Saint Luke's Hospice House

Date

After-Action Report/Improvement Plan
(Actual Incident)

FACILITY NAME

INCIDENT OVERVIEW

Incident Name	Name the incident
Incident Dates	Provide start time/date and ending time/date
Scope	Provide an overview of the services, building operations impacted by the incident
Mission Area(s)	Response & Recovery-
Threat or Hazard	Example: Natural Hazard – Thunderstorm Example: Technological Hazard- Power Outage
Point of Contact	Tricia Brashear – Hospice House Manager tbrashear@saint-lukes.org

Provide an overview of the incidents and summary of actions the organization took to mitigate the impacts from the incident.

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Response Strengths

Strength 1: list areas of the EOP that functioned well, best practices identified for future events, etc.

Strength 2:

Strength 3:

APPENDIX A: IMPROVEMENT PLAN

It should be noted; while there are many areas of improvement identified following any incident, these items listed below are the primary areas of improvement that will receive focus.

	Observation	Recommendation/ Corrective Action Description	Responsible Party	Timeline/ Completion Date
Item #1		•	•	
Item #2			•	
Item #3		•	•	
Item #4		•	•	
Item #5		•	•	
Item #6		•	•	

APPENDIX B: INCIDENT TIMELINE

APPENDIX B: INCIDENT PARTICIPANTS

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