Hospital Surge Tabletop Exercise

## After-Action Report/Improvement Plan

## [Exercise Date]

Throughout this document, instructions are included in green boxes that will guide you through the completion of this After-Action Report/Improvement Plan (AAR/IP) for your facility/agency. Delete the green boxes when you complete the AAR/IP.

Replace highlighted text with the information specific to your facility.

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.

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# Exercise Overview

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| **Exercise Name** | Hospital Surge Tabletop Exercise |
| **Exercise Dates** | [Indicate the start and end dates of the exercise] |
| **Scope** | This exercise is a discussion-based exercise planned for up to three hours at [FACILITY / HOSPITAL]. The exercise play is limited to the exercise participants in Appendix B. |
| **Focus Area(s)** | Response |
| **HPP Capabilities** | • HPP Capability 4: Medical Surge |
| **Objectives** | 1. Test the ability of [FACILITY / HOSPITAL NAME] to handle a surge of trauma patients (20% and up to 75% of your average daily census) and would strain your resources.  2. Discuss and review [FACILITY / HOSPITAL NAME] medical surge plans and procedures. |
| **Threat or Hazard** | Medical surge of trauma patients |
| **Scenario** | A local fair is happening near your hospital. On the closing night, the grandstands are full of people in preparation for a closing musical act. Part of the grandstand structure collapses causing multiple traumatic injuries. |
| **Sponsor** | [Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable] |
| **Participating Jurisdictions/ 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)] |

# Analysis of Capabilities

The following section is used to translate the information gathered in the Exercise Evaluation Guide (EEG) to form an analysis of the objectives tested in the exercise. Follow this process for each Objective.

1. Review the EEG completed for your facility/agency.
2. Add identified “Strengths” from the EEG to the “Strengths” section under each objective in this AAR/IP. You may add or delete items as needed.
3. Add identified “Areas for Improvement” from the EEG to the “Areas for Improvement” section under each objective in this AAR/IP. You may add or delete items as needed.
   1. Add any plans or policies that the Area for Improvement relates to under “Reference.” This may include Staffing Section in the Emergency Operations Plan, Communications Plan, etc.
   2. Under “Analysis,” describe why this was identified as an Area for Improvement. What happened during the exercise? What is the root cause of this Area for Improvement?

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.

| Objective | Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
| --- | --- | --- | --- | --- | --- |
| 1. Test the ability of [FACILITY / HOSPITAL NAME] to handle a surge of trauma patients (20% and up to 75% of your average daily census) and would strain your resources. | HPP Capability 4: Medical Surge |  |  |  |  |
| 2. Discuss and review [FACILITY / HOSPITAL NAME] plans surrounding medical surge plans and procedures. | HPP Capability 4: Medical Surge |  |  |  |  |

Table 1. Summary of Core Capability Performance

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: Test the ability of [FACILITY / HOSPITAL NAME] to handle a surge of trauma patients (20% and up to 75% of your average daily census) and would strain your resources.

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

### 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: Discuss and review [FACILITY / HOSPITAL NAME] plans surrounding medical surge plans and procedures.

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

### 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

This IP is developed specifically for [FACILITY / HOSPITAL NAME] as a result of Hospital Surge Tabletop Exercise conducted on [date of exercise].

| Capability | Issue/Area for Improvement | Corrective Action | Primary Responsible Organization | Organization POC | Start Date | Completion Date |
| --- | --- | --- | --- | --- | --- | --- |
| HPP Capability 4: Medical Surge | 1. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |
| HPP Capability 4: Medical Surge | 1. [Area for Improvement] | [Corrective Action 2] |  |  |  |  |
| HPP Capability 4: Medical Surge | 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |
| HPP Capability 4: Medical Surge | 2. [Area for Improvement] | [Corrective Action 2] |  |  |  |  |
| HPP Capability 4: Medical Surge | 1. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |
| HPP Capability 4: Medical Surge | 1. [Area for Improvement] | [Corrective Action 2] |  |  |  |  |
| HPP Capability 4: Medical Surge | 2. [Area for Improvement] | [Corrective Action 1] |  |  |  |  |
| HPP Capability 4: Medical Surge | 2. [Area for Improvement] | [Corrective Action 2] |  |  |  |  |

# Appendix B: Exercise Participants

| **Participating Department** | **Name** | **Job Title** |
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# Appendix C: Acronym List

| **Acronym** | **Term** |
| --- | --- |
| AAR/IP | After Action Report / Improvement Plan |
| ED | Emergency Department |
| EEG | Exercise Evaluation Guide |
| HCC | Hospital Command Center |
| HICS | Hospital Incident Command System |
| HPP | Hospital Preparedness Program |
| ICU | Intensive Care Unit |
| POC | Point of Contact |
| SitMan | Situation Manual |
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# Appendix D: Participant Feedback

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| Provide a summary of all the collected participant feedback in this section. After collecting individual participant feedback, collate the information into one master list and place it here. Feedback involving the number rating system may be left as the raw data in the table, converted into graphs, or both. |