Minnesota Department of Health

**[Insert facility/agency name]**

[title of incident]

Incident Date:

[date]

**AFTER ACTION REPORT**

**Created on**

**[date]**

# I. Executive Summary

## Incident Summary

**Date/Time:**

**Location:**

**Type:** [Real World Incident or Exercise]

**Reported by:**

**Hazard/Incident Type:**

**Description:**

## Strengths:

|  |  |
| --- | --- |
| Communication |  |
| Resources |  |
| Safety/Security |  |
| Staff Responsibilities |  |
| Utilities |  |
| Patient Care |  |

## Opportunities for Improvement:

|  |  |
| --- | --- |
| Communication |  |
| Resources |  |
| Safety/Security |  |
| Staff Responsibilities |  |
| Utilities |  |
| Patient Care |  |

Comments:

*Note: specific improvement recommendations are be listed in the Improvement Plan, Appendix*

# Appendix A: Improvement Plan

|  |  |  |  |
| --- | --- | --- | --- |
| Aligned Committee | | Priority Definitions | |
| For Example: EPP = | Emergency Preparedness Plan Committee | **Priority 1:** | Just do it, top priority. (3 months.) |
|  |  | **Priority 2:** | Appropriate to accomplish after Priority 1 items are complete. (6-9 months.) |
|  |  | **Priority 3:** | Appropriate to accomplish after Priority 2 items are complete. (12-18 months.) |
|  |  | Priority 4: | Do not initiate unless prioritized to higher level as a direct result of changes in conditions. |

| **Core Functions** | **Capability** | **Recommendation** | **Aligned Committee** | **Accountable Person/ Action Staff** | **Completion Date** | **Priority** |
| --- | --- | --- | --- | --- | --- | --- |
| Patient Care | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Choose an item. |
| Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Choose an item. |
| Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Choose an item. |
| Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Choose an item. |
| Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Choose an item. |
| Choose an item. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Choose an item. |