) Instructions for Completion

Purpose:

The Centers for Medicare & Medicaid Services (CMS), Survey and Certification Group has developed this *Health Care Provider After Action Report/Improvement Plan (AAR/IP)* template with the assistance of the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response, the U.S. Department of Homeland Security (DHS), and the CMS Survey and Certification Emergency Preparedness Stakeholder Communication Forum.

The AAR/IP is intended to be a voluntary, user-friendly tool for health care providers to use to document their performance during emergency planning exercises and real emergency events to make recommendations for improvements for future performance. The AAR/IP template is modeled after the DHS Homeland and Security Exercise and Evaluation Program (HSEEP) Vol. III AAR/IP, issued in February 2007. CMS does not mandate use of this AAR/IP template; however thorough completion of the template complies with current HSEEP requirements and any CMS requirements for provider exercise documentation. DHS, HHS, CMS, nor any other agency or entities thereof, do not assume any responsibility for the accuracy, completeness, or usefulness of any information disclosed in report, nor does completion of the AAR/IP indicate a provider has met all Federal regulatory emergency preparedness requirements.

Background:

CMS Survey &Certification Emergency Preparedness Initiative
Following the devastating experiences by health care facilities during Hurricanes Katrina and Rita, the Centers for Medicare & Medicaid Services (CMS) Survey and Certification (S&C) Group established a series of internal working groups, with representatives from the CMS Central and Regional Offices, to develop updated emergency preparedness policies and procedures that effectively address S&C essential functions. The recommendations from the working groups are being integrated into the larger CMS and HHS national plans to provide preparation guidance for S&C essential business functions.

In addition, it makes prudent and cost-effective business sense for health care providers to be proactive in their emergency planning efforts. Robust emergency planning, including exercises, will not only help providers comply with their regulatory requirements of Federal, State and local oversight agencies, it can also help the business to recover from financial losses, loss of market share, damages to equipment, or business interruption. Effective emergency planning can also help to reduce exposure to civil or criminal liability during a disaster, enhance a facility's image and credibility with employees, customers, suppliers and the community, and reduce insurance premiums.

S&C Emergency Preparedness Stakeholder Communication Forum
In September 2006, CMS kicked off a forum for discussing a variety of emergency preparedness issues. Stakeholders were invited to participate in the forum to discuss, communicate and disseminate emergency preparedness information. The stakeholders include a broad array of perspectives, and representatives include the following:

- State Survey Agencies (SAs)
- Accreditation organizations
- Health care provider associations

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- Patient and resident advocates
- Quality and safety organizations
- Other Department of Health and Human Services (HHS) operating divisions

S&C Emergency Preparedness Website
CMS established the Survey and Certification Emergency Preparedness Website to provide SAs, health care providers and other partners with "one-stop-shopping" to obtain emergency preparedness information. The Website includes separate pages for SAs, health care providers, and resources. Useful tools, resources, and links to other relevant Federal emergency preparedness websites are posted on the S&C Emergency Preparedness Website.

Public health emergency declaration information and new documents are posted on the Website on a regular basis. Helpful tools, such as emergency preparedness checklists for SAs and health care providers have been developed with the input from national experts and stakeholders.

These tools provide many helpful tips for developing an effective and robust emergency planning and response process that go beyond the minimum regulatory requirements. The S&C Emergency Preparedness Website can be accessed at: http://www.cms.hhs.gov/SurveyCertEmergPrep/

AAR/IP Template Instructions for Health Care Providers:

CMS developed this *Health Care Provider After Action Report/Improvement Plan* (AAR/IP) template to provide a voluntary, user-friendly tool with an organized, thorough approach for gathering details on emergency preparedness exercises and real emergency events to identify areas that may need further improvement. Completion of the CMS AAR/IP template meets any CMS exercise documentation requirements. The *Health Care Provider After Action Report/Improvement Plan* template also meets requirements for hospitals or other health care providers wishing to ensure their compliance with the Hospital Preparedness Program (HPP) and HSEEP requirements. There are several components marked "Optional" that are not mandatory for HPP or HSEEP compliance.

This AAR/IP template is based on the U.S. Department of Homeland and Security Exercise and Evaluation Program (HSEEP) Vol. III, issued in February 2007, which includes guidelines that are focused towards emergency management agencies and other governmental/non-governmental agencies. The HSEEP is a capabilities and performance-based exercise program that provides a standardized methodology and terminology for exercise design, development, conduct, evaluation, and improvement planning.

For more information, resources and tools regarding the Department of Homeland Security's Exercise and Evaluation Program, including HSEEP policy guidance and training opportunities, please see the HSSEP Website, which can be accessed at: https://hseep.dhs.gov/pages/1001_HSEEP7.aspx

Key Terms

- **Capability:** A Capability is the means to achieve a measurable outcome through the performance of Critical Tasks under specified conditions to target levels of performance. A Capability may be delivered with any combination of properly planned, organized, equipped, trained, and exercised personnel that achieves the desired outcome. Each Capability has one corresponding Emergency Evacuation Guide (EEG) posted at https://hseep.dhs.gov/pages/1002_EEGLi.aspx.

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- **Activity:** Within each Capability, Activities are groupings of Tasks with similar overall purpose that usually provide an output or outcome, which is often a required input or initial starting point for another Activity. In the AAR/IP, Activity performance will form the basis for your exercise observations.

- **Task:** In the EEGs, Tasks represent the expected individual actions of response personnel participating in the exercise. They provide the basis for evaluation, as they allow an observer the ability to indicate whether an action has been fully completed, partially completed, not completed, or is not applicable to the exercise.

- **Performance Measure**: Many Tasks are followed by corresponding Performance Measures. Performance Measures consist of a prescribed action and a quantifiable indicator (usually expressed as a time, percentage, or other quantity). Performance Measures should be recorded to supplement your evaluation, as they record more than the simple completion or non-completion of Tasks.

- **Observation Key:** Observation Keys are listed as sub-bullets for each Task and are intended to aid less experienced exercise evaluators to identify important indicators for execution of each Task. They are not intended to be inclusive of all actions to be taken by responders. Rather, they enhance the usability of EEGs as universal evaluation guides.

- **Target Capabilities:** The Target Capability List (TCL) is comprised of 37 different capabilities, which address response capabilities, immediate recovery, selected prevention and protection mission capabilities, as well as common capabilities such as planning and communications that support all missions. For these capabilities, local jurisdictions and States are the lead in conjunction with Federal and private sector support. See the following list of target capabilities (**capabilities that are relevant to health care providers are displayed in red):**

Target Capabilities List
Common Capabilities
1. Planning
2. Communications
3. Risk Management
4. Community Preparedness & Participation
5. Intelligence & Information Sharing & Dissemination
Prevent Mission Capabilities
6. Information Gathering & Recognition of Indicators & Warnings
7. Intelligence Analysis & Production
8. Counter-Terror Investigation & Law Enforcement
9. Chemical, Biological, Radiological, Nuclear Explosives (CBRNE) Detection
Protect Mission Capabilities
10. Critical Infrastructure Protection
11. Food & Agriculture Safety & Defense
12. Epidemiological Investigation Surveillance & Investigation
13. Laboratory Testing

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Respond Mission Capabilities
14. Onsite Incident Management
15. Emergency Operations Center (EOC) Management
16. Critical Resource Logistics & Distribution
17. Volunteer Management & Donations
18. Responder Safety and Health
19. Emergency Public Safety & Security
20. Animal Disease Emergency Support
21. Environmental Health
22. Explosive Device Response Operations
23. Fire Incident Response Support
24. Weapons of Mass Destruction (WMD) & Hazardous Materials Response & Decontamination
25. Citizen Evacuation & Shelter-In-Place
26. Isolation and Quarantine
27. Search & Rescue (Land-Based)
28. Emergency Public Information & Warning
29. Emergency Triage and Pre-Hospital Treatment
30. Medical Surge
31. Medical Supplies Management & Distribution
32. Mass Prophylaxis
33. Mass Care (Sheltering, Feeding, and Related Services)
34. Fatality Management

Recover Mission Capabilities
35. Structural Damage Assessment
36. Restoration of Lifelines
37. Economic & Community Recovery

The Target Capability List identified above are currently under review, and changes are likely to occur in the near future. For more information, see FEMA's website at: www.fema.gov/pdf/government/training/tcl.pdf

Exercise Types

There are seven types of exercises defined within HSEEP, each of which is either discussions-based or operations-based.

Discussions-based Exercises familiarize participants with current plans, policies, agreements and procedures, or may be used to develop new plans, policies, agreements, and procedures. Types of Discussion-based Exercises include:

- *Seminar:* A seminar is an informal discussion, designed to orient participants to new or updated plans, policies, or procedures (e.g., a seminar to review a new Evacuation Standard Operating Procedure).

- *Workshop:* A workshop resembles a seminar, but is employed to build specific products, such as a draft plan or policy (e.g., a Training and Exercise Plan Workshop is used to develop a Multi-year Training and Exercise Plan).
- *Tabletop Exercise (TTX):* A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures.

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- **Games:** A game is a simulation of operations that often involves two or more teams, usually in a competitive environment, using rules, data, and procedure designed to depict an actual or assumed real-life situation.

Operations-based Exercises validate plans, policies, agreements and procedures, clarify roles and responsibilities, and identify resource gaps in an operational environment. Types of Operations-based Exercises include:

- **Drill**: A drill is a coordinated, supervised activity usually employed to test a single, specific operation or function within a single entity (e.g., a nursing home conducts an evacuation drill).

- **Functional Exercise (FE):** A functional exercise examines and/or validates the coordination, command, and control between various multi-agency coordination centers (e.g., emergency operation center, joint field office, etc.). A functional exercise does not involve any "boots on the ground" (i.e., first responders or emergency officials responding to an incident in real time).

- **Full-Scale Exercise (FSE):** A full-scale exercise is a multi-agency, multi-jurisdictional, multi-discipline exercise involving functional (e.g., joint field office, emergency operation centers, etc.) and "boots on the ground" response (e.g., firefighters decontaminating mock victims).

Note: Health care providers may also use the AAR/IP to document real life emergency events.

Completing the AAR/IP Template

Health care providers may customize or personalize the CMS *Health Care Provider AAR/IP* template to best meet their needs; however if hospitals or other providers wish to ensure compliance with the Hospital Preparedness Program and HSEEP requirements, the template sections must not be modified and each section (except for those sections marked "optional") must be completed in its entirety.

To personalize or customize the AAR/IP template, additional graphics, such as logos, pictures and background colors may be added to the cover. The document should be labeled as "Draft" on the cover page and in the header/footer of all versions except the final AAR/IP.

If the AAR/IP contains graphics, figures, or tables, they should be numbered and listed in the Table of Contents section (e.g., Figure 1, Table 1, etc.).