Appendix K: **Simplified After Action Report for Events**

Hospital Name & Logo

AFTER ACTION REPORT

Executive Summary

Event Date and Time

Review of Event: ***Details of the incident: date, time, location, type of event*.**

After Action Review Team**: *If community, county, or regional event, list agencies that were involved and hospital participation. If an internal hospital event, list team members or committee name who reviewed the event.***

Response Agencies: ***List the agencies that participated in the event. Include number of participants from within the hospital*.**

Event Timeline: **(*list the major events and response activities)***

**1.**

**2.**

**3.**

**4.**

**5.**

**6.**

***Note: Strengths and areas for improvement can be grouped by the six critical areas: communications, safety and security*, *resource allocation, utilities, staff responsibilities, and patient care.***

Observed Strengths:

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Critical Areas for Improvement:

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	* **Recommendations:**
		+ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
		+ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
		+ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	* **Recommendations:**
		+ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
		+ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
		+ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	* **Recommendations:**
		+ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
		+ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
		+ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Conclusion and Summary

***Include key lessons learned and best practices.***

***Complete attached Improvement Plan with assigned timelines for correction.***

Appendix A: Improvement Plan

This IP has been developed specifically for your Hospital as a result of *the event or exercise on\_\_\_\_\_*.These recommendations draw on both the After Action Report and the After Action Conference.

| **Capability/****Critical Area**  | **Observation Title** | **Recommendation** | **Corrective Action Description** | **Capability Element** | **Primary Responsible Department** | **Department** **POC** | **Start Date** | **Completion Date** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.Communications:  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 2. Resource Mobilization and Allocation |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 3. Safety and Security |  |  |  |  |  |  |  |  |