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

<table>
<thead>
<tr>
<th>Milestone:</th>
<th>Timing:</th>
<th>Accountable Person:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: 1. Identify five patients that meet our CF R.I.S.E. Patient Profile</td>
<td>At next team meeting</td>
<td>Program Champion</td>
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<tr>
<td>2. Prepare and send an introductory email to patients/parents identified to participate in CF R.I.S.E.</td>
<td>Two days after team meeting</td>
<td>Social Worker</td>
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CF R.I.S.E. was developed in collaboration with a multidisciplinary team of CF experts.