Californial Department of Public Health (CDPH) logo

2023 Statewide Medical and Health Exercise (SWMHE)

After-Action Report / Improvement Plan (AAR/IP)

[Insert Day and Date of Exercise]

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives and 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.

## [Customizing the AAR]

[Throughout this document, there are opportunities for customization by jurisdiction/organization/facility planners. This document serves as a template guidance document. This document, and particularly the objectives, strengths, and areas for improvement, should be modified to reflect the unique characteristics of your region and participants. Bracketed text (e.g., [your jurisdiction]) is provided to aid with location-specific tailoring. These should be removed or modified as appropriate prior to finalizing this document. Exercise planners can insert their customized language and then remove the highlight and brackets. After tailoring the document to your jurisdiction/organization/facility, be sure to update the Table of Contents by right clicking on them and selecting “update field”].

# Table of Contents[[1]](#footnote-1)

2023 Statewide Medical and Health Exercise (SWMHE) 1

[Customizing The AAR] 1

Table of Contents 2

Exercise Overview 3

Analysis of Capabilities 5

Appendix A: Improvement Plan 10

Appendix B: Exercise Participants 11

Appendix C: Participant Feedback 12

Select Participant Feedback 13

Appendix D: Schedule 14

[Date of Pre-Exercise Activities] 14

Appendix E: Acronyms 16

# Exercise Overview

| **Exercise Name** | [Insert Year] California Statewide Medical and Health Exercise (SWMHE) |
| --- | --- |
| **Exercise Date** | [Insert Jurisdiction/Organization/Facility’s Exercise Date] |
| **Scope** | This exercise is planned for [Jurisdiction/Organization/Facility] to take place at [insert exercise date and time] at [insert exercise location]. The [Insert Year] SWMHE Program is a progressive exercise program comprised of a series of training exercises tied to a set of common program priorities. After Action Meetings should be completed within 60 days of the exercise. |
| **Mission Area(s)** | [Insert mission area(s)] |
| **Capabilities** | [Based on the capabilities selected for your exercise, whether you are using Public Health Emergency Preparedness (PHEP), Hospital Preparedness Program (HPP), Medical Response and Surge Exercise, Health Care Preparedness and Response Capabilities[[2]](#footnote-2), or National Core Capabilities (or a combination), please list them here. These should be selected based on your objectives and requirements for the exercise]   * [Public Health, Healthcare, and Emergency Medical Services (Core)] * [Operational Communications (Core)] * [Planning (Core)] * [Public Information and Warning (Core)] * [Mass Care Services (Core)] * [Foundation for Health Care and Medical Readiness (Health Care Preparedness and Response Capabilities)] * [Health Care and Medical Response Coordination (Health Care Preparedness and Response Capabilities)] * [Information Sharing (PHEP)] * [Emergency Public Information and Warning (PHEP)] * [Community Recovery (PHEP)] |
| **Objectives** | [For sample objectives, please refer to the Objectives template documents for Ambulance, Behavioral Health, Community Clinics, Coroner/Medical Examiner, Emergency Medical Services (EMS) Agencies, Fire, Hospitals, Law Enforcement, Long Term Care Facilities, Offices of Emergency Management, and Public Health]   * [Insert the objectives selected by the Jurisdiction/Organization/Facility] |
| **Threat or Hazard** | [Insert threat or hazard] |
| **Scenario** | [Insert scenario] |
| **Sponsor** | The [Insert Year] SWMHE Exercise is sponsored by the California Department of Public Health and the California Emergency Medical Services Authority in collaboration with response partners representing local health departments, public safety, and healthcare facilities across California. |
| **Participating Organizations** | [Insert participating organizations here and in the appendices] |

| **Point of Contact** | [Insert your point of contact information here] |
| --- | --- |

# 

# Analysis of Capabilities

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 Capability Performance**

| **Objective** | **Capability** | **Performed without Challenges (P)** | **Performed with Some Challenges (S)** | **Performed with Major Challenges (M)** | **Unable to be Performed (U)** |
| --- | --- | --- | --- | --- | --- |
| [Objective 1] | [Capability] | **Empty** | **Empty** | **Empty** | **Empty** |
| [Objective 2] | [Capability] | **Empty** | **Empty** | **Empty** | **Empty** |
| [Objective 3] | [Capability] | **Empty** | **Empty** | **Empty** | **Empty** |
| [Objective 4] | [Capability] | **Empty** | **Empty** | **Empty** | **Empty** |

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

The following is an example of how the following section may be completed:

**[Objective 1]**

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

**[Capability 1]**

**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 2]**

**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.

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

This Improvement Plan has been developed specifically for the California Department of Public Health, the Emergency Medical Services Authority, and [insert jurisdiction/organization/facility] as a result of the annual SWMHE conducted on [date of exercise].

| **Observation** | **Corrective Action** | **Primary Responsible Organization** | **Organization**  **POC** | **Start**  **Date** | **Completion**  **Date** |
| --- | --- | --- | --- | --- | --- |
| 1. [Area for Improvement] | [Corrective Action 1] | 0 | 0 | 0 | 0 |
| blank | [Corrective Action 2] | 0 | 0 | 0 | 0 |
| blank | [Corrective Action 3] | 0 | 0 | 0 | 0 |
| 2. [Area for Improvement] | [Corrective Action 1] | 0 | 0 | 0 | 0 |
| blank | [Corrective Action 2] | 0 | 0 | 0 | 0 |
| 1. [Area for Improvement] | [Corrective Action 1] | 0 | 0 | 0 | 0 |
| blank | [Corrective Action 2] | 0 | 0 | 0 | 0 |
| blank | [Corrective Action 3] | 0 | 0 | 0 | 0 |
| 2. [Area for Improvement] | [Corrective Action 1] | 0 | 0 | 0 | 0 |
| blank | [Corrective Action 2] | 0 | 0 | 0 | 0 |
| 1. [Area for Improvement] | [Corrective Action 1] | 0 | 0 | 0 | 0 |
| blank | [Corrective Action 2] | 0 | 0 | 0 | 0 |
| blank | [Corrective Action 3] | 0 | 0 | 0 | 0 |
| 2. [Area for Improvement] | [Corrective Action 1] | 0 | 0 | 0 | 0 |
| blank | [Corrective Action 2] | 0 | 0 | 0 | 0 |

# Appendix B: Exercise Participants

**Federal**

| Name | Organization |
| --- | --- |
| blank | blank |
| blank | blank |
| blank | blank |
| blank | blank |
| blank | blank |

**State**

| Name | Organization |
| --- | --- |
| blank | blank |
| blank | blank |
| blank | blank |
| blank | blank |

**Jurisdiction A**

| Name | Organization |
| --- | --- |
| blank | blank |
| blank | blank |
| blank | blank |
| blank | blank |
| blank | blank |
| blank | blank |

**Jurisdiction B**

| Name | Organization |
| --- | --- |
| blank | blank |
| blank | blank |
| blank | blank |
| blank | blank |
| blank | blank |
| blank | blank |

# Appendix C: Participant Feedback

**Note**: To create rating percentages, tally the amount of times each rating was selected per assessment factor (i.e., 20 people circled 5 for the first assessment factor) then divide that number by the total   
number of feedback forms received or total number of participants that provided an answer for that assessment factor.

This table represents consolidated feedback from all forms received. This information is based on a total of [insert number here] usable feedback forms.

**Rating Satisfaction of Exercise**

| **Assessment Factor** | Strongly Disagree  (1) | **Disagree**  **(2)** | **Neutral**  **(3)** | **Agree**  **(4)** | **Strongly Agree**  **(5)** |
| --- | --- | --- | --- | --- | --- |
| [Pre-exercise briefings were informative and provided the necessary information for my role in the exercise] | 0% | 0% | 0% | 0% | 0% |
| [The exercise scenario was plausible and realistic] | 0 | 0 | 0 | 0 | 0 |
| [Exercise participants included the right people in terms of level and mix of disciplines] | 0 | 0 | 0 | 0 | 0 |
| [Participants were actively involved in the exercise] | 0 | 0 | 0 | 0 | 0 |
| [Exercise participation was appropriate for someone in my field with my level of experience/training] | 0 | 0 | 0 | 0 | 0 |
| [The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations] | 0 | 0 | 0 | 0 | 0 |
| [The exercise provided the opportunity to address significant decisions in support of critical mission areas] | 0 | 0 | 0 | 0 | 0 |
| [After this exercise, I am better prepared to deal with the capabilities and hazards addressed] | 0 | 0 | 0 | 0 | 0 |
| [I would participate in future exercises of this type] | 0 | 0 | 0 | 0 | 0 |

## Select Participant Feedback

* [Insert select, representative quotes from participant feedback forms, controller notes, and other materials and discussions following the exercise]
* [Participant Quote]
* [Participant Quote]

# Appendix D: Schedule

[Note: Jurisdictions/Organizations/Facilities should fill in and adjust the following timeline, breaks, etc.]

# [Date of Pre-Exercise Activities]

| **Time** | **Personnel** | **Activity** | **Location** |
| --- | --- | --- | --- |
| [Insert Time] | Exercise (FE) Controllers, Evaluators, & Staff | * Controller & Evaluator Orientation Briefing | [Insert Location] |
| [Insert Time] | FE Controllers & Staff | * Set up Control Cell and walk-through the exercise site(s) | [Insert Location] |
| [Insert Time] | All FE Players | * Player Briefing | [Insert Location] |

**[Date of Exercise]**

| **Time** | **Personnel** | **Activity** | **Location** |
| --- | --- | --- | --- |
| [Insert Time] | Controllers & FE Staff | * Check-in for final instructions and communications check | [Insert Location] |
| [Insert Time] | Media | * Media Briefing | [Insert Location] |
| [Insert Time] | Very Important Persons & Selected FE Staff | * VIP Briefing | [Insert Location] |
| [Insert Time] | All Participants | * Safety/Player Briefing | [Insert Location] |
| [Insert Time] | All | * All participants in starting positions | [Insert Location] |
| [Insert Time] | **All** | * **Exercise Starts** | [Insert Location] |
| [Insert Time] | **All** | * **Exercise Ends** | [Insert Location] |
| Immediately following the FE | All | * Venue Hot Washes * Turn in all Participant Feedback Forms | [Insert Location] |
| [Insert Time] | Controllers & Evaluators | * Controller/Evaluator Debrief | [Insert Location] |

**[Date of Post-Exercise Activities]**

| **Time** | **Personnel** | **Activity** | **Location** |
| --- | --- | --- | --- |
| [Insert Time] | Controllers, Evaluators, and Exercise Planning Team members | * After Action Meeting | [Insert Location] |

# Appendix E: Acronyms

| **Acronym** | **Meaning** |
| --- | --- |
| AAM | After Action Meeting |
| AAR | After Action Report |
| AAR/IP | After Action Report / Improvement Plan |
| AFN | Access and Functional Needs |
| ASPR | Administration for Strategic Preparedness and Response |
| C/E | Controller/Evaluator |
| CAHAN | California Health Alert Network |
| CAHF | California Association of Health Facilities |
| Cal OES | California Governor's Office of Emergency Services |
| Cal OSHA | California Division of Occupational Safety and Health |
| CBO | Community Based Organizations |
| CCLHO | California Conference of Local Health Officers |
| CDPH | California Department of Public Health |
| CERT | Community Emergency Response Team |
| CHA | California Hospital Association |
| C/ME | Coroner/Medical Examiner |
| CPCA | California Primary Care Association |
| CHHS | California Health and Human Services Agency |
| DHS | Department of Homeland Security |
| DOC | Department Operations Center |
| ED | Emergency Department |
| EEG | Exercise Evaluation Guide |
| EHD | Environmental Health Department |
| EMS | Emergency Medical Services |
| EMSA | Emergency Medical Services Authority |
| EMSAAC | Emergency Medical Services Administrators Association of California |
| EOC | Emergency Operation Center |
| EOM | California Public Health and Medical Emergency Operations Manual |
| EOP | Emergency Operations Plan |
| EPO | California Department of Public Health Emergency Preparedness Office |
| ETA | Estimated Time of Arrival |
| ExPlan | Exercise Plan |
| FAC/FIC | Family Assistance Center / Family Information Center |
| FBI | Federal Bureau of Investigation |
| FE | Functional Exercise |
| FEMA | Federal Emergency Management Agency |
| FOUO | For Official Use Only |
| FSE | Full Scale Exercise |
| HAZMAT | Hazardous Materials |
| HCC | Hospital Command Center |
| HICS | Hospital Incident Command System |
| HIPAA | Health Insurance Portability and Accountability Act |
| HPP | Hospital Preparedness Program |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| IAP | Incident Action Plan |
| ICS | Incident Command System |
| IP | Improvement Plan |
| JIC | Joint Information Center |
| JIS | Joint Information System |
| JRIC | Joint Regional Intelligence Center |
| JTTF | Joint Terrorism Task Force |
| LEMSA | Local Emergency Medical Services Authority |
| LHD | Local Health Department |
| MCI | Mass Casualty Incident |
| MHCC | Medical and Health Coordination Center |
| MHOAC | Medical/Health Operational Area Coordinator Program |
| MOU | Memorandum of Understanding |
| MRC | Medical Reserve Corps |
| MRSE | Medical Response and Surge Exercise |
| MSEL | Master Scenario Events List |
| NGO | Non-governmental organization |
| NHICS | Nursing Home Incident Command System |
| NIMS | National Incident Management System |
| OA | Operational Area |
| OEM | Office of Emergency Management |
| OES | California Governor’s Office of Emergency Services |
| PHEP | Public Health Emergency Preparedness |
| POC | Point of Contact |
| PPE | Personal Protective Equipment |
| RDMHC | Regional Disaster Medical Health Coordinator |
| RDMHS | Regional Disaster Medical Health Specialist |
| REOC | Regional Emergency Operation Center |
| SEMS | Standardized Emergency Management System |
| SimCell | Simulation Cell |
| SitMan | Situation Manual |
| SME | Subject Matter Expert |
| SWMHE | Statewide Medical and Health Exercise |
|  |  |
|  |  |
|  |  |

1. . After tailoring the document to your jurisdiction/organization/facility, be sure to update the Table of Contents by right clicking on it and selecting “update field”. [↑](#footnote-ref-1)
2. . 2017-2022 Health Care Preparedness and Response Capabilities developed by the Administration for Strategic Preparedness and Response (ASPR). [2017-2022 Health Care Preparedness and Response Capabilities (phe.gov)](https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf) [↑](#footnote-ref-2)