



AFTER ↻
ACTION ↻
REVIEW ↻

2020

Using After Action Review (AAR)

Guidance for Services

Creating individual, team and service learning opportunities.



This guidance document should be read in conjunction with the HSE Incident Management Framework (2018). Printed copies of this document are not controlled. The electronic version posted on the HSE internet is the controlled copy.

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á Forbairt

Building a
Better Health
Service

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1.0 Introduction

The HSE's Incident Management Framework 2020 (IMF) recognises the importance of having in place a proportionate and graduated approach to the review of incidents. To support this, the IMF introduced a more adaptive approach to the use of systems analysis and in addition introduced the concept of After Action Review (AAR). In the context of the IMF it identified AAR as a methodology for debriefing in the aftermath of Category 1 incidents or the review of Category 2 and 3 incidents. AAR works best in situations where there is a positive, psychologically safe, multidisciplinary team dynamic and an openness to discuss the event. In this context of this guidance we refer to this as Formal AAR.

Since the introduction of AAR in 2018, it has been noted that apart from its use in the review of incidents, services have also found that the four questions upon which AAR is based can also be used in other situations. Most commonly cited is the use of AAR on an informal basis by both individuals and teams within the context of their working day to review their practice so as to identify learning and improve their individual and team performance. In this context of this guidance we refer to this as Informal AAR.

This guidance aims to provide an overview and an understanding and the benefits of AAR and advice to assist with its introduction and implementation within services so that it adds value and is sustainable.

2.0 What is AAR?

An After Action Review (AAR) is a structured review process which seeks to rapidly identify and reinvest learning for improvement. Discussion focuses on 4 questions which seek to ascertain what staff expected would happen, what actually happened, why was there a difference between expected and actual and what can be learned from the event.

The outcome of this discussion therefore enables the individuals involved in the event to understand what went well and why, what didn't go well and why. This allows them to agree on what they would do differently in the future and apply this to inform improvement. When used as part of a planning tool for a future event it can be used to define plans and expectations, outline critical steps and expected results, ask "what if?" questions in order to confirm a shared understanding of the planned event.

AAR's used in this way creates both individual and team opportunities to improve personal, team and organisational effectiveness, to deliver safer, better patient care and improved service user and staff experience.

3.0 Circumstances where AAR can be used.

AAR is a flexible tool which teams can seek to embed as a normal part of their work to improve their performance.

It can be applied flexibly in a variety of contexts such as;

- As a briefing tool when planning for a specific event or more generally at the start of the team's work day. In this case the team will use AAR to gain a common understanding of the plan, critical steps to be taken and expected results. They will ask 'what if' questions, agree actions, confirm the teams understanding of these and plan for a de-brief after the event or shift.
- For use as a process for teams to debrief/learn in the immediate aftermath of an incident. **Note:** Where AAR is used by the team to de-brief in the aftermath of a serious incident and where a comprehensive review is also required, the AAR meeting and its outcome should not be used as a primary source of evidence for the comprehensive review process.
- For use as a review methodology for incidents which do not reach the threshold of rating as 'serious' or for serious incidents which, following an initial assessment, a decision has been taken that a comprehensive review is not indicated i.e. where it has been determined that a concise review is more appropriate.
- To review and debrief on situations where there was a positive outcome. This enables teams to better understand those elements of their performance that lead to the positive outcome. This allows the team to reinforce the importance of continuing to use those elements going forward.

It is generally used at the earliest opportunity after the occurrence of the issue which is the subject of the AAR. This enables learning to be rapidly identified so that quality and safety improvements required can be implemented promptly.

AAR works best in situations where there is a positive, psychologically safe, multidisciplinary team dynamic and an openness to discuss the event.

In circumstances where AAR is used as an incident review methodology a short report is developed (Appendix 2 - Report Template). In circumstances where AAR is used routinely by the team for reflective learning or as a briefing/de-briefing mechanism, a written report is not required.

4.0 Benefits of AAR

The proactive use by teams of AAR will benefit service users, staff and services.

Service user benefits

Consistent use of AAR by teams will foster a culture of safety awareness thus leading to a reduction of patient safety incidents. Used in the aftermath of an incident, AAR can assist services to provide a timely response to service users or their relevant person(s). It can provide them with information about what happened, why it happened and what is going to change to reduce the risk of a similar incident harming someone else.

Staff benefits

Delivering safe healthcare is challenging and complex to achieve. It requires teams working together with a common purpose. AAR used as part of team planning can increase team effectiveness and improve patient safety. It fosters a shared understanding of the event and collective identification of actions leading to improvement.

The psychological effects of incidents on staff are well documented and can lead to a sense of guilt and isolation for many. Timely discussion of the event provides staff with a psychologically safe space to discuss and process what happened and why it happened. The resultant shared understanding leads to staff feeling more supported, feeling less isolated and being heard when an event occurs. This can reduce individual stress and anxiety around the event and sustains positive working relationships. (Seys D, 2013).

Service benefits

The use of AAR within a service assists in the development of its safety culture as it encourages multidisciplinary teams to critically plan for/reflect on events. Undertaken in advance of an event it can be used to identify vulnerabilities and agree plans and roles to ensure success. Used retrospectively it can be used to both identify, what went well and what could be improved (AM, C, JA, & D, 2016).

5.0 Formal and Informal AARs Explained

Formal AAR

A Formal AAR is a scheduled process that members of a team are released to attend. It is led by a trained AAR facilitator who assists staff to work their way through the four AAR questions and prepares a short report. This report summarises the background to the event, the learning and actions agreed by staff attending. Formal AAR's can be used as the approach to review Category 2 or 3 incidents and enable a timely response to service users and their relevant persons. It can

also be used as a mechanism to de-brief staff in relation to a **Category 1 incident**¹. See Section 9.0 for detailed guidance to support the conduct of a formal AAR.

Informal AAR

This is where AAR is used by teams within the work environment and takes on average less than 5 minutes to carry out. Any staff member familiar with the 4 AAR questions and their application can lead the process. Its application therefore does not require the skills of a trained facilitator². Used in this way AAR provides a useful mechanism for improving team performance and assists in developing a culture of patient safety and improvement.

Examples when an informal AAR has been used by teams:

- At the end of a work day or at a shift hand over
- Following a staff/meeting or training session
- Following a positive event in the work place that the team wants to replicate
- Performance review by cardiac arrest teams following a crash call
- Unanticipated patient admissions to ICU
- Challenging labour ward deliveries with a no harm/low harm outcome e.g. shoulder dystocia
- Routinely at both the commencement (briefing) and completion of theatre sessions (de-briefing)

6.0 Creating a sustainable approach to AAR within Services

Whilst the HSE supports the training of AAR Facilitators, it is vital from the outset that services take time to consider how they intend deploying and supporting the practice of trained AAR Facilitators. Without thought being given to this in advance of accessing training there is a danger that trained AAR Facilitators will not be deployed in a manner that supports their practice. As with any learnt skill without practice they will not develop the confidence and competence required to practice independently and the service will lose the benefit of their training.

From experience to date, creating a sustainable approach is dependent on the following factors;

¹ Though Category 1 incidents often require a comprehensive review, conducting an AAR in the aftermath of such an incident, will enable the service to respond to service users and relevant persons in respect of preliminary findings and also be used by managers to assure them that any immediate actions required have been identified and acted on in advance of a more formal report becoming available.

² One of the roles of trained AAR Facilitators is to train staff in the use of informal AAR.

- The Senior Management Team has committed to implementation of AAR as a service priority.
- That though the AAR Facilitators trained may come from a variety of professional backgrounds that responsibility for the deployment and coordination of AAR is located within the QPS Department (or equivalent).
- That the implementation of AAR is carried out in a structured manner which includes the promotion and communication of AAR through available mechanisms e.g. staff newsletters, information leaflets and staff engagement.
- That service delivery and support teams are provided with training in the use of Informal AAR. Access to this training should be coordinated by the QPS Department and be provided by trained AAR Facilitators.
- That there is a defined process in place for teams/departments to request support for Formal AARs. Such a process will allow the QPS Department to ensure that trained AAR Facilitators are deployed in a manner which supports the development of their competence. It also allows for monitoring the use of formal AARs in terms of both frequency and event type. (see Section 7.0 below).
- That there are arrangements in place to ensure that staff trained as AAR Facilitators receive on-going professional support through supervision, reflective practice and networking events.

7.0 Monitoring the use of AAR in your service

The work of the AAR programme should be subject to monitoring in line with the service's governance and performance arrangements.

In order to monitor the use of AAR the following is recommended

Formal AARs

A log of the use of formal AARs should be maintained in the QPS Department.

This log should include

- the date formal AAR were held,
- the name of the facilitator,
- the name of the service/area to which the AAR related
- the date the report was completed.
- Record NIMS number where relevant

This log will allow for an analysis of the uptake and use of formal AAR.

Copies of the completed AAR reports should also be maintained with the relevant incident file.

Informal AAR training provided to staff by AAR Facilitators

Data relating to the dates of training sessions held, the teams/departments provided with training and numbers attending should be recorded.

Due to the dynamic nature of Informal AARs it is not feasible to track the number of informal AARs carried out in a service.

Reporting on use of AAR

The Quality and Safety Committee (or equivalent) should receive a quarterly summary report in relation to the use of Formal AAR and training in Informal AAR for consideration.

8.0 Availing of AAR Facilitator training

AAR Facilitator Training is a simulation based programme which utilises relevant scenario's played by professional actors. The programme has been co-designed between the HSE and the RCSI Institute of Leadership to ensure that it provides attendees with the practical skills required to facilitate a Formal AAR and lead training staff in the use of Informal AAR.

The Office of Quality, Risk and Safety, QAVT co-ordinates the application process for AAR Facilitator Training with the RCSI Institute of Leadership contracted to provide the training.

Due to the experiential nature of this training programme it is only possible to train 16 persons at a time. It is therefore essential that services wishing to avail of training have, in advance of application, taken time to consider how they intend to support and deploy trainees following the training (see Section 6.0).

For services that are availing of this training for the first time they are required to provide evidence that the application is both supported by the SAO and confirm that there are arrangements in place to ensure that the systems required to support the practice of trainees are in place (See Appendix 1 Form A). When applying for the first time and depending on the size of the applying organisation, between 2 and 4 training places will be allocated. This is to ensure that the organisation has the minimum number of AAR facilitators to commence implementation in a meaningful way.

Organisations wishing to avail of additional training places will be required to provide evidence of how they have utilised previously trained AAR facilitators and how they intend on using the new applicants. (See Appendix 1 Form B).

9.0 Conducting a Formal AAR – Guidance for Facilitators

Introduction

The following guidance is provided to support trained AAR facilitators in the conduct of Formal AARs.

Engaging with Service Users or Relevant Person(s)

In cases of a patient safety incident there exists a requirement for services to engage with service users and relevant persons(s) in the aftermath of that incident. Part of this process is to provide the service user or relevant person(s) with information as to how the service intends to review the incident. The AAR process can be explained and in particular that it will be facilitated by a trained person independent of the service within which the incident occurred. The service user or relevant person(s) should be encouraged to identify any issues/questions that they may wish to see considered as part of the process. These questions may then be reflected by the facilitator in the discussion at the AAR meeting.

The outcome of the AAR when used to review an incident is normally fed back at a meeting with the service user or relevant person(s) at which they may be provided with a copy of the AAR review report.

The key benefit AAR as an incident review methodology is that it is responsive and focuses both on outlining what happened, why it happened and what the service has committed to changing to reduce the risk of an incident from a similar cause recurring. These are the three things that service users and relevant persons most consistently articulate as a desired outcome.

Timing of an AAR

AAR is generally best used at the earliest opportunity after the occurrence of the event which is the subject of the AAR. Whilst it is a useful mechanism for staff to reflect on an event in a manner that focuses on learning and improvement it is not without its challenges, particularly if the event which is the subject of the AAR, impacted negatively on them.

When using AAR in the context of a patient safety incident the AAR facilitator must appreciate that staff working in health and social care services are not infallible and that their desired outcome for patients, service users and their relevant person(s) is not always the final outcome. The AAR facilitator must be aware of the impact that such events can have on staff and be sensitive to this in their interaction with staff in the AAR session. Research shows that significant

proportion of health and social care staff will experience varying emotional responses as a result of exposure to an adverse event.

AAR works best where there is a positive, psychologically safe, team dynamic and an openness to discuss incidents or events. It is therefore important that the session is facilitated in a manner that is supportive to staff and not allowed to become focused on blaming individuals. The establishment of ground rules with the team at the outset is therefore essential.

Facilitating a formal AAR

Before you start

If you have been asked to facilitate a formal AAR there are a number of things that you can check to ensure that on the day the event goes smoothly.

1. Have all relevant staff been advised of the AAR and have they been facilitated to attend?
2. Has sufficient time been allocated for the AAR?
3. Have staff been provided with information about the format of the AAR? e.g. been provided with a copy of the staff information leaflet
4. Is the proposed venue suitable for the number of people expected to attend?
5. Have you any conflicts or biases with the matter under review or the attending team? It is important that you are seen as neutral and open.
6. Have you been formally briefed by the relevant manager about the facts of the matter under review?
7. Is someone available to scribe for you? Ensure that a flip chart and pens will be available.
8. If power point is to be used check that the venue has a projector/laptop available.

At the formal AAR

The importance of how you manage the session cannot be overstated and the following guidance is designed to assist with this

1. Arrive in plenty of time to check the set-up of the room e.g. ensure that participants will be able to see both you and the flipchart
2. Your demeanour prior to starting the session is critical, you must appear open and friendly but maintain a professional approach at all times.
3. Be aware that some staff may try to provide you with their opinion in relation to the event prior to the commencement of the session. To remain neutral you must advise them that it is more appropriate for them to wait until the session starts and share their perspective with the group.

4. Do not start the session until all are present even if this means starting a few minutes late.
5. Introduce yourself and thank the staff for taking time to attend the AAR. Provide an assurance that this is a safe space to discuss and review the event which is the topic of the AAR
6. Ask participants to introduce themselves by name and job title and to explain their role at the time of the event.
7. Introduce the scribe and explain their role i.e. to capture key points to enable the development of a summary report (anonymised in relation to individual staff contributions) of the session and its outcomes.
8. Let them know that the summary report will be circulated to them within a week after the meeting and they will have two weeks to consider it and come back with any comments and/or factual inaccuracies. (See Appendix 2 for a sample format for this report).
9. Explain the purpose, that the format is focused on the 4 Questions below and the likely duration of the session. Ensure all present are clear about the purpose of the AAR as it is important before proceeding that everyone is on the same page.

FOUR QUESTIONS	
<p>What did you EXPECT to happen? Before the event what was the objective, plan or expected outcome?</p> <p>It could be a shared plan, a formal agreement, a guideline, a personal expectation or simply regular practice.</p>	<p>What ACTUALLY happened? After the event each participant describes what they did, saw or experienced during the event.</p> <p>Explore the facts whilst acknowledging the perspective and feelings of others.</p>
<p>WHY was there a difference? Why was there a difference between the expected outcome and the reality of the moment?</p> <p>Check if expectations were properly shared and what constraints on people, time or resource prevented expectation being realised.</p>	<p>What can be LEARNED? Learning is the prime action within AAR. What will be different the next time?</p> <p>It may be a change in practice, policy or a change in attitude, behaviour, shared understanding or greater insight. Direct the collective wisdom to improving future performance.</p>

10. Set the ground rules and invite all participants to indicate their agreement to them.

The following ground rules are suggested;

- Leaving hierarchy at the door – everyone in the room has an equal right to be listened to and have their experience heard.
- Everyone contributes and all contributions are respected
- The purpose of the AAR is to learn from the issue under review and therefore focuses on points for improvement.
- No blame – discussing why the expected process differed from the actual process is important but should not lead to blaming.
- Everyone will have a different perspective to share about the same event
- Contributions should reflect what staff witnessed or experienced
- Respect time pressures but all must be fully present and engaged in the process
- Make no assumptions, be open and honest
- Turn off any mobile devices

An illustrated version of the suggested set of ground rules is available as a PowerPoint slide on the Incident Management section of HSE.ie. It is helpful to have these either hard copy for circulation to each participant or if using a projector include these on a PowerPoint slide.

Address any requests for further information or concerns regarding the ground rules.

11. Start the process by asking the first question and work your way through all four questions with the group. Encourage all individuals present to offer their perspectives, as the most valuable learning often occurs through understanding an event from differing perspectives. In some ways it is like getting a 360 degree view of the event.

12. Acknowledge different points of view bringing balance to the discussion. In circumstances where behaviours are being exhibited that run contrary to the Ground Rules agreed by participants at the outset of the session, it is the role of the facilitator to identify this and refer the group back to the Ground Rules and the need for them to be observed.

13. When all four questions have been asked focus on the actions arising from what they have learnt i.e. what needs to change going forward. If possible agree with the group members who will take responsibility for each of the actions.
14. Close the session by thanking all those present for their honest and open participation in the process.
15. Finally, with the session formally closed ask those present to stay on for a few minutes to allow them to reflect on the session and enable you to learn from this experience to inform the further development of the process. Do this by asking again the 4 AAR questions, the focus now being on the session itself i.e. what did you expect would happen here today, what actually happened, why was there a difference and what can the AAR team learn to continually improve the process?

Note: In instances where it becomes obvious that participants are not engaging in line with the ground rules set, attention should be brought to them and the need to observe them reinforced. If in spite of this the ground rules continue to be breached, consideration should be given to ceasing the process and recommending referral of the issue back to the requestor for consideration of an alternate approach to review. This should be clearly explained to those present prior to conclusion of the session.

Essentials of successful formal AAR facilitation

- You must listen to what is and isn't being said.
- You must be open, observant, actively engaging with the group and be aware all of the time to what is being 'said' by the body language of those present.
- You must be confident in your presentation, remaining neutral even where an obvious deviation from practice is disclosed but exploring the deviations from practice in a sensitive manner.
- You must ask open questions to get clarity in relation to important issues e.g. Can you explain that in a bit more detail? What does that look like in practice? Can I explore that a bit more with you? Can you explain that more clearly so I understand it?
- Do not let individuals dominate the conversation, treating all contributions equally, be inclusive of all those present, especially those who are more junior and may find it difficult to find their voice.

- If it appears that some of the agreed ground rules are being broken e.g. blaming of individuals, demonstrated lack of respect etc. this must be challenged in an assertive manner by the facilitator by pausing the process and referring back to the ground rules agreed at the outset. It is therefore useful to have circulated a copy of the ground rules at Appendix 3 to all at the outset or alternatively have this projected or posted on the wall for all to see.

How long is a formal AAR session?

The time required for the facilitated session is dependent on the complexity of the issue to be reviewed and the number of staff attending but is generally between 1 to 3 hours.

After the formal AAR

Following the AAR, the facilitator, with reference to the scribed notes and using the report template, prepares a draft report. The report will generally take a further day to draft and circulate. Staff are requested to provide feedback within a designated timeframe e.g. two weeks. The report is then finalised and given to the manager of the service. A meeting should be arranged by the manager of the service with the service user or relevant person(s), to share the report with them and to discuss its findings.

Appendix 1 Applying for AAR Facilitator Training

Form A

Application for AAR Facilitator Training

(Services applying for training for the first time)

As SAO I can confirm that the following has been completed in advance of the submission of this application

	Tick
That the AAR Guidance has been received, circulated and discussed at Management Team	
That there is management commitment to support the introduction and use of AAR into the service as outlined in the AAR Guidance.	
That the QPS lead has agreed to co-ordinate the implementation of AAR.	
That the service/organisation has committed to supporting trained AAR Facilitators to practice formal and informal AAR.	
That the organisation has arrangements in place to maintain a register of trained AAR facilitators and to monitor the use of AAR in line with the Guidance provided	

Sign off:

Name of Senior Accountable Officer:

Signature:

Date:

Name of QPS Advisor:

Title:

Contact Details (email and phone number):

Please return completed applications to grs.tullamore@hse.ie

For QRS Office Use only	
Date completed application received from service	
Date approved for allocation of AAR Training places	
Date of training course allocated	

Form B

Application for AAR Facilitator Training
(Services applying for the training of additional trainees)

Name of QPS Lead:

Email Address:

Mobile Phone Number:

No. of staff previously trained:

Date of training:

Provide here detail of how AAR is currently deployed in your service and the plans for utilisation of additional facilitators:

Please return completed applications to grs.tullamore@hse.ie

For QRS Office Use only	
Date completed application received from service	
Date approved for allocation of AAR Training places	
Date of training course allocated	

Appendix 2 AAR Summary Report Template

The responses included in *italics* below are sample text only. Please replace with your own responses.

After Action Review Learning Report

NIMS Number:

Date of meeting:

Background to AAR

Provide a brief summary of the issue to which the AAR relates i.e. key chronological points here

Key Learning Points Identified

Provide a brief summary of the learning points - these can be both items that worked well and those which could be improved. It is important to acknowledge both

Actions Agreed

The actions agreed should be linked to the learning points identified above

- 1. Set out the actions agreed here*
- 2. etc*

Appendix 3 Bibliography

Bibliography

1. AM, D., C, S., JA, A., & D, B. (2016). Quantity and Quality: Increasing safety norms through after action reviews. *Human Relations*, 1209-1232.
2. Seys D, S. S. (2013). Supporting involved healthcare professionals (second victims) following an adverse health event. *Int J Nurs Stud*, 678-687.

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