# Exercise Overview

|  |  |
| --- | --- |
| **Organization Name** | [Insert Organization Name] |
| **Date/Times** | November 20, 2019  [Insert the times the organization played in the exercise.] |
| **County Objectives** | * Assess the ability of local healthcare organizations within the Health Care Coalition of Orange County (HCCOC) to share emergent information with internal and external stakeholders, ensuring communication feedback from the Orange County Health Care Agency Operations Center. * Assess the capability of healthcare organizations within the HCCOC to identify the need and request various logistical resources (e.g., personnel, supplies and equipment) through identified channels of coordination. |
| **Organization-Specific Objectives** | * [List any Organization-specific exercise objectives. Do not reiterate the County exercise objectives.] |
| **Participants** | * [Insert a list of the exercise participants from your organization by position/role (not name)] |
| **Point of Contact** | [Insert the name, title, department/division name, address, phone number, and email address of the organization’s primary exercise POC.] |

# Analysis of Objectives

The table below is intended to serve as quick reference that includes applicable County objectives, organization-specific objectives, and associated performance ratings for each objective as determined by the organization’s evaluation team. These evaluation measures are respective to the organization’s performance in the exercise only. Evaluations of the County exercise as a whole are addressed in a separate County After-Action Report.

| Objective | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
| --- | --- | --- | --- | --- |
| Assess the ability of local healthcare organizations within the HCCOC to share emergent information with internal and external stakeholders, ensuring communication feedback from the Orange County Health Care Agency Operations Center. | [Insert P, S, M, or U in the appropriate boxes] |  |  |  |
| Assess the capability of healthcare organizations within the HCCOC to identify the need and request various logistical resources (e.g., personnel, supplies and equipment) through identified channels of coordination. |  |  |  |  |
| [Insert any additional organization-specific objectives.] |  |  |  |  |
| **Ratings Definitions:**   * Performed without Challenges (P): The tasks and activities associated with the objective were completed in a manner that achieved the objective and did not negatively impact the performance of other activities or the overall response effort. Performance of the tasks and activities was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. * Performed with Some Challenges (S): The tasks and activities associated with the objective were completed in a manner that achieved the objective and did not negatively impact the performance of other activities or the overall response effort. 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 tasks and activities associated with the objective were completed in a manner that achieved the objective, 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/or laws. * Unable to be Performed (U): The tasks and activities associated with the objective were not performed in a manner that achieved the objective. Major areas for improvement were identified. | | | | |

The following sections include strengths and areas for improvement as identified by the organization’s evaluation team and participants (via feedback forms and a post-exercise debriefing) that justify the aforementioned performance ratings.

### Strengths

The following strengths related to the exercise objectives were demonstrated during the exercise:

Strength 1: [Observation statement]

Strength 2: [Observation statement]

Strength 3: [Observation statement]

[Extend or shorter this list as appropriate to address all strengths relative to the organization’s participation in the exercise. If no strengths were identified, delete this section.]

### Areas for Improvement

The following areas were identified as requiring improvement to achieve full capability levels:

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan in the next section.]

Reference: [List any relevant plans, policies, procedures, regulations, laws, training or other sources that apply to this issue.]

Analysis: [Provide a summary of why the full capability level was not achieved; the root cause of the problem; explain what happened during the exercise that led to this conclusion.]

Area for Improvement 2: [Observation statement.]

Reference: [Applicable plans, policies, procedures, regulations, laws, training etc.]

Analysis: [Summary and root cause analysis.]

[Repeat these sections as many times as necessary to address all areas for improvement related to the organization’s participation in the exercise. If no areas for improvement were identified, delete this section.]

# Appendix A: Improvement Plan (IP)

This Improvement Plan (IP) has been developed specifically for [Insert Organization Name] as a result of the 2019 Statewide Medical and Health Exercise conducted on November 20, 2019.

| Issue/Area for Improvement | Corrective Action | Capability Element[[1]](#footnote-1) | Assigned Department/ Division & POC | Start Date | Completion Date |
| --- | --- | --- | --- | --- | --- |
| 1. [Insert Area for Improvement Name or Paraphrase from previous section] | [Insert Corrective Action to address the issue] |  |  |  |  |
| [Insert other Corrective Actions to address the issue as applicable] |  |  |  |  |
| [Insert other Corrective Actions to address the issue as applicable] |  |  |  |  |
| 2. [Insert Area for Improvement Name or Paraphrase from previous section] | [Insert Corrective Action to address the issue] |  |  |  |  |
| [Insert other Corrective Actions to address the issue as applicable] |  |  |  |  |
| [Insert other Corrective Actions to address the issue as applicable] |  |  |  |  |
| [Extend table and rows of corrective actions as needed to address all areas for improvement.] |  |  |  |  |  |

# Appendix B: Participant Feedback Summary

The feedback details contained here include an analysis and consolidation of the feedback received on [Insert Number] Participant Feedback Forms collected following the exercise.  All comments were not included verbatim in this analysis; however, all comments were considered and consolidated into representative and like feedback entries. Specific and detailed comments were included as appropriate. Illegible comments were not included.

Participants were asked to rate how well the exercise achieved the following objectives, with **1** indicating the objective was **NOT achieved** and **5** indicating the objective was **Thoroughly Achieved**.

| **Exercise Objectives** | | **Not**  **Achieved** | | **Thoroughly**  **Achieved** | | |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **1** | **2** | **3** | **4** | **5** |
| A | Information sharing within the organization and with external partners, including the OCHCA Ops. Center. | % |  |  |  |  |
| B | Resource management, including identifying needed resources, options for obtaining resources, and requesting resources through the OCHCA Ops. Center. | % |  |  |  |  |
| C | Facility-/Organization-Specific Objectives | % |  |  |  |  |

Participants were asked to rate their overall assessment of the exercise relative to the statements provided below, with **1** indicating **Strong Disagreement** with the statement and **5** indicating **Strong Agreement**.

| **Assessment Factor** | | **Strongly**  **Disagree** | | **Strongly**  **Agree** | | |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **1** | **2** | **3** | **4** | **5** |
| A | The exercise was well structured and organized. | % |  |  |  |  |
| B | I understood how to perform the functions and tasks associated with my position/role. | % |  |  |  |  |
| C | Exercise participants understood each other's roles/responsibilities and worked collectively to achieve response objectives. | % |  |  |  |  |
| D | Information sharing among exercise participants and with partner organizations was effective. | % |  |  |  |  |
| E | Resources were effectively allocated or acquired to meet the response objectives. | % |  |  |  |  |
| F | Other Facility-/Organization-Specific Metrics | % |  |  |  |  |

Participants were asked to list two demonstrated strengths and two areas that need improvement or further development that became evident as a result of the exercise.

**Summary of Strengths:**

* Insert list of Strengths

**Summary of Areas for Improvement:**

* Insert list of Areas for Improvement

1. Capability Elements are: Planning, Organization, Equipment, Training, or Exercise. [↑](#footnote-ref-1)