



After Action Review/ Improvement Plan

Strategic Planning Toolkit

Inter Tribal Council of Arizona Inc.



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Acknowledgments

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Inter Tribal Council of Arizona Inc. Tribal Epidemiology Center

Background

Inter Tribal Council of Arizona Inc.

The Inter Tribal Council of Arizona was established in 1952 to provide a united voice for Tribal governments in the state of Arizona to address common issues of concerns. On July 9, 1975, the Council established a private, non-profit corporation, Inter Tribal Council of Arizona, Inc. (ITCA), under the laws of the State of Arizona to promote American Indian self-reliance through public policy development. ITCA provides an independent capacity to obtain, analyze, and disseminate information vital to American Indian community self-development. The mission of ITCA is to *provide its Member Tribes with a united voice and the means for united action on matters that affect them collectively or individually.*



Tribal Epidemiology Center

The Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center values trust, service, and integrity above all else. We provide responsive, confidential, reliable, practical, high-quality professional epidemiologic services and products that address current and future public health challenges among tribal nations. We do this by promoting tribal self-determination, partnerships, innovation, resourcefulness, accountability, and sustainability. Our goal is to eliminate health inequities among American Indian Nations within three generations.

Our mission is to build Tribally-driven public health and epidemiologic capacity among Tribes in the Phoenix and Tucson Indian Health Service Areas by assisting Tribes with health surveillance, research, prevention, and program evaluation for planning and policy decision making in order to improve community health and wellness.

We envision our group to be a strong, interwoven group of centers working together to develop a National Tribal Epidemiology Center narrative; enhanced data access and stewardship; respected multi-directional public health collaborations; and a diverse sustainable funding base. We work together for the betterment of the health of American Indian and Alaska Native people living in a variety of settings in the United States.

The ITCA TEC provides technical assistance in the following areas:

- Figure 1. TEC Service Areas



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Abbreviations and Acronyms

AAR	After Action Review
BIA	Bureau of Indian Affairs
CDC	Centers for Disease Control and Prevention
CNC	Corporation for National and Community
FEMA	Federal Emergency Management Agency
HICS	Hospital Incident Command System
ICS	Incident Command Team
IHS	Indian Health Services
IP	Improvement Plan
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NDRF	National Disaster Recovery Framework
NIMS	National Incident Management System
NRF	National Response Framework
PPE	Personal Protective Equipment
USACE	United States Army Corps of Engineers
WHO	World Health Organization

Introduction to the After Action Review (ARR) Toolkit

Purpose of the AAR Toolkit

This toolkit serves as a planning tool outlining the After Action Review process (i.e. designing, planning, preparing, and conducting) complete with tools that can be found in the appendices. Each step in the toolkit can be tailored to fit your Tribe's needs to develop and improve your operations after a public health response.

Who is this Toolkit for?

The guidance for after action review (AAR) and the AAR toolkit is meant for Tribal government leaders, public health practitioners, and other stakeholders who are planning for an AAR to review actions taken in response to an incident of public health concern within Tribal communities. These stakeholders may include Tribal executive staff and government employees, such as: planners, emergency managers, and healthcare professionals.

Planners of AAR should bear in mind that each Tribe, agency and organization is different. The principles in this guide should be adapted to the traditional and institutional culture, practice and needs around which the review is taking place.

How to Use this Toolkit

This toolkit is designed to be read in the order that is most helpful to you by first providing an introduction to the AAR. Throughout the toolkit, you will see key highlights on the side panels for easy reading and concept absorption.

At the core of this toolkit, there are three process phases to the AAR (planning, conducting, and following up) and a final section on improvement planning:

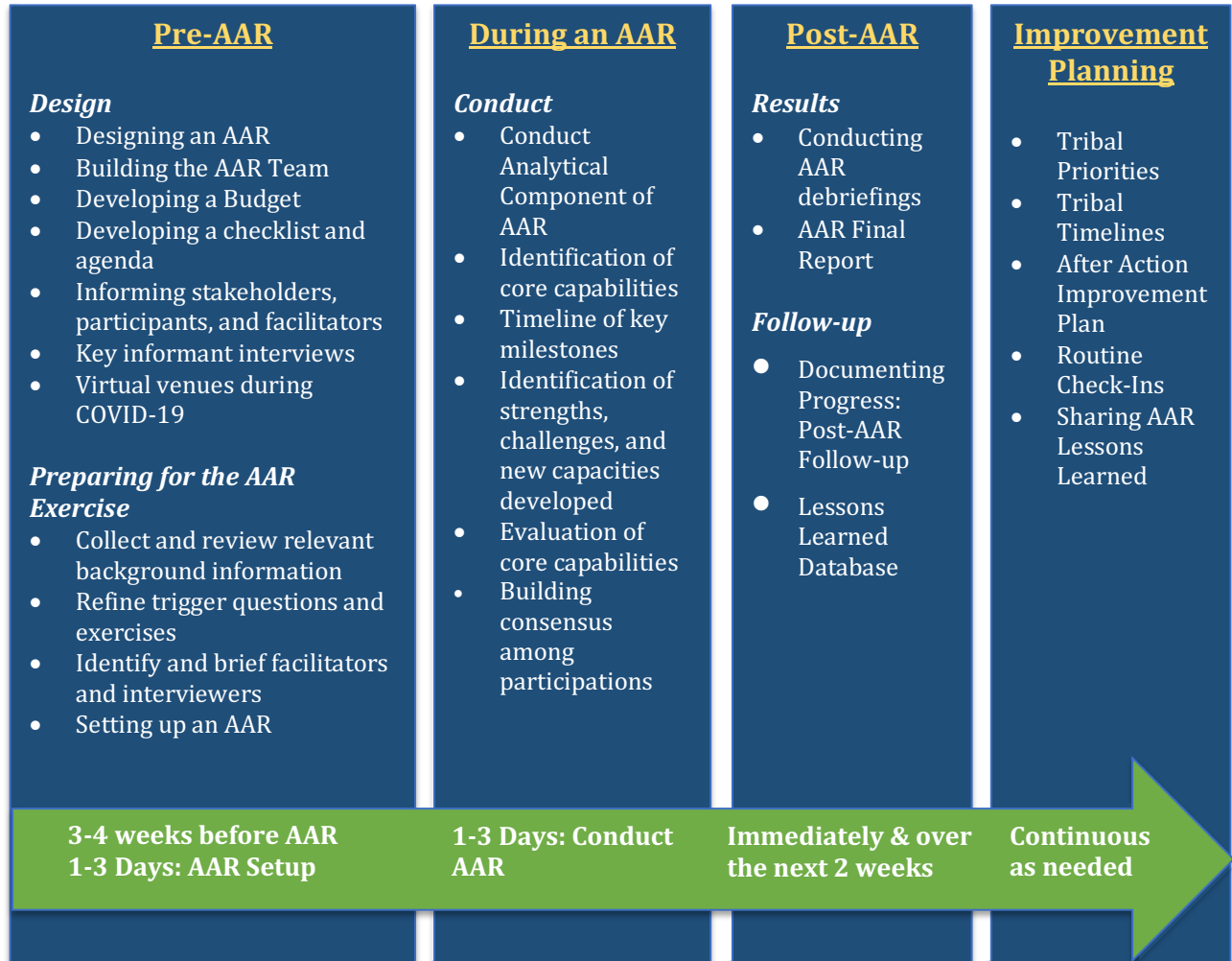
- **Part 1: Pre-AAR**
- **Part 2: During an AAR**
- **Part 3: Post-AAR**
- **Part 4: Improvement Planning**

Each step in this toolkit can be tailored to fit your Tribe's needs to develop and improve your operations after a public health response.

Throughout the toolkit, you will see key highlights on the side panels for easy reading and concept absorption.

See Figure 2 (below) to view the four process phases and the estimated timelines for starting and completing each phase.

Figure 2: AAR Planning Roadmap



Introduction to an AAR

What is an AAR?

An After Action Review (AAR) is a structured, qualitative review of actions taken in response to an incident of public health concern. Generally, an AAR is a simple, powerful tool used to assess performance, document lessons learned, and identify areas for improvement.

An AAR seeks to identify:

- actions that need to be implemented immediately, to ensure better preparation for the next incident; and
- medium- and long-term actions needed to strengthen and institutionalize the necessary capabilities of the public health system¹.

Designed to be flexible, an AAR can be adapted to fit the incident under review, as well as the organization and systems involved. Stakeholders involved in preparedness activities relevant to the incident under review are encouraged to be invited to an AAR to assess the impact of preparedness on the response.

An AAR features:

- An open and honest professional dialogue,
- Participation by all relevant stakeholders,
- A focus on the results of an incident, and
- Recommendations to improve performance.

The success of an AAR is contingent on the ability to bring relevant response stakeholders together in an environment where they can analyze actions taken during the response in a critical and systematic manner. AARs are not intended to assess individual performances or competences, but rather to identify functional challenges that must be addressed, and best practices to be maintained².

An AAR is NOT:

- A critique or lecture,
- Judge of performance,
- A means to embarrass, or
- A tool to blame.

An AAR offers participants an opportunity to translate their experiences from the response into actionable road maps or plans so they can do better the next time. The added value of an AAR is its focus on collective learning and experience sharing, with emphasis on the knowledge of stakeholders. One way in which an AAR can add value is by turning tacit knowledge into learning, and building trust and confidence among team members. In this way, AARs can become a key aspect of an organization's internal system of

An AAR is a simple, powerful tool used to assess performance, document lessons learned, and identify areas for improvement.

The added value of an AAR is its focus on collective learning and experience sharing, with emphasis on the knowledge of stakeholders.

¹ Guidance for after action review (AAR). Geneva, Switzerland: World Health Organization; 2019 (WHO/WHE/CPI/2019.4). Licence: CC BY-NC-SA 3.0 IGO

² Ibid.

learning and quality improvement, and can contribute to strengthening the capacity at the organization and Tribal levels³.

AARs should ideally be conducted as soon as possible after an incident or outbreak is declared over by the Tribe or other authorized entity (or within three months). For prolonged crises, multiple AARs can be conducted after each major phase. Similarly, for large-scale emergencies that involve many different capacities, separate AARs can be conducted for each major component of the response⁴.

What are the objectives of an AAR?

An AAR aims to identify (1) capacities in place before the response, (2) any challenges that came to light during it, (3) the lessons identified, and (4) any best practices observed during the response, including the development of new capacities⁵.

An AAR answers the following questions:

1. What was expected to happen?
2. What actually occurred?
3. Why were there differences?
4. What went well and why?
5. What didn't work and why?
6. What can be improved and how?⁶

As a form of group reflection, AARs are designed to foster organizational learning and to facilitate continuous improvements of performance.

AARs seek to gather the following:

- **Unbiased observations:** in retrospect, establish how actions were actually implemented, rather than how they would ideally have happened according to existing plans and procedures.
- **Analysis of gaps, best practices, and contributing factors:** identify gaps between planning and practice; analyze what worked and what did not work, and why.
- **Identification of areas for improvement:** identify actions to strengthen or improve performance, and determine how to follow up on them⁷.

What are the benefits of conducting an AAR?

AARs are powerful tools of assessment that produce quick results. In fact, the U.S. Army is one of few organizations that have implemented AAR processes to review their most recent missions and to identify possible improvements⁸

An AAR aims to identify:

- 1. capacities in place before the response,***
- 2. challenges that came to light during it,***
- 3. lessons identified, and***
- 4. best practices observed during the response, including the development of new capacities***

³ Ibid, 12.

⁴ Ibid., 12.

⁵ Ibid., 12.

⁶ Salem-Schatz, S., Ordin, D., & Mittman, B. (2010). Guide to the After Action Review [PDF]. Nashville: Vanderbilt University.

⁷ Ibid., 4

⁸ David A Garvin, "Learning In Action, A Guide to Putting the Learning Organization to Work" (Boston: Harvard Business School Press, 2000), 106-116.

The phrase “leave your rank at the door” positively outlines a major benefit to conducting AARs: it allows teams to share their views and ideas to help develop collective, organizational solutions.

AAR Benefits Include:

Additional benefits include:

- **Intentional critical thinking around an incident.** AARs foster an environment for the team to use root cause analysis. This helps assess the underlying factors that led to any failures and successes encountered during the response.
- **Team consensus.** As team members work together during the AAR to assess performance and identify lessons learned, they also develop strategies to improve.
- **Documentation of lessons learned.** AARs allow documentation to be used for future incidents.
- **Cross-sectoral learning.** As responses to many complex incidents (for example, the COVID-19 pandemic) involve more stakeholders than just those in the health sector, participants in the AAR can come from multiple sectors involved in the response. These might include animal health departments, hospital management boards, security authorities, and State and Tribal government departments. This can result in additional lessons being identified across sectors, bringing together new perspectives and strengthening relationships and coordination across sectors.
- **Builds capacity for preparedness and response.** Gaps and best practices identified in the AAR can be respectively addressed for improvement, and documented and institutionalized⁹.

- 1. Quick results***
- 2. Collective, organizational solutions***
- 3. Intentional critical thinking***
- 4. Team consensus***
- 5. Documentation of lessons learned***
- 6. Cross-sectoral learning***
- 7. Helps build capacity for the next incident***

When should an AAR be carried out?

Ideally, AARs should be considered immediately after a response to any incident with public health significance. An AAR is usually conducted within three months of the official declaration of the end of the incident by the Tribe. The reason for immediacy is to ensure response stakeholders are still present and have clear memories of what happened.

The same methodology can be applied while an incident is still continuing; for example, an AAR during the COVID-19 pandemic is a form of real-time analysis, covering a specific period or phase of the response.

An AAR is usually conducted within three months of the official declaration of the end of the incident by the Tribe.

⁹ Ibid, 12.

Tribal Specific Considerations

Tribal Priorities

Each American Indian and Alaska Native Tribe has immeasurable responsibilities to their Tribal members, to their Tribal culture, the Tribal history, and the future of their Tribe. Tribal governments are entrusted with authority for all aspects of Tribal matters, including self-governance, provision of social services, health, education, energy, and land management, while upholding and exercising Tribal sovereignty.

Tribes are free to coordinate and collaborate with any outside partner to further the resilience and safety of their citizens. During times of disaster, Tribes can look to partners in health, wildland fire, structural fire, emergency management, and law enforcement, to bolster the inherent ability to serve their Tribal members, after an incident, emergency or disaster.

Tribal governments may consider the adoption of nationally accepted incident management concepts, to enhance internal and external emergency response and recovery capabilities and resources. This toolkit utilizes concepts from the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and the Federal Emergency Management Agency (FEMA) for After Action Report and Improvement Planning.

Additional planning resources would include the National Response Framework (NRF) and the Incident Command System (ICS). The NRF is an ever-improving guide as to how governments within the United States respond to all types of disasters and emergencies; It is built on scalable, flexible, and adaptable concepts identified in the National Incident Management System (NIMS) to align key roles and responsibilities across the Nation.

In the hospital and clinical settings, Tribes should consider the Hospital Incident Command System (HICS). HICS is an incident management system based on principles of the ICS which assists hospitals and healthcare organizations in improving their emergency management planning, response, and recovery capabilities for unplanned and planned incidents. HICS is consistent with ICS and NIMS principles.

The chief beneficiaries of HICS will be anyone with a response role during a crisis including clinical and hospital physicians, nurses, and administrators, focusing on the understanding healthcare response issues and incident command practices and tools used during various incidents with health impacts.

Tribal governments may consider the adoption of nationally accepted incident management concepts, to enhance internal and external emergency response and recovery capabilities and resources.

This toolkit utilizes concepts from the following organizations and includes tribal specific considerations:

- 1. WHO***
- 2. CDC***
- 3. FEMA***
- 4. NRF***
- 5. ICS***
- 6. NIMS***
- 7. HICS***

Tribal Leadership Consultation

In order to ensure applicability, the term Tribal Leadership will refer to the Tribe's governing authorities such as a Tribal Council, Executive Committee, or Business Committee.

It is a possibility that the After Action Report Team may have limited Tribal Leadership participation; however, it may be necessary for the AAR Team to present findings and progress along the way in order to gain support and provide updates. It would be ideal to present the After Action Report once a draft is developed prior to moving into the Improvement Plan. It would likely be necessary to present the final draft Implementation Plan to the Tribal Leadership to garner support and approval to finalize and begin implementation of improvements.

Tribal Capability Considerations

Capability standards are a guide to looking at overall response to emergencies within an organization. There are additional factors that should be added per the specific Tribal community's custom and traditional components as well as specific regional components. Examples of other areas to consider in reviewing response and planning for improvements are listed in the following table.

Table 1: Additional Tribal/Regional Specific Considerations

- Tribal cultural and traditional medicine
- Scheduled Tribal ceremonial/gathering events
- Ceremonial, custom, and cultural rituals related to burials
- Tribal community closures to the public/visitors with barriers, checkpoints, signage, notifications
- Access to infrastructure needs in rural/underserved areas for Tribal Members (water, electricity, etc.)
- Multi-generational and multi-family homes

The After Action Report Team may not include all of the Tribal Leadership; it may be necessary for the AAR Team to present findings and progress along the way in order to gain support and provide updates.

Capability standards are a guide to looking at overall response to emergencies within an organization.

Before an AAR

Designing an AAR Working Group

Having an AAR Working Group involves having work sessions with a diverse group of individuals who work in various capacities within the Tribe related to health services, emergency services, human resources, planning, utilities and maintenance, social services, education, housing, elders' services, and Tribal Leadership.

There may be others involved who work in different departments and programs. Invitations to local municipalities and governments may also be a consideration if there are partnerships, MOAs or MOUs, and other contracted services established.

The design of a working group is to provide a forum for the participants to speak openly regarding the focus areas, experiences, and to provide opportunities for collective learning. The following table shows further points of a Working Group design.

Table 2: Working Group Design¹⁰

When to Use	Planning Considerations	Outcomes
<ul style="list-style-type: none">• With larger groups of diverse stakeholders where there are more than three focus areas• When those involved in the response can be brought together for a face-to-face meeting• When participants are willing to speak freely and honestly about their experiences in a group setting and share their experience for collective learning	<ul style="list-style-type: none">• More than three pillars for review• Can involve up to 50 individuals• Preparations should begin 4-6 weeks prior• Takes 2-3 days to conduct• For each working group, one facilitator and note taker proficient in the functions assigned to the group• Requires more resources than a debrief	<ul style="list-style-type: none">• Shared learning between pillars and between stakeholders participating in the review• Shared experience and space for discussion• Report drafted that will include the findings from the review

Having an AAR Working Group involves work sessions with a diverse group of individuals who work in various capacities within the Tribe.

The design of a working group is to provide a forum for the participants to speak openly regarding the focus areas, experiences, and provide opportunities for collective learning.

¹⁰ Guidance for after action review (AAR). Geneva, Switzerland: World Health Organization; 2019 (WHO/WHE/CPI/2019.4). Licence: CC BY-NC-SA 3.0 IGO

Building the AAR Team

The AAR Team will be the assigned team to assist in planning the working group, facilitating the working group, and developing the After Action report and improvement plan. Depending upon the size of the Tribe and the stakeholders involved, the AAR Team size could vary, but overall should include the following roles (see Table 3).

Table 3: AAR Team Members and Roles

Team Member	Role
AAR Lead	<ul style="list-style-type: none"> • Initiator of the AAR • Develops the scope and objectives of the review • Ensures coordination and support • Prepares and disseminates relevant background information • Identifies AAR team members and participants • Supervises team logistics • Reviews final drafts of plan and approvals • Presents final report to Tribal Leadership and other key stakeholders
Lead Facilitator	<ul style="list-style-type: none"> • Lead facilitation of AAR as an unbiased party • Develops trigger questions • Informs other facilitation team members of process, activities, and exercises • Provides support to facilitators • Conducts debriefings as required
Facilitators	<ul style="list-style-type: none"> • Supports in facilitation capacities in an unbiased manner • Guides discussions with excellent interpersonal and communication skills • Facilitates questions and seeks responses which are addressing the objectives and scope of the AAR • Summarizes responses and provides support to Note Takers and the Report Writer as necessary to develop the final written AAR • For Tribal communities, it may be necessary to have team members familiar with the community, language, and traditions
Note Takers	<ul style="list-style-type: none"> • Takes notes on working group participants in attendance • Takes notes of group discussions • Takes notes regarding identified exercises
Report Writer	<ul style="list-style-type: none"> • Prepares drafts and final written After Action Report
Tribal Improvement Plan Leader	<ul style="list-style-type: none"> • Is an individual from within the Tribal government to oversee the improvement plan process • Has the authority, or delegated authority, to plan, implement, and complete all identified corrective action items in the improvement plan • Is solely focused on the improvement plan • Avoids adding to the responsibilities of implementation on an already tasked individual • Assumes the responsibility for the identified issues during development of the improvement plan, while also making decisions about the initial list of appropriate corrective actions to resolve the identified issues

Developing a Budget

Once you have decided how to structure the AAR process and team, it is important to outline a budget for activities planning which can include, but not limited to the items listed in the following table.

Table 4: Example Items to Build into a Budget for AAR

Activities

- Team member wages
- Translator services
- Materials/Supplies (e.g. flip boards, markers, notepads, sticky notes, pens)
- Food/Snacks/Beverages
- Printing
- Communication aids (projectors, A/V equipment, recording equipment)
- Usage fees of meeting spaces
- Virtual meeting platforms
- Travel expenses/per diem amounts
- Lodging

It may be possible to outline a budget for implementation of improvement plan actionable items ahead of completion of the plan. Information on funding opportunities is available in the section regarding developing the Improvement Plan.

Developing a Checklist and Agenda

As a best practice, having a checklist of materials and logistics for each meeting helps to streamline planning. The checklist should include supplies and equipment, meeting room/virtual meeting logistics, assignments of team members, participant information (invitations, notes, reminders), special accommodations needed for accessibility, meals/catering details if needed, and any materials to be handed out.

An agenda for the Working Group should be developed to provide details on location, dates, start and end times of the day, topics to be covered and length of time for each. Topics may include Welcome and Introductions, Review of the AAR Process, Expectations of the Working Group, Capabilities, Exercises, etc.

As a best practice, having a checklist of materials and logistics for each meeting helps to limit any unnecessary hassle.

Informing Stakeholders, Participants, and Facilitators

When informing stakeholders, participants, and facilitators, having an AAR Launch memo or email containing information of what an AAR is, the process, logistical meeting information, expected timelines to completion, and what you are asking of the participants, tailoring information for each specific group of stakeholders as needed.

The AAR Lead should at this point develop and distribute the background information to help ensure all stakeholders have a similar level of understanding.

Virtual Venues During COVID-19 Pandemic

During the COVID-19 pandemic, there have been various safety precautions recommended by the World Health Organization, Center for Disease Control, and other health agencies that limit gatherings and interactions. Since the virus is highly contagious and transmitted through direct, indirect, and close contact with infected individuals, one of the precautions is social distancing, staying at a minimum 6 feet away from others.

For the safety of those involved, it may be beneficial to all parties to avoid large gatherings and opt for virtual meeting spaces. There are many virtual meeting platforms available such as Zoom, Google Hangouts, Adobe Connect, etc. It may be necessary to research these platforms and select the best option based on time limitations, activities (whiteboards, polls, etc.), security, and compatibility with technical systems.

For the safety of those involved, it may be beneficial to all parties to avoid large gatherings and opt for virtual meeting spaces

Preparing for the AAR Exercise

Collect and Review Relevant Background Documentation

Before beginning the AAR Working Group, all AAR facilitators and interviewers of key informants should have a common understanding of the necessary background information that will allow focus on the response actions that have been implemented. A best practice would be to have the AAR Team and participants review the relevant documentation in order to begin with the same level of understanding for review and development of improvement plans. The AAR facilitators should become familiar with the information in order to adequately guide the trigger questions and discussions within the AAR Working Group.

Table 5: Example Relevant Background Documents

- Strategic plans developed in response to the incident
- Status reports from key Leadership, Incident Command Teams, and other Emergency Management Teams
- Operations Assessments
- Statistical reports of outbreak information
- Public Health information issued by CDC, WHO, FEMA on start dates of infections, key milestones, clinical symptoms, demographic vulnerabilities, treatment developments
- Media reports
- Tribal Emergency Response resolutions or addresses
- Tribal Community communication materials
- Tribal health clinic/medical center data as necessary

A best practice would be to have the AAR Team and participants review the relevant documentation in order to begin with the same level of understanding for review and development of improvement plans.

Refine Trigger Questions and Exercises

Prior to the AAR Working Group, the Lead Facilitator should develop and refine trigger questions to guide the session. Trigger questions are open-ended questions used to guide discussion through the AAR Working Group based upon the objective, capabilities, and areas of focus. These questions can be refined after meeting with the AAR Team. Below are examples of additional questions for specific areas based on the WHO's working group templates.

- What was in place before the response?
 - A plan, capabilities, procedures, resources, etc.
- What happened during the response?
 - Timeline, key milestones, etc.?
- What went well? What went less well? Why?
 - What were the strengths and challenges? Funds or resources related? Process gaps?
- What can we do to improve for next time?
 - Addressing challenges? Implementation for best practice?

Trigger questions are open-ended questions used to guide discussion through the AAR Working Group based upon the objective, capabilities, and areas of focus.

Timeline Leading Up to an AAR Working Group

Table 6: Example Timeline Prior to Working Group

Task	Timeline
Send out invitations to Working Group participants	10 - 20 Days Prior to AAR Working Group
Distribute Relevant Background Documentation	5 - 10 Days Prior to AAR Working Group
Coordination meeting with AAR Lead, Lead Facilitator, facilitators, and note takers to review roles, objectives of meeting, meeting preparation, last minute preparations/adjustments	3 - 5 Days Prior to AAR Working Group
Distribute finalized materials (e.g. agenda, etc.)	2 - 3 Days Prior to AAR Working Group
Review checklist and confirm logistics	2 - 3 Days Prior to AAR Working Group

Tip: The AAR Lead should coordinate with the Lead Facilitator to ensure alignment in timeline and content.

During an AAR

Conducting an AAR

Conducting a working group AAR will likely take two to three days. During this time AAR participants conduct a thorough review of the response. The working group will identify achievements, challenges and actions needed to implement best practices. The objective is to develop methods to strengthen future capacity. Prior to conducting the analysis, the group should identify specific areas of focus for the review. The analysis itself should include objective observation, gap analysis and identification of areas for improvement.

Activities during an AAR

During the AAR, participants will engage in a number of exercises including:

1. Creating an inventory of capabilities
2. Agreeing upon a timeline of key events during the incident
3. Selecting a focus for the AAR
4. Conducting an evaluation of response
5. Creating a performance improvement plan

Using Capability Standards for an AAR

State, local, tribal, and territorial public health agencies exist within a landscape of diverse governance, organizational structures, legal authorities, partnerships, stakeholders, risks, demographics, and resources that influence jurisdiction-to-jurisdiction public health emergency preparedness priorities.

CDC's Public Health Emergency Preparedness and Response Capabilities provide an interrelated framework for communities to prepare for, respond to, and recover from threats and emergencies. The capability standards serve as a resource to assess, build, and sustain Tribal public health agency preparedness and response capacity by further defining the Tribal public health agency ESF #8 role¹¹ while guiding program improvement initiatives to address preparedness and response planning gaps. It is important that Tribal public health agencies must remain aware of new and emerging public health threats.

The definitions described within the capability standards are broad. Tribal health agencies are not expected to simultaneously and completely address all identified issues, gaps, and needs across all capabilities in the short term. Instead, Tribes should periodically reprioritize the capability standards they pursue based on regularly updated jurisdictional inputs, including risk assessment findings.

The working group will identify achievements, challenges and actions needed to implement best practices. The objective is to develop methods to strengthen future capacity.

Tribes should periodically reprioritize the capability standards they pursue based on regularly updated jurisdictional inputs, including risk assessment findings.

¹¹ Emergency Support Function (ESF) #8 -Public Health and Medical Services provides the mechanism for coordinated Federal assistance to supplement Tribal resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency.

The resources and functions described within each capability are not intended to be all inclusive. It is important to identify any additional resources, specific to your Tribe and your community, which may be necessary to achieve capability tasks. Identifying these additional resources will allow for customization of the plan. Your stakeholders can assist in doing this.

Tip: Identify all capability resources specific to your community to customize your plan.

In Table 7 (see below) find the CDC's fifteen Public Health Emergency Preparedness and Response Capabilities along with definitions and corresponding functions. This is important for the next section: Creating an Inventory of Capabilities for your AAR Working Group.

Table 7: Capability Definitions and Functions¹²

Capability	Definition	Functions
Capability #1: Community Preparedness	<p>Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term. Through engagement and coordination with a cross-section of state, local, tribal, and territorial partners and stakeholders, the public health role in community preparedness is to:</p> <ul style="list-style-type: none"> • Support the development of public health, health care, human services, mental/behavioral health, and environmental health systems that support community preparedness • Participate in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health • Identify at-risk individuals with access and functional needs that may be disproportionately impacted by an incident or event • Promote awareness of and access to public health, health care, human services, mental/behavioral health, and environmental health resources that help protect the community's health and address the access and functional needs of at-risk individuals <p>Engage in preparedness activities that address the access and functional needs of the whole community as well as cultural, socioeconomic, and demographic factors</p>	<ul style="list-style-type: none"> • Function 1: Determine risks to the health of the jurisdiction • Function 2: Strengthen community partnerships to support public health preparedness • Function 3: Coordinate with partners and share information through community social networks • Function 4: Coordinate training and provide guidance to support community involvement with preparedness efforts

¹² Redd, S., M.D., Kosmost, C., R.N., B.S.N., M.S., & Talbert, T., M.A. (2019). *Public health emergency preparedness and response capabilities: National standards for state, local, tribal, and territorial public health*. Atlanta, GA: Centers for Disease Control and Prevention, Center for Preparedness and Response.

	<ul style="list-style-type: none"> • Convene or participate with community partners to identify and implement additional ways to strengthen community resilience • Plan to address the health needs of populations that have been displaced because of incidents that have occurred in their own or distant communities, such as after a radiological or nuclear incident or natural disaster 	
Capability #2: Community Recovery	Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health care, human services, mental/behavioral health, and environmental health sectors that can guide and prioritize recovery operations. Communities should consider collaborating with jurisdictional partners and stakeholders to plan, advocate, facilitate, monitor, and implement the restoration of public health, health care, human services, mental/behavioral health, and environmental health sectors to at least a day-to-day level of functioning comparable to pre-incident levels and to improved levels, where possible.	<ul style="list-style-type: none"> • Function 1: Identify and monitor community recovery needs • Function 2: Support recovery operations for public health and related systems for the community • Function 3: Implement corrective actions to mitigate damage from future incidents
Capability #3: Emergency Operations Coordination	Emergency operations coordination is the ability to coordinate with emergency management and to direct and support an incident or event with public health or health care implications by establishing a standardized, scalable system of oversight, organization, and supervision that is consistent with jurisdictional standards and practices and the National Incident Management System (NIMS)	<ul style="list-style-type: none"> • Function 1: Conduct preliminary assessment to determine the need for activation of public health emergency operations • Function 2: Activate public health emergency operations • Function 3: Develop and maintain an incident response strategy • Function 4: Manage and sustain the public health response • Function 5: Demobilize and evaluate public health emergency operations
Capability #4: Emergency Public Information and Warning	Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.	<ul style="list-style-type: none"> • Function 1: Activate the emergency public information system • Function 2: Determine the need for a Joint Information System

		<ul style="list-style-type: none"> • Function 3: Establish and participate in information system operations • Function 4: Establish avenues for public interaction and information exchange • Function 5: Issue public information, alerts, warnings, and notifications
Capability #5: Fatality Management	<p>Fatality management is the ability to coordinate with partner organizations and agencies to provide fatality management services. The public health agency role in fatality management activities may include supporting</p> <ul style="list-style-type: none"> • Recovery and preservation of remains • Identification of the deceased • Determination of cause and manner of death • Release of remains to an authorized individual • Provision of mental/behavioral health assistance for the grieving <p>The role also may include supporting activities for the identification, collection, documentation, retrieval, and transportation of human remains, personal effects, and evidence to the examination location or incident morgue.</p>	<ul style="list-style-type: none"> • Function 1: Determine the public health agency role in fatality management • Function 2: Identify and facilitate access to public health resources to support fatality management operations • Function 3: Assist in the collection and dissemination of antemortem data • Function 4: Support the provision of survivor mental/behavioral health services • Function 5: Support fatality processing and storage operations
Capability #6: Information Sharing	<p>Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector. This capability includes the routine sharing of information as well as issuing public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance.</p>	<ul style="list-style-type: none"> • Function 1: Identify stakeholders that should be incorporated into information flow and define information sharing needs • Function 2: Identify and develop guidance, standards, and systems for information exchange • Function 3: Exchange information to determine a common operating picture
Capability #7: Mass Care	<p>Mass care is the ability of public health agencies to coordinate with and support partner agencies to address, within a congregate location (excluding shelter-in-place locations), the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. This capability includes coordinating ongoing surveillance and public health assessments to</p>	<ul style="list-style-type: none"> • Function 1: Determine public health role in mass care operations • Function 2: Determine mass care health needs of the impacted population • Function 3: Coordinate public health, health care, and mental/behavioral

	ensure that health needs continue to be met as the incident evolves.	health services <ul style="list-style-type: none"> • Function 4: Monitor mass care population health
Capability #8: Medical Counter-measure Dispensing and Administration	Medical countermeasure dispensing and administration is the ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident, according to public health guidelines. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, antiviral drugs, antibiotics, and antitoxins.	<ul style="list-style-type: none"> • Function 1: Determine medical countermeasure dispensing/administration strategies • Function 2: Receive medical countermeasures to be dispensed/administered • Function 3: Activate medical countermeasure dispensing/administration operations • Function 4: Dispense/administer medical countermeasures to targeted population(s) • Function 5: Report adverse events
Capability #9: Medical Materiel Management and Distribution	Medical materiel management and distribution is the ability to acquire, manage, transport, and track medical materiel during a public health incident or event and the ability to recover and account for unused medical materiel, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident.	<ul style="list-style-type: none"> • Function 1: Direct and activate medical materiel management and distribution • Function 2: Acquire medical materiel from national stockpiles or other supply sources • Function 3: Distribute medical materiel • Function 4: Monitor medical materiel inventories and medical materiel distribution operations • Function 5: Recover medical materiel and demobilize distribution operations
Capability #10: Medical Surge	Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the health care system to endure a hazard impact, maintain or rapidly recover operations that were compromised, and support the delivery of medical care and associated public health services, including disease	<ul style="list-style-type: none"> • Function 1: Assess the nature and scope of the incident • Function 2: Support activation of medical surge • Function 3: Support jurisdictional medical surge operations • Function 4: Support demobilization of medical

	surveillance, epidemiological inquiry, laboratory diagnostic services, and environmental health assessments.	surge operations
Capability #11: Non-pharmaceutical Interventions	<p>Nonpharmaceutical interventions are actions that people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies. This capability focuses on communities, community partners, and stakeholders recommending and implementing nonpharmaceutical interventions in response to the needs of an incident, event, or threat. Nonpharmaceutical interventions may include</p> <ul style="list-style-type: none"> • Isolation • Quarantine • Restrictions on movement and travel advisories or warnings • Social distancing • External decontamination • Hygiene • Precautionary protective behaviors 	<ul style="list-style-type: none"> • Function 1: Engage partners and identify factors that impact nonpharmaceutical interventions • Function 2: Determine nonpharmaceutical interventions • Function 3: Implement nonpharmaceutical interventions • Function 4: Monitor nonpharmaceutical interventions
Capability #12: Public Health Laboratory Testing	<p>Public health laboratory testing is the ability to implement and perform methods to detect, characterize, and confirm public health threats. It also includes the ability to report timely data, provide investigative support, and use partnerships to address actual or potential exposure to threat agents in multiple matrices, including clinical specimens and food, water, and other environmental samples. This capability supports passive and active surveillance when preparing for, responding to, and recovering from biological, chemical, and radiological (if a Radiological Laboratory Response Network is established) public health threats and emergencies.</p>	<ul style="list-style-type: none"> • Function 1: Conduct laboratory testing and report results • Function 2: Enhance laboratory communications and coordination • Function 3: Support training and outreach
Capability #13: Public Health Surveillance and Epidemiological Investigation	<p>Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. It also includes the ability to expand these systems and processes in response to incidents of public health significance.</p>	<ul style="list-style-type: none"> • Function 1: Conduct or support public health surveillance • Function 2: Conduct public health and epidemiological investigations • Function 3: Recommend, monitor, and analyze mitigation actions

		<ul style="list-style-type: none"> • Function 4: Improve public health surveillance and epidemiological investigation systems
Capability #14: Responder Safety and Health	Responder safety and health is the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment.	<ul style="list-style-type: none"> • Function 1: Identify responder safety and health risks • Function 2: Identify and support risk-specific responder safety and health training • Function 3: Monitor responder safety and health during and after incident response
Capability #15: Volunteer Management	Volunteer management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers to support the jurisdictional public health agency's preparedness, response, and recovery activities during pre-deployment, deployment, and post-deployment.	<ul style="list-style-type: none"> • Function 1: Recruit, coordinate, and train volunteers • Function 2: Notify, organize, assemble, and deploy volunteers • Function 3: Conduct or support volunteer safety and health monitoring and surveillance • Function 4: Demobilize volunteers

Create an Inventory of Core Capabilities

The inventory of the capabilities that existed prior to the incident, and which could have been used to support the response, should be established. Identification of core capabilities will help inform the focus for the AAR.

The capabilities are typically grouped in the following capability elements:

1. **Plans and Policies:** Review the plan for a multisector response
 - a. Leadership, partner coordination, information management, health operations, operations support and logistics (supply chain management), financial management, IT
2. **Resources:** Availability of sufficient resources (human, material and financial) available for multisectoral coordination at all levels?
3. **Coordination Mechanisms:** Collaboration with local, state and federal partners
4. **Preparedness activities:** including prevention measures such as testing and immunization (if available)
5. **Others:** Communications, IT, Broadband, Education

Identification of core capabilities will help inform the focus for the AAR.

Select a Focus for the AAR

Prior to conducting the review, the group should identify specific areas of focus. Selecting areas of focus is necessary to structure the AAR and make it more customized and meaningful to your Tribal Nation. In order to determine the focus of the AAR, Tribes should select from the capabilities outlined earlier on pages 21 - 26. Not all capability standards need to be included in the AAR; only those which are most relevant and important to your community. Subsequently, not all functions within each capability need to be evaluated. In addition, some functions may fall within and across different capabilities depending on how your emergency response effort is structured.

Table 8 (see below) is an example of focusing on capabilities relevant to the incident and the response by the Tribe.

Selecting areas of focus is necessary to structure the AAR and make it more customized and meaningful to your Tribal Nation.

Table 8. Example AAR Selected Capability and Function

Selected Capabilities	Functions/Activities for Review
Capability #1: Community Preparedness	<ul style="list-style-type: none"> ● Function 2: Strengthen community partnerships to support public health preparedness ● Function 3: Coordinate with partners and share information through community social networks ● Function 4: Coordinate training and provide guidance to support community involvement with preparedness efforts
Capability #2: Community Recovery	<ul style="list-style-type: none"> ● Function 1: Identify and monitor community recovery needs ● Function 3: Implement corrective actions to mitigate damage from future incidents
Capability #3: Emergency Operations Coordination (Since the actual emergency operations coordination is the core of an AAR, typically all associated functions are included in the review.)	<ul style="list-style-type: none"> ● Function 1: Conduct preliminary assessment to determine the need for activation of public health emergency operations ● Function 2: Activate public health emergency operations ● Function 3: Develop and maintain an incident response strategy ● Function 4: Manage and sustain the public health response ● Function 5: Demobilize and evaluate public health emergency operations
Capability #4: Emergency Public Information and Warning	<ul style="list-style-type: none"> ● Function 2: Determine the need for a Joint Information System ● Function 4: Establish avenues for public interaction and information exchange ● Function 5: Issue public information, alerts, warnings, and notifications
Capability #8: Medical Countermeasure	<ul style="list-style-type: none"> ● Function 1: Determine medical countermeasure dispensing/administration strategies ● Function 2: Receive medical countermeasures to be dispensed/administered ● Function 3: Activate medical countermeasure dispensing/administration operations ● Function 4: Dispense/administer medical countermeasures to targeted population(s)

	<ul style="list-style-type: none"> ● Function 5: Report adverse incidents
Capability #10: Medical Surge	<ul style="list-style-type: none"> ● Function 1: Assess the nature and scope of the incident ● Function 2: Support activation of medical surge ● Function 3: Support jurisdictional medical surge operations ● Function 4: Support demobilization of medical surge operations
Capability #11: Non-pharmaceutical Interventions	<ul style="list-style-type: none"> ● Function 1: Engage partners and identify factors that impact nonpharmaceutical interventions ● Function 2: Determine nonpharmaceutical interventions ● Function 3: Implement nonpharmaceutical interventions ● Function 4: Monitor nonpharmaceutical interventions
Capability #14: Responder Safety and Health	<ul style="list-style-type: none"> ● Function 1: Identify responder safety and health risks ● Function 2: Identify and support risk-specific responder safety and health training ● Function 3: Monitor responder safety and health during and after incident response

Key Milestones of an Incident

At the outset of the AAR, the facilitator will work with the group to identify key milestones for the incident. The timeline is important to the analysis in order to determine if elements of the response effort occurred timely. The Tribal milestone timeline should be compared to the epi curve of the disease to evaluate the impact of interventions on controlling the outbreak. Typical key milestones and their definitions can be found below.

Table 9: Key Milestones Definitions

Key Milestone	Definition
Start of the Outbreak/Event	Date of symptom onset in the first case as defined by the epidemiology definition of a case
Detection of the Outbreak on the Reservation	Date the outbreak is first recorded by any source
Declaration of Emergency	Date Tribal Leadership officially announced declaration of emergency
Emergency Operations Center activated	EOC activated
Date of Tribal community communication	Date of first official release of information to the community
Date of outbreak intervention	Earliest date of public health intervention to control the outbreak
Date outbreak is under control or ended	Date outbreak is declared under control or over by public health authority

The Tribal milestone timeline should be compared to the epi curve of the disease to evaluate the impact of interventions on controlling the outbreak.

Identification, Evaluation and Rating of Strengths, Challenges, and New Capacities Developed

Identifying, evaluating, and rating the strengths and challenges of your recent response efforts is the first major step in a two-step process for developing and updating an infectious disease response plan. The second step is creating a performance improvement plan. Within each capability area, participants should work together to identify key strengths, challenges and new capabilities developed through the response to the outbreak. This evaluation will serve as the basis of the performance improvement plan for AAR. Create a template to track each function within a particular capability.

Rating Performance for Each Capacity

As part of the evaluation process, performance for each capacity should be rated. The typical rating scale recommended by FEMA and associated definitions are as follows:

- **Performed without challenges (P):** The targets and critical tasks associated with the core 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 community or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and Tribal and Federal laws.
- **Performed with Some Challenges (S):** The targets and critical tasks associated with the core 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 core 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 core capability were not performed in a manner that achieved the objective(s)

For each capability, the group should agree upon a description including a short narrative of key issues, milestones, and challenges which will help identify the function and activities included for review and frame subsequent areas for the evaluation. Below is a selected, non-all-inclusive example evaluation template.

Identifying, evaluating, and rating the strengths and challenges of your recent response efforts is the first major step in a two-step process for developing and updating an infectious disease response plan.

Table 10: Example Evaluation for Capability #1 - Community Preparedness

Function	Performance Rating (P, S, M, U)	Strength	Challenge	New Capability
Function 1: Strengthen community partnerships to support public health preparedness	S	Internal partnerships were already strong and several external partnerships in place	Some key external partnerships weren't established	N/A
Function 3: Coordinate with partners and share information through community social networks	M	Coordination helped with consistency of response efforts	Missing partnerships were difficult to obtain in the middle of a crisis	N/A
Function 4: Coordinate training and provide guidance to support community involvement with preparedness efforts	S	Internal partnerships allowed for ease of coordination for training within the community	N/A	N/A

Table 11: Example Evaluation for Capability #2 – Community Recovery

Function	Performance Rating (P, S, M, U)	Strength	Challenge	New Capability
Function 1: Identify and monitor community recovery needs	M	Internal inventory of assets existed	Jurisdictional partner information was either missing or out of date	Knowledge of jurisdictional partners and services was updated
Function 3: Implement corrective actions to mitigate damage from future incidents	M	Over time, the various stakeholders became more agile in responding to frequently changing information and standards	Communication and coordination was at times challenging	Developed more formal channels of communication and established daily briefings.

Table 12: Example Evaluation for Capability #3 - Emergency Operations

Function	Performance Rating (P, S, M, U)	Strength	Challenge	New Capability
Function 1: Conduct preliminary assessment to determine the need for activation of public health emergency operations	P	Team engaged quickly and gained Leadership support swiftly.	NA	NA
Function 2: Activate public health emergency operations	P	Team engaged quickly and gained Leadership support swiftly.	NA	NA
Function 4: Manage and sustain the public health response	M	Over time, the response effort stabilized and adapted to changing conditions.	Understanding all components and identifying appropriate partners was challenging at times	Formal MOA's signed with multiple partners.

Table 13: Example Evaluation for Capability #8 - Medical Countermeasure

Function	Performance Rating (P, S, M, U)	Strength	Challenge	New capability
Function 1: Determine medical countermeasure dispensing/ administration strategies (for a pandemic this can include testing)	M	N/A	No testing supplies immediately available	Suppliers identified, contracts signed, secure storage identified, stockpile created

Function 2: Receive medical countermeasures to be dispensed/ administered	M	Identified Local and state level partners with assistance from Federal agencies including IHS and CDC	No testing supplies immediately available	Suppliers identified, contracts signed, secure storage identified, stockpile created
Function 3: Activate medical countermeasure dispensing/ administration operations	S	Coordinated with local partners once testing equipment became available	Timeline in establishing agreement with local partners	Created new policies and procedures which may be applied in future situations

How to use your Evaluation for Improvement Planning

Creating an identification and evaluation of your response activity is the first step in updating your plan. The evaluation should then be used to develop your performance improvement plan. There is no prescribed way to determine which capacities and functions should be included in the performance improvement plan. You may choose to include each capacity, only those rated “performed with some or major challenges” or a hybrid.

Building Consensus Among Participants

Upon completion of the identification and evaluation of strengths, challenges, and new capacities the group should conduct a final review of each and reach agreement. This review is important to build consensus and generate buy in. This creates responsibility within the group and increases the likelihood that the performance improvement plan will be completed and implemented.

A final review creates responsibility within the group and increases the likelihood that the performance improvement plan will be completed and implemented.

Presenting Results and Follow-Up Actions

Inter-Tribal Debriefing

The AAR debriefing shares with Leadership, stakeholders, and partners the overall planning, preparation, and conduct of the AAR. If desired, the debriefing can also share the roles, responsibilities, and timelines for completion of the AAR reports and other deliverables. Ideally, the AAR debriefing should occur within one week of completing the AAR. The AAR debrief typically takes the form of a combination of a formal presentation and discussion. The debrief can be led by the AAR facilitator, someone appointed by the group, or a combination of group participants depending on areas of expertise. The focus should be on lessons learned and best practices. The AAR debrief may also include a discussion on how to improve the AAR process in the future.

When presenting an AAR debrief to Tribal Leadership, in addition to sharing information and best practices, this is an opportunity to gain support and approval for the resources needed to implement the AAR improvement plan. It may also be an opportunity to gain support to share the AAR findings with others including external partners and the Tribal community. This more widespread sharing of results can garner greater cooperation and understanding for actions during future incidents.

When presenting an AAR debrief to Tribal Leadership, this is an opportunity to gain support and approval for the resources needed to implement the AAR improvement plan.

External Debriefing

In response to most emergency incidents, particularly public health emergencies, Tribal governments collaborate with other external partners: local, state, federal and NGO's to coordinate the response. For this reason, when appropriate, it is often a best practice to conduct an AAR with these external partners. This is particularly important when there are segments of the action plan which include and rely on external partners for implementation. This helps strengthen partnerships and future collaborations. The same format used for the internal Tribal debriefing may be used with minor adjustments for this external debrief.

External debriefing helps strengthen partnerships and future collaborations.

AAR Final Report

An author for the final report should be the assigned Report Writer from the AAR Team. The Report Writer should gather all notes and the action/work plan developed during the AAR for integration into the report. Once the initial draft is completed, it should be circulated to a review committee to review for accuracy and completeness. The most critical component of the AAR is the action plan for key activities and recommendations including timelines, budget information and assigned staff/departments/individuals. Activities should be separated into those which can be completed within a short amount of time and those which are longer term. (e.g. building alternate housing for those who must be quarantined.)

At a minimum, the final report for the AAR should include the following sections:

- I. Executive summary
- II. Background and description of the incident under review
- III. Scope/focus of the review
- IV. Findings/Evaluation/Action plan
- V. Next Steps
- VI. Conclusions

The plans for disseminating the final AAR report should be agreed upon during the AAR planning process. It is advisable to consider an abbreviated report with classified and/or sensitive information removed. For example, if the action plan assigns specific individuals, this may not be allowed according to human resource policies. Once the report is finalized, it should be shared with everyone in the AAR planning group, Tribal Leadership and anyone else Tribal Leadership determines.

After the AAR: Documenting Progress

It is important to keep in mind that the action plan for the AAR is a living document and should be followed and amended as the action plan is implemented. Not until the improvement plan is finalized has the AAR come to completion. A best practice is to assign a coordinator to oversee the ongoing implementation of the improvement plan. This is different from the team members responsible for implementing the plan. The role of the coordinator is twofold:

1. Act as a convener of the group, whether that means weekly, monthly or quarterly gatherings depending on the activities and availability of members.
2. Facilitation of access to resources needed to get the work done i.e. support from procurement and finance to seek vendors for PPE's and funding to purchase

It is important to keep in mind that the action plan for the AAR is a living document and should be followed and amended as the action plan is implemented.

Lessons Learned Database

The AAR Team should document their work and notes provided by the Note Taker to create a database of "lessons learned". The purpose of this database is to record and share information gained during the emergency and the AAR process with others. As stated previously, keeping a record of the performance ratings for each capability will be important when it comes to the next phase of Improvement Planning.

Improvement Planning

Improvement planning is the essential next step, once the AAR has been completed. The identification of strengths, areas for improvement, and corrective actions that result from incidents help Tribal organizations build capabilities as part of a larger continuous improvement process. An effective corrective action program develops improvement plans that are dynamic documents, which are continually monitored and implemented as part of the larger system of improving Tribal response to incidents.

Improvement Planning is a process by which the areas for improvement from an incident are turned into tangible and quantifiable corrective actions that strengthen capabilities. Improvement planning activities can help shape preparedness priorities and support continuous improvement in Tribal organizations

Improvement Planning is a process by which the areas for improvement from an incident are turned into tangible and quantifiable corrective actions that strengthen capabilities.

Improvement Plan Authority

The completion of an AAR and the subsequent Improvement Plan (IP) by a Tribe should have the full backing of all levels of Tribal Leadership, as there are personnel, financial, policy, legal, and at times, sovereignty issues related to the adoption and implementation of the IP.

Each Tribe that completes an IP should consider the internal business practices of the Tribe, including the role and authorities of Tribal Leadership, to assure that each of the corrective actions can be addressed at the proper location within the organization, to assure completion of the corrective action items.

Tribal Leadership and Tribal government officials must be included in the lifespan of the IP and the completion of the corrective action items. They can provide strategic direction for the IP program as well as specific guidance necessary for achieving the desired outcomes of the IP. Routine engagement during the IP process with Tribal Leadership and Tribal government officials can bolster internal and external support necessary for the success of the project.

The completion of an AAR and the subsequent Improvement Plan (IP) by a Tribe should have the full backing of all levels of Tribal Leadership.

Tribal Improvement Plan Leadership

It is essential to have an assigned individual from within the Tribal government to oversee the IP process, through to completion. This individual should have the authority, or a delegated authority, to plan, implement, and complete all the identified corrective action items in the IP. It is preferable that this individual is solely focused on the IP, avoiding adding the responsibilities of the IP implementation on an already tasked individual. During the IP implementation period the development of corrective actions, the Tribal IP Leader, as the Tribal IP project manager, will assume the responsibility for the identified issues, while also making decisions about the initial list of appropriate corrective actions to resolve the identified issues.

Tribal Timelines

There are numerous factors that impact the timeline for the implementation of the Tribal IP. Once the IP has been approved at the final reporting, the proper internal Tribal Leadership approvals and resolutions have been obtained, and the Tribal IP Leader is identified, the project management aspects of the IP process are now of greatest concern. These issues include financial/funding matters and staffing to complete the corrective action items for the IP.

After Action Improvement Plan

Improvement Plan (IP) Development:

The Improvement Plan (IP) is a document that generally includes an overview of the event or incident that is being evaluated, including an analysis of capabilities, and a list of accepted and approved corrective actions. The length, format, and development timeframe of the IP depend on the incident type and scope of the involvement of each participating entity. The IP should include an overview of performance related to each incident objective and associated capabilities required.

The ability to communicate exercise evaluation results to stakeholders is crucial to the improvement planning process.

Gathering Stakeholder Observations

Time spent planning for data collection, the actual collection of data, and conducting analysis supports the development of clear observations and recommendations for inclusion in the Improvement plan.

It is recommended the database information be provided to additional stakeholders who did not participate in the AAR Working Group to identify areas for further improvement, provide feedback on improvement implementation activities, and provide their recommended resources and timelines for implementation.

After the After Action Review working group is completed, it is recommended that the capabilities ranked as “Unable to Perform” or “Performed with Major Challenges” be at the top of the priority list to be included in the improvement plan. The capabilities ranked as “Performed with Some Challenges” and “Performed without Challenges” do not need to be added but may be included at the discretion of the Tribal IP Leader.

The observations developed for the capabilities should be categorized as either strengths or areas for improvement and can be found in the database of lessons learned from the AAR Working Group. Additional recommendations for improvement can be gathered from other stakeholders to gain more insight into specific improvement actions.

The Improvement Plan (IP) is a document that generally includes an overview of the event or incident that is being evaluated, including an analysis of capabilities, and a list of accepted and approved corrective actions.

Mechanisms to discover observations from stakeholders include:

- Written Observations
- Verbal Interviews
- Written/Online surveys
- Group Discussions

Feedback should include:

- Clear and direct statement of the issue identified
- A brief description of the analysis
- The impact or result of the issue

Observation Strengths and Weaknesses:

- Actions that went exceptionally well given the circumstances
- The impact of positive performance on desired or expected outcomes
- Activities that yielded better results than could have been expected
- Outcomes did not meet expectations or intent
- The negative impact of actual performance on desired or expected outcomes
- The factors that contributed to the inability to meet critical tasks, capability targets, or desired outcomes

Other areas of emphasis when organizing observations into the Improvement Plan:

- Focus on issues that are critical to the success of a mission or represent a trend
- Observations help guide corrective action planning by focusing time and resources on issues that have the greatest impact
- Include data on consequences and likelihood of reoccurrences or what would happen if no action is taken

It is recommended the database information be provided to additional stakeholders who did not participate in the AAR Working Group to identify areas for further improvement.

SMART Corrective Actions

The Homeland Security Exercise and Evaluation Program (HSEEP) Guide from January 2020 recommends the use of SMART Corrective Actions. Specific, measurable, achievable, relevant, and time-bound (SMART) corrective actions are steps intended to resolve capability gaps and shortcomings identified prior to, during, and after an incident.

Table 14: SMART Corrective Actions

SMART Guidelines for Corrective Actions	
Specific	Objectives should address the five Ws: who, what, when, where, and why. The objective specifies what needs to be done with a timeline for completion.
Measurable	Objectives should include numeric or descriptive measures that define quantity, quality, cost, etc. Their focus should be on observable actions and outcomes.
Achievable	Objectives should be within the control, influence, and resources of exercise play and participant actions.
Relevant	Objectives should be instrumental to the mission of the organization and link to its goals or strategic intent.
Time-Bound	A specified and reasonable timeframe should be incorporated into all objectives.

After reviewing the AAR database and reviewing the improvement recommendations, the Tribal IP Leader should begin inputting the information into the Improvement Plan Matrix.

The Improvement Plan Matrix will show the steps to implement the improvement plan for each core capability, the issue to be resolved, the action to be taken, responsibilities, and timelines. Below is an example Improvement Plan Matrix.

Table 15: Improvement Plan Matrix

Core Capability	Issue/ Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 1: Operational Coordination	1. Delay in situational status reporting from individual Tribal clinics	1. Provide situational status reporting education to Tribal clinic department heads	Training	Education	John Doe	10/21/20	11/04/20

Implementation Funding

Funding of the IP is an essential aspect of the Tribal IP Leader and the IP process. The AAR, including the IP, is a flexible process, allowing for management of incidents, emergencies, and disasters of all sizes. The size of the incident will normally influence the size and cost of the IP process. Although many incidents that impact Tribes may be handled internally, without a financial impact to the Tribe, funding for corrective actions due to large incidents can overwhelm a Tribe. After large incidents, Tribes can struggle with the costs of the response and recovery phases of the incidents. When a Tribe struggles with the cost of response and recovery, there may not be additional internal funding available for the implementation of the IP. The following sections will review potential sources of funding if internal resources have been exhausted.

Direct Requests for Assistance

The United States has a trust responsibility with federally recognized Tribes and recognizes their right to self-government. This “Government to Government” relationship requires the United States Federal Government to protect Tribal treaty rights, lands, assets, and resources while providing support through statutory authority and other programs. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), federally recognized Tribes impacted by an incident, emergency, or disaster, may directly request their own emergency and/or major declaration from the United States Federal Government or they may request for assistance in coordination with a state.

As outlined in the National Response Framework (NRF) and the National Disaster Recovery Framework (NDRF) federally recognized Tribes can request federal assistance for incidents that impact the Tribe, but do not result in a Stafford Act declaration. Tribes can elect to request assistance from a singular federal department or agency acting under their own federal authorities. Tribes can also request Federal Emergency Management Agency (FEMA) assistance to coordinate federal governmental assistance from multiple federal sources.

Partnerships

Although there are numerous Tribally related groups that are associated with emergencies and disasters, The Tribal Assistance Coordination Group (TAC-G) is recognized in the National Response Framework (NRF) as the Multi Agency Coordination (MAC) group that assists federally recognized Tribes during emergencies and disasters and provides information and technical assistance for Tribal emergency management programs in coordination with federal partners.

The size of the incident will normally influence the size and cost of the IP process.

When a Tribe struggles with the cost of response and recovery, there may not be additional internal funding available for the implementation of the IP.

External funding resources include:

- 1. Direct Requests for Assistance***
- 2. Partnerships***
- 3. Post Disaster Grants and Assistance***

The TAC-G is led and managed by the Bureau of Indian Affairs (BIA) Emergency Management Program. The TAC-G consists of partners from all levels of government (local, state, Tribal, territorial, insular, or federal), as well as nonprofit aid organizations and the private sector. In addition to the BIA, other major contributors to the TAC-G include the Federal Emergency Management Agency (FEMA), the Indian Health Service (IHS), and the United States Army Corps of Engineers (USACE).

Post Disaster Grants and Assistance

The most familiar type of assistance that Tribes utilize, after an overwhelming incident, is managed by the Federal Emergency Management Agency (FEMA) as delegated by the President of the United States, in support of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act). The Stafford Act authorizes the President to provide federal assistance when the magnitude of an incident or threat of an incident exceeds the affected state, territorial, Tribal, and local governments' capability to respond or recover.

When a Tribe is approved for an emergency or major disaster declaration from the President through the Federal Emergency Management Agency (FEMA), Tribes may receive assistance in the form of grants or cooperative agreements through FEMA Public Assistance (PA), Individual Assistance (IA), and the Hazard Mitigation Grant Programs (HMGP). Most Tribally declared disaster financial assistance does require a Tribal cost share with the federal government.

States, on their own for state level incidents, or in partnership with FEMA and other federal entities, also have the ability to assist Tribes with grants. Non-Government Organizations (NGO) also have internal grant making abilities.

Implementation Staffing

After the financial solutions have been identified, the Tribal IP Leader needs to address staffing issues for the IP process. On larger IP scenarios, the Tribal IP Leader will need to form numerous teams to complete the IP. These teams can include management, safety, design, operations, logistics, financial and construction teams.

Internal Staffing

The use of an internal staffing may be sufficient for smaller incidents. Internal staff members, including full time, part-time, and volunteers, already know the Tribal systems and can be efficient with assisting with many aspects of the IP. Tribal Leadership, including managers and supervisors, can assign existing staff to assist in their specific areas of expertise. Workload balance issues can arise when the priorities of a staff member's normal duties are usurped by the IP assignments and duties.

After the financial solutions have been identified, the Tribal IP Leader needs to address staffing issues for the IP process.

External Staffing Resources

Throughout the Tribal enterprise, there is a group of known contractors that assist the Tribe with tasks and assignments. The Tribe may elect to obtain the services of the known contractors, as with the internal staff, are familiar with collaborating with the Tribe, the Tribal Leadership, and are culturally aware.

One of the most active post disaster organizations from the federal government is the Corporation for National and Community Service (CNCS). CNCS is the federal agency that encompasses four main program areas: AmeriCorps, Senior Corps, the Social Innovation Fund, and the Volunteer Generation Fund.

Thousands of citizens from around the country serve in an AmeriCorps program in communities across the country each year. AmeriCorps state and national members serve to meet education, public safety, health and environmental needs of the community. The AmeriCorps VISTA program collaborates with faith-based and community organizations and public agencies, focusing on issues of poverty. Members of AmeriCorps National Civilian Community Corps (NCCC) can work in partnership with nonprofits, faith-based organizations, local municipalities, state governments, Tribes and schools on a variety of service projects. AmeriCorps NCCC-FEMA Corps specifically partners with FEMA to address emergency management and disaster relief projects.

Voluntary Organizations Active in Disaster (VOAD) are another resource available to the Tribal IP Leader. VOAD member agencies can support a variety of needs including individual and community needs assessments, accessible construction (repair/rebuild) support and coordination, debris removal from Tribal, public, and private property, and assistance with obtaining grants.

Improvement Planning to Support Continuous Improvement

Continuous Improvement:

Continuous improvement is a method in which capabilities are periodically examined to make sure they are sufficient, accurate, and effective to handle the threats, hazards, and risks a Tribe may face. Identifying strengths, areas for improvement, and corrective actions that result from incidents can assist a Tribe to build, sustain, and deliver capabilities as part of a continuous improvement process.

Corrective Action Tracking and Implementation Corrective actions captured in the IP should be tracked and continually reported on until completion by the Tribal IP Leader. These efforts are part of a more comprehensive continuous improvement process that applies before, during, and after an

External Staffing Resources:

- 1. Trusted contractors***
- 2. CNCS (AmeriCorps, Senior Corps, the Social Innovation Fund, and the Volunteer Generation Fund)***

Corrective Action Tracking and Implementation Corrective actions captured in the IP should be tracked and continually reported on until completion by the Tribal IP Leader.

incident. Stakeholders should also ensure a system is in place to validate previous corrective actions that were successfully implemented.

Corrective Action Tracking and Implementation

Corrective Action Tracking and Implementation captured in the AAR/IP should be tracked and continually reported on until completion. Tribes should assign points of contact responsible for tracking and reporting on their progress in implementing corrective actions. By tracking corrective actions to completion, Tribes and their stakeholder partners can demonstrate that the capture, identification, and review of AAR related corrective action issues and solutions can yield tangible improvements. Tribes should also ensure there is a system in place to validate previous corrective actions that have been successfully implemented. These efforts should be considered part of a wider continuous improvement process that applies prior to, during, and after an incident.

By tracking corrective actions to completion, Tribes and their stakeholder partners can demonstrate that the capture, identification, and review of AAR related corrective action issues and solutions can yield tangible improvements.

Appendices

Appendix A. Performance Rating of Capabilities

Performance Rating of Capabilities

Capability				
Function	Performance Rating (P, S, M, U)	Strength	Challenge	New Capability

Capability				
Function	Performance Rating (P, S, M, U)	Strength	Challenge	New Capability

Capability				
Function	Performance Rating (P, S, M, U)	Strength	Challenge	New Capability

Appendix B. Improvement Plan Matrix

Improvement Plan Matrix

This IP has been developed specifically for [Tribe or Tribal Organization] as a result of the [Working Group Name] conducted on [date of working group].

Core Capabilities	Area for Improvement	Corrective Action	Capability Element ¹³	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					
Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 2]					
Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Capability 2: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					

¹³ Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.



[Working Group Name]

*After-Action Report/Improvement
Plan*

[Date]

Working Group Executive Summary

Working Group Name	[Insert the formal name of working group, which should match the name in the document header]
Date & Location	This working group was conducted on [date] over [duration] at [location].
Incident/Event Under Review	[List the incident/event being responded to (e.g. natural/hurricane, health emergency technological/radiological release)]
Scope of Review	[Details of the reason for providing a response to the recent incident or event]
Key Milestones of Incident/Event	[Details/dates of the incident/event such as start, detection, verifications, testing, public communications, vaccine development, declared over]
Core Capabilities	[List the capabilities being focused on and reviewed identified in creation of an inventory of core capabilities]

Key Takeaways from Evaluations	<p>[List the key takeaways from the working group and evaluations completed around the capabilities and functions.]</p>
Sponsor	<p>[Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable]</p>
Participating Departments/ Programs	<p>[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).]</p>
After Action Review Team	<p>[Insert the name, title, agency, phone number, and email address of the AAR Lead, Lead Facilitator, Facilitators, Note Takers, Report Writer, Tribal Improvement Plan Leader]</p>

Improvement Plan Matrix

Insert your Improvement plan matrix here.

Implementation Funding

This section will include any required funding details for implementation such as grant assistance, direct requests for assistance, and partnerships. Details of process to obtain funding should be included as well.

Implementation Staffing

This section should consider the staffing needs necessary for implementation of the corrective actions. This would include:

- Teams to complete implementation
- Specific external staffing resources necessary
- New positions or modified positions, responsibilities, reporting.

Next Steps

This section describes the next steps after completion of the working group AAR such as:

- Communication of drafts with internal Tribal Leadership review
- Any communication to be provided to Tribe or other stakeholders
- Process for Improvement Plan pre-planning steps such as team organization, review of documents, outreach to additional stakeholders for observations.
- Using the capabilities rated as “Unable to Perform” or “Performed with Major Challenges” will be the focus of the Improvement Plan areas.