

CF CENTER ACTION PLAN

CF Center Name: _____

Center Director: _____

Program Champion: _____

Clinical Team *(List all those responsible for administering modules and educating patients on specific topic areas.)*

Name/Position: _____

Responsibility: _____

Name/Position: _____

Responsibility: _____

Name/Position: _____

Responsibility: _____

Name/Position: _____

Responsibility: _____

Describe the type of patients you plan to have participate in the program.

Goal for Patient Enrollment *(Example: Enroll X patients within next Y months.)*

CF R.I.S.E. Planning *(Identify how and when you will plan for upcoming CF R.I.S.E. visits.)*

Implementation Milestones & Timeline

Milestone:

Example: 1. Identify five patients that meet our CF R.I.S.E. Patient Profile

2. Prepare and send an introductory email to patients/parents identified to participate in CF R.I.S.E.

Timing:

At next team meeting

Two days after team meeting

Accountable Person:

Program Champion

Social Worker