

# Tabletop Exercise-in-a-Box After-Action Report/ Improvement Plan (AAR/IP) Template

August 2024

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## Continuity of Operations (COOP) Plan Tabletop Exercise-in-a-Box Documents

This document is part of a Tabletop Exercise-in-a-Box. Below is a list of all the documents included in the Tabletop Exercise-in-a-Box.

1. **Situation Manual:** The Situation Manual provides general information to exercise participants, including exercise objectives, scope, and the exercise scenario.
2. **Facilitator Guide:** The Facilitator Guide describes the roles and responsibilities of the exercise facilitator and the exercise planning team. Because this handbook contains information regarding exercise administration, it is only to be distributed to those designing, facilitating, or evaluating the exercise.
3. **Facilitator PowerPoint Presentation:** A PowerPoint Presentation has been developed to help guide and facilitate the exercise. The PowerPoint presentation supplements the Situation Manual and provides participants with key information regarding the exercise.
4. **After-Action Report/ Improvement Plan (AAR/IP) Template:** This document includes an exercise overview, analysis of capabilities, and a list of corrective actions. The length, format, and development timeframe of the AAR/IP depend on the exercise type and scope. A template AAR/IP has been developed for this exercise.

## How to Use This COOP Tabletop Exercise-in-a-Box

Throughout each tool in the Tabletop Exercise-in-a-Box, the user will find indicators and icons to help customize their exercise and to meet the needs of their organization.

|  |  |
| --- | --- |
| A light bulb with rays of light indicating best practice | **Best Practice** icon identifies tips, tricks, planning considerations and recommendations for the tabletop exercise or for continuity planning. These icons and boxes should be deleted before the document is finalized. |

|  |  |
| --- | --- |
| A blue line drawing of a paper and a pencil indicating instructions | **Instructions** icon identified instructions for completing and customizing the tabletop exercise. These icons and boxes should be deleted before the document is finalized. |

Throughout the document the user will also find highlighted text. This highlighted text can be customized with information specific to the facility conducting the exercise.

***Please remember to delete this page prior to finalizing the AAR-IP for distribution.***

## Exercise Overview

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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| --- | --- |
| A blue line drawing of a paper and a pencil indicating instructions | **Review the following chart** and ensure it replicates the information in the Situation Manual. |

### Exercise Overview Table

|  |  |
| --- | --- |
| **Exercise Name** | Continuity in Crisis: A Tabletop Exercise |
| **Exercise Dates** | [Indicate the date(s) of the exercise the start and end time] |
| **Scope** | This discussion-based exercise is planned for up to [Number] hours at [Host Location]. |
| **Focus Area(s)** | Response |
| **Objectives** | * **Objective 1:** Assess the organization’s plans and process for identifying and staffing essential functions and operations during a disruptive incident. * **Objective 2:** Evaluate the organization’s process identifying and prioritizing critical information, data, and systems that are necessary to maintain essential functions and operations during a disruptive incident. * **Objective 3:** Discuss the organization’s strategies for identifying alternate care sites to continue services following a disruptive incident. |
| **Threat or Hazard** | **Module 1:** Staffing  **Module 2:** Information Technology  **Module 3:** Alternate Facilities |
| **Scenarios** | **Module 1:** In the heart of a challenging season, a sudden surge in absenteeism has hit the organization hard. Whether due to illness, family emergencies, or other unforeseen circumstances, a significant portion of clinical and administrative staff are unexpectedly unavailable.  **Module 2:** A long-term Information Technology (IT) outage has struck the health care facility, rendering crucial systems inaccessible.  **Module 3:** A severe weather event, such as tornado, has struck the region where the health care facility is located. |
| **Sponsor** | [Insert the name of the host organization.] |
| **Participating Jurisdictions/ Organizations** | See [Appendix B](#_Appendix_B:_Exercise) for a full list of participants. |
| **Point of Contact** | **[First Name Last Name]**  [Title]  [Agency]  [Street Address Line 1]  [Street Address Line 2]  [City, State, Zip Code]  [Phone Number]  [Email Address] |

## Analysis of Objectives

The following table includes the exercise objectives and performance ratings for each objective, as observed during the exercise.

|  |  |
| --- | --- |
| A blue line drawing of a paper and a pencil indicating instructions | If the organization choses to add exercise objectives to the Situation Manual, please **ensure any additional objectives are added to the chart below**.  For each objective, insert an “X” in the column that corresponds to the designated performance rating, based on the ratings provided in the completed exercise evaluation guides. |

### **Exercise Objectives and Performance Ratings Table**

| **Exercise Objectives** | **Performed without Challenges (P)** | **Performed with Some Challenges (S)** | **Performed with Major Challenges (M)** | **Unable to be Observed (U)** | |
| --- | --- | --- | --- | --- | --- |
| **Objective 1:** Assess the organization’s plans and process for identifying and staffing essential functions and operations during a disruptive incident. | [X] |  |  | |  |
| **Objective 2:** Evaluate the organization’s process identifying and prioritizing critical information, data, and systems that are necessary to maintain essential functions and operations during a disruptive incident. |  | [X] |  | |  |
| **Objective 3:** Discuss the organization’s strategies for identifying alternate care sites to continue services following a disruptive incident. |  |  | [X] | |  |

## Ratings Definitions

**Performed without Challenges (P):** The discussion associated with the objective was completed in a manner that would not negatively impact the performance of other activities.

**Performed with Some Challenges (S):** The discussion associated with the objective was achieved with some challenges and may negatively impact the performance of other activities or was not in accordance with applicable plans, policies, procedures, regulations, and/or laws.

**Performed with Major Challenges (M):** The discussion associated with the objective was achieved with major challenges and may negatively impact the performance of other activities or was not in accordance with applicable plans, policies, procedures, regulations, and/or laws.

**Unable to be Performed (U):** The discussion associated with the objective was not achieved during the exercise.

**Not Applicable (N/A):** The discussion associated with the objective was unable to be observed during this exercise.

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

## Objective 1: Assess the organization’s plans and process for identifying and staffing essential functions and operations during a disruptive incident.

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

### Strengths

|  |  |
| --- | --- |
| A blue line drawing of a paper and a pencil indicating instructions | If an objective is **indicated as meeting the “full” objective, there were no Areas for Improvement identified**. If there were Areas for Improvement identified by the evaluators and participants, it should be noted as “partial.” |

Meeting the [full or partial] objective can be attributed to the following strengths:

**Strength**: [Observation statement]

**Strength:** [Observation statement]

**Strength:** [Observation statement]

|  |  |
| --- | --- |
| A blue line drawing of a paper and a pencil indicating instructions | If there are additional strengths to note, **add lines and supporting information as needed**. |

### 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]

Analysis: [Provide a root cause analysis or summary of why the objective was not achieved.]

**Reference:** [Use this space to identify any plans, policies, or procedures related to the Area for Improvement or the associated action item.]

**Recommendations for Improvement:**

* [Identify the action items or suggestions for this Area for Improvement]

Area for Improvement 2: [Observation statement. This should clearly state the problem or gap]

Analysis: [Provide a root cause analysis or summary of why the objective was not achieved.]

**Reference:** [Use this space to identify any plans, policies, or procedures related to the Area for Improvement or the associated action item.]

**Recommendations for Improvement:**

* [Identify the action items or suggestions for this Area for Improvement]

|  |  |
| --- | --- |
| A blue line drawing of a paper and a pencil indicating instructions | If there are additional Areas for Improvement to note, add lines and supporting information as needed. Additionally, **ensure that “what was supposed to happen” and “what occurred” is accurately depicted for the organization**. |

## Objective 2: Evaluate the organization’s process identifying and prioritizing critical information, data, and systems that are necessary to maintain essential functions and operations during a disruptive incident.

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

### Strengths

|  |  |
| --- | --- |
| A blue line drawing of a paper and a pencil indicating instructions | If an objective is **indicated as meeting the “full” objective, there were no Areas for Improvement identified**. If there were Areas for Improvement identified by the evaluators and participants, it should be noted as “partial.” |

Meeting the [full or partial] objective can be attributed to the following strengths:

**Strength**: [Observation statement]

**Strength:** [Observation statement]

**Strength:** [Observation statement]

|  |  |
| --- | --- |
| A blue line drawing of a paper and a pencil indicating instructions | If there are additional strengths to note, **add lines and supporting information as needed**. |

### 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]

Analysis: [Provide a root cause analysis or summary of why the objective was not achieved.]

**Reference:** [Use this space to identify any plans, policies, or procedures related to the Area for Improvement or the associated action item.]

**Recommendations for Improvement:**

* [Identify the action items or suggestions for this Area for Improvement]

Area for Improvement 2: [Observation statement. This should clearly state the problem or gap]

Analysis: [Provide a root cause analysis or summary of why the objective was not achieved.]

**Reference:** [Use this space to identify any plans, policies, or procedures related to the Area for Improvement or the associated action item.]

**Recommendations for Improvement:**

* [Identify the action items or suggestions for this Area for Improvement]

|  |  |
| --- | --- |
| A blue line drawing of a paper and a pencil indicating instructions | If there are additional Areas for Improvement to note, add lines and supporting information as needed. **Additionally, ensure that “what was supposed to happen” and “what occurred” is accurately depicted for the organization.** |

## Objective 3: Discuss the organization’s strategies for identifying alternate care sites to continue services following a disruptive incident.

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

### Strengths

|  |  |
| --- | --- |
| A blue line drawing of a paper and a pencil indicating instructions | If an objective is **indicated as meeting the “full” objective, there were no Areas for Improvement identified.** If there were Areas for Improvement identified by the evaluators and participants, it should be noted as “partial.” |

Meeting the [full or partial] objective can be attributed to the following strengths:

**Strength**: [Observation statement]

**Strength:** [Observation statement]

**Strength:** [Observation statement]

|  |  |
| --- | --- |
| A blue line drawing of a paper and a pencil indicating instructions | If there are additional strengths to note, **add lines and supporting information as needed.** |

### 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]

Analysis: [Provide a root cause analysis or summary of why the objective was not achieved.]

**Reference:** [Use this space to identify any plans, policies, or procedures related to the Area for Improvement or the associated action item.]

**Recommendations for Improvement:**

* [Identify the action items or suggestions for this Area for Improvement]

Area for Improvement 2: [Observation statement. This should clearly state the problem or gap]

Analysis: [Provide a root cause analysis or summary of why the objective was not achieved.]

**Reference:** [Use this space to identify any plans, policies, or procedures related to the Area for Improvement or the associated action item.]

**Recommendations for Improvement:**

* [Identify the action items or suggestions for this Area for Improvement]

|  |  |
| --- | --- |
| A blue line drawing of a paper and a pencil indicating instructions | If there are additional Areas for Improvement to note, add lines and supporting information as needed. **Additionally, ensure that “what was supposed to happen” and “what occurred” is accurately depicted for the organization.** |

## Appendix A: Improvement Plan

This Improvement Plan was developed specifically for [Organization Name] based on the results of the exercise which was held on [Date].

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| --- | --- |
| A blue line drawing of a paper and a pencil indicating instructions | **Column 1: Exercise Objectives -** List all the Objectives from the exercise.  **Column 2: Issue \ Area for Improvement -** Copy each Area for Improvement above and move into this form. Ensure that each Area for Improvement is aligned with the correct Exercise Objective.  **Column 3: Corrective Action(s)** - For each Area for Improvement, list the actions needed to address the Area for Improvement. For example, if a contact list was outdated, corrective actions would be to update the list and develop a process to regularly review the list.  **Column 4: Assigned To** - Identify who is tasked with the corrective actions.  **Column 5: Start Date** - List the date that work will begin.  **Column 6: Target Completion Date** - List the date in which the corrective actions must be completed. |

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| A light bulb with rays of light indicating best practice | **It is a GOOD THING to have areas for improvement** in every exercise. Nothing will go perfectly – this is an opportunity to dig in and look for ways to improve. |

### **Improvement Plan Table**

| **Exercise Objective** | **Issue/Area for Improvement** | **Corrective Action(s)** | **Assigned To** | **Start Date** | **Target Completion Date** |
| --- | --- | --- | --- | --- | --- |
| **Objective 1:** Assess the organization’s plans and process for identifying and staffing essential functions and operations during a disruptive incident. | [Area for Improvement] | a. [Corrective Action]  b. [Corrective Action] | [Name of Person Responsible for Oversite] | [Date] | [Date] |
| [Area for Improvement] | a. [Corrective Action]  b. [Corrective Action] | [Name of Person Responsible for Oversite] | [Date] | [Date] |
| [Area for Improvement] | a. [Corrective Action]  b. [Corrective Action] | [Name of Person Responsible for Oversite] | [Date] | [Date] |
| **Objective 2:** Evaluate the organization’s process identifying and prioritizing critical information, data, and systems that are necessary to maintain essential functions and operations during a disruptive incident. | [Area for Improvement] | a. [Corrective Action]  b. [Corrective Action] | [Name of Person Responsible for Oversite] | [Date] | [Date] |
| [Area for Improvement] | a. [Corrective Action]  b. [Corrective Action] | [Name of Person Responsible for Oversite] | [Date] | [Date] |
| [Area for Improvement] | a. [Corrective Action]  b. [Corrective Action] | [Name of Person Responsible for Oversite] | [Date] | [Date] |
| **Objective 3:** Discuss the organization’s strategies for identifying alternate care sites to continue services following a disruptive incident. | [Area for Improvement] | a. [Corrective Action]  b. [Corrective Action] | [Name of Person Responsible for Oversite] | [Date] | [Date] |
| [Area for Improvement] | a. [Corrective Action]  b. [Corrective Action] | [Name of Person Responsible for Oversite] | [Date] | [Date] |
| [Area for Improvement] | a. [Corrective Action]  b. [Corrective Action] | [Name of Person Responsible for Oversite] | [Date] | [Date] |

## Appendix B: Exercise Participants

|  |  |
| --- | --- |
| A blue line drawing of a paper and a pencil indicating instructions | The following chart is used to **document those who are participating in the exercise.** If this is a community-based exercise, an organization may choose to partition participants by their organization. If this exercise is for a single organization, they may choose to partition participants by their department. |

|  |  |
| --- | --- |
| A light bulb with rays of light indicating best practice | An organization may choose to **add their scanned sign-in sheets to Appendix B** rather than using the chart below. |

### Exercise Participants Table

| **Organization or Department** | **Name** | **Job Title** |
| --- | --- | --- |
| [Organization or Department] | [Name] | [Title] |
| [Organization or Department] | [Name] | [Title] |
| [Organization or Department] | [Name] | [Title] |
| [Organization or Department] | [Name] | [Title] |
| [Organization or Department] | [Name] | [Title] |
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## Appendix C: Acronym List

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| A blue line drawing of a paper and a pencil indicating instructions | Please **review the completed AAR-IP** and ensure that all acronyms have been included in the table below. |

### **Acronym List Table**

| **Acronym** | **Term** |
| --- | --- |
| AAR/IP | After-Action Report/Improvement Plan |
| COOP | Continuity of Operations |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| IT | Information Technology |
| SITMAN | Situation Manual |
| [Acronym] | [Term] |
| [Acronym] | [Term] |
| [Acronym] | [Term] |