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CAMEI
Coordination Actions in the scientific era
of Medical Education Informatics for
fostering IT skills for healthcare
workforce in the EU and USA

D4.1 Cooperation Action Plan approach,
template and guidelines

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EXECUTIVE SUMMARY

The CAMEI project produced a white paper on IT skills for healthcare workforce in the EU and USA and cooperation opportunities (D2.1). Addressing IT skills for healthcare workforce was presented as an important element of achieving greater social inclusion as identified in EU and National policy areas. Digital skills offer a gateway to supportive networks, expert patient groups, advice, information and new learning opportunities, social networks and more. Current IT skills education for the healthcare workforce in the EU and USA shared common socio-economic factors and trends. The white paper also provided key recommendations on how USA organizations and communities can cooperate with EU organizations in order to empower sharing, reuse, repurposing and creation of educational material applied in different context and promote renewal of programmes. ICT market segments, where both EU and USA showed significant exploitation potential for training healthcare workforce on IT, were identified.

This document (D4.1) has built on D2.1 by developing a Cooperation Action Plan (CAP) approach and created templates to systematically describe CAPs and provide guidelines for how to fill-in the CAP templates.

Then, a collaboration case that shows potential permanent characteristics has been selected as best practice example, and was described using the CAP template.

When opting for a collaboration case, it was reasonable to build on the initial recommendations made by the CAMEI white paper and then investigate which aspects of the joint opportunities to include in it. While the implementations strategies and accreditation standards were seen as very important aspects, we've chosen to focus the collaboration case on the technology *standards in healthcare education* and *model for shared/scalable training*, since they were needed to be addressed first in order to create a common base for existing and future joint projects – and would be a timely contribution to the transatlantic eHealth roadmap.

Chapter 3 in this document describes the collaboration case and reports on its current status.

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DEFINITIONS

CAP: Cooperation Action Plan

Competence: Demonstrated ability to apply knowledge, skills and attitudes to achieve observable results [1].

eHealth: EU term applicable to Health related information and communication technology. In US, the synonymous term is health IT [2].

Healthcare workforce: All people engaged in actions whose primary intent is to enhance health, according to the World Health Organization's World Health Report 2006 [3]. Human resources for health are identified as one of the core building blocks of a health system [4]. They include physicians, nurses, midwives, dentists, allied health professions, community health workers, social health workers and other health care providers, as well as health management and support personnel – those who may not deliver services directly, but are essential to effective health system functioning, including health services managers, medical records and health information technicians, health economists, health supply chain managers, medical secretaries and others.

Health IT: US term applicable to Health related information and communication technology. In EU, the synonymous term is eHealth [2].

Health IT skills: eHealth IT skills: Ability to carry out managerial or technical tasks in the eHealth/IT health field. Any competency and knowledge deficiencies among all staff in healthcare delivery, management, administration and support to ensure universal application of ICT solutions in health services [2].

MEI: Medical Education Informatics

Role: Normally expressed as a role profile: a specialised combination of skills or competences with specific responsibilities to fulfil a specific type of tasks and to produce pre-defined deliverables, mostly used in engineering, especially SW-engineering models [1].

Skills: Ability to carry out managerial or technical tasks. Managerial and technical skills are the components of competences and specify some core abilities which form a competence [1].

1. INTRODUCTION

1.1. Project description

Addressing IT skills for healthcare workforce is seen as an important element of achieving greater social inclusion, as identified in EU and National policy areas. Digital skills offer a gateway to supportive networks, expert patient groups, advice, information and new learning opportunities, social networks and more. Providing the means and the guidelines of sharing, re-using, and repurposing technologies of new educational material and programs for IT-skilled workforce in healthcare applied in different contexts, different languages and cultures in the EU and USA, the CAMEI project [6] will allow new ways of boosting knowledge and provide IT skills to healthcare workforce of EU and USA. CAMEI aims to coordinate research activities and policies towards the development of renewed educational material and programs, to boost new trends for acquiring new knowledge in respect of the implementation of eHealth systems in practice, foster trans-national access to research infrastructures from both EU and USA partners and establish a network of best practices in Medical Education Informatics. The partners of CAMEI are experts in providing IT skills to healthcare workforce by means of different technologies and learning approaches. CAMEI will contribute to improving the health services offered by a wide range of health care professionals. There are a number of barriers that hamper the wider uptake of eHealth, including the lack of awareness of, and confidence in eHealth among healthcare workforce.

1.2. Goals of the project

CAMEI will contribute towards innovation in eHealth in Europe by providing the ground for IT-Skilled healthcare workforce and its results are aimed to be used by the upcoming Health Programme 2014-2020 and Horizon 2020 under “Health, demographic change and wellbeing”.

In relation to WP4, one of CAMEI’s main objectives was to promote joining research forces between Europe and the US, while at the same time breaking scientific silos in the areas of e-learning, Medical Education, Medical Informatics and standardization. Re-enforcing research activities in the Medical Education Informatics (MEI) domain would not only increase research quality across the two sides of the Atlantic, but also produce tangible education and technical outcomes as well.

1.3. Goals of WP4

- Provide advanced support services to motivated and competent communities and organizations from USA and EU, in order to assist them in building long-term relationships between actors.
- Facilitate policy dialogue between policy makers and other stakeholders from the EU and USA communities and industries on training healthcare workforce on IT skills.
- Explore synergies with the European Commission’s existing policies, instruments and projects.
- Produce a Road Map towards a Joint Strategy fostering IT skills for healthcare workforce in the EU and USA.

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- Organize a summer school to train the trainers and the healthcare workforce on new technologies enhancing the provision of IT skills to healthcare workforce, means of sharing, reuse, repurposing and creation of educational material applied in different context.
- Organize a conference to act as the final event of the project to inform the community, the stakeholders and the policy makers towards the CAMEI network and the advancements that it achieved. New trends and new researches in the area of Medical Education Informatics will fulfil the scene for a new era on fostering IT skills for healthcare workforce in the EU and USA.

1.4. Scope of deliverable D4.1

The aim of deliverable 4.1 is to:

- Develop a Cooperation Action Plan (CAP) approach, create templates to systematically describe CAPs and provide guidelines for how to fill-in the CAP templates.
- Select a collaboration case that shows potential permanent characteristics as best practice example, and describe it using the CAP template.

2. COOPERATION ACTION PLAN (CAP)

The CAMEI project produced a white paper on IT skills for healthcare workforce in the EU and USA and cooperation opportunities (D2.1). Addressing IT skills for healthcare workforce was presented as an important element of achieving greater social inclusion as identified in EU and National policy areas. Digital skills offer a gateway to supportive networks, expert patient groups, advice, information and new learning opportunities, social networks and more. Current IT skills education for the healthcare workforce in the EU and USA shared common socio-economic factors and trends. The white paper provided also key recommendations on how USA organizations and communities can cooperate with EU organizations, in order to empower sharing, reuse, repurposing and creation of educational material applied in different context and promote renewal of programmes. ICT market segments, where both EU and USA showed significant exploitation potential for training healthcare workforce on IT, were identified.

The cooperation action plan builds on the recommendations from the CAMEI White Paper.

2.1. Overall approach for the Cooperation action plan

The underlying challenge that is addressed is the necessity to improve the health services offered by a wide range of health care professionals. There are also a number of barriers that hamper the wider uptake of eHealth including the lack of awareness of, and confidence in eHealth among healthcare workforce.

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The overall approach of the cooperation plan is therefore to facilitate the cooperation between USA organisations and communities and EU organisations in order to empower sharing, reuse, repurposing and creation of educational material applied in different context and promote renewal of programmes.

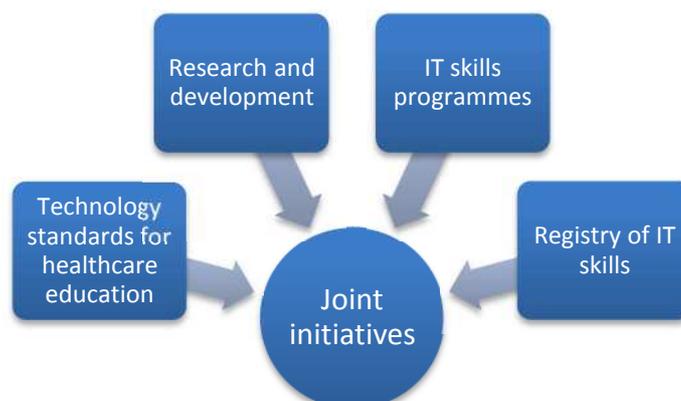


Figure 1. The areas of cooperation outlined in the CAMEI whitepaper in order to foster IT skills among healthcare workforce

2.2. CAMEI Cooperation action plan template

The purpose of the cooperation action plan template is to document in a systematic manner the series of steps needed to ensure that the collaboration cases identified by the CAMEI project are implemented as intended.

The template is composed of two main parts:

- The **components of the action plan** which outlines in detail the relation between the strategies and resources to the measures of implementation and ultimate goals.
- The **series of steps needed** to ensure that collaboration proceeds as planned.

Table 1. Components of the Action Plan

INPUTS			OUTPUTS	OUTCOMES	IMPACT
Challenge Statement(s)	Strategies	Resources	Measures of Implementation	Measures of Change	Goals



Strategy:				
Action Steps	Resources	Measures of Implementation	Partner(s) responsible	Deadline

Table 2. Series of Steps needed

Strategy:				
Action Steps	Resources	Measures of Implementation (Outputs)	Partner(s) responsible	Deadline
<i>What steps must be taken to implement our strategy?</i>	<i>What specific supports are needed to implement this action step?</i>	<i>How will readers of the plan know the action step or strategy is fully realized or carried out?</i>	<i>Who is most closely responsible and accountable for taking each action step?</i>	<i>By when will the step be completed?</i>

A template is attached to this document as appendix. An editable word version can be downloaded from the following location: <https://ki.box.com/s/ahcr3clugx3eqxuhnzsI>

2.3. Cooperation action plan guidelines

This section provides step-wise instructions in order to create an action plan using the CAMEI Action Plan Template.

2.3.1. Building an Action Plan

Begin by asking:

- If the project intends to leverage an *existing strategy* to address the challenges it identified, does the strategy need to be refined, adjusted, or improved prior to its implementation?
- If the project identified a *new strategy* to address the challenges it identified, does the new strategy require multiple steps to be implemented?

If the response to either of the above questions is “NO”, then the strategy does not require an action plan. The CAMEI project should focus its time and energy on developing action plans for the other strategies it identified.

If the response to either of the above questions is “YES”, use the CAMEI Action Plan Template (CAP TEMPLATE) to craft a plan that will guide implementation of the activities:

- Begin by articulating the overarching strategy that the action plan will support.
- Respond to the guiding questions in each column, proceeding from left to right. For example, begin in the first column by naming the specific action steps. For each action step, indicate the necessary and available resources, the measures of implementation, the partner(s), and the deadline.
- Each action step should have corresponding information in each of the other columns. For every action step, there should be resources, at least one measure of implementation, a partner responsible, and a deadline for completion.

2.3.2. Directions for completing the CAMEI Cooperation Action Plan

- Indicate the **strategy**—the specific means, method, or approach to solving the identified challenge(s). The CAMEI partners need to determine the best approach to addressing the identified challenge. Since the strategy is the driver of the action plan, it is essential that the CAP editor(s) think carefully about this component.
- List the **action steps** that describe the major steps that must be taken to implement the strategy. They should be listed in order of completion, and need to be sufficiently described so others can understand them and carry them out.

In articulating action steps, the CAP editor(s) should stay focused on the big picture, naming only the most significant, far-reaching steps that need to be monitored as evidence of progress toward the goal. However, the partner in charge of a specific action step may wish to add detail to the action plan to guide his or her particular work, e.g., if he or she has to manage a team of people/partners to get the work done, or has many details to track.

- Indicate the **resources** needed to implement one or more action steps, if needed. In some cases, key resources may be lacking or not been yet allocated to the project, in which case one activity would be to secure those resources. For example, CAMEI offers a wide range of consulting assistance, but accessing that assistance for a particular project would require someone from the CAMEI consortium approaching the appropriate partner to see what is available.
- Indicate the **measures of implementation** that tell when the action step or strategy is fully realized or carried out. For example, the measure of implementation of a competency development strategy might be that a certain percentage of healthcare workers receive training over a specified period. Since the action plan by definition provides more detail, the CAP editor(s) may want to add additional measures of implementation that capture a finer grain of detail.
- Indicate the **partner(s)** —the individual(s) most closely responsible and accountable for a given action step. This is essential to be a specific person and have the resources, capacity, authority, and support required for completing the step.
- Give the **deadline** by when the action step will be completed. Completion of the last step signifies the date by which the strategy is expected to be fully operational and by which measures will be available for analysis.

3. COLLABORATION CASE

3.1. Overview of the collaboration case

One of the aims of the Transatlantic eHealth Cooperation Roadmap is to identify approaches to achieving common EU/US goals for achieving a robust supply of highly proficient eHealth professionals and assuring health care, public health, and allied professional workforces have the eSkills needed to make optimum use of their available eHealth/health information technology.

The aim of the collaboration case is to show potential permanent characteristics as best practice example, and describe it using the CAP template presented in Chapter 2 of this document.

In D2.1, CAMEI has made the following ***initial recommendations on joint opportunities*** on the fields of educational technologies, training methods and programmes:

- ✓ Technology standards in Healthcare education
- ✓ Models for shared and scalable training
- ✓ Implementation strategies
- ✓ Accreditation standards

3.1.1. Focus of the collaboration case

It was therefore reasonable to build on the initial recommendations and then investigate which aspects of the joint opportunities to include in the collaboration case. While the implementations strategies and accreditation standards were seen as very important aspects, we've chosen to focus the collaboration case on the *technology standards in healthcare education* and *model for shared/scalable training*, since they were needed to be addressed first, in order to create a common base for existing and future joint projects – and would be a timely contribution to the transatlantic eHealth roadmap. To provide a context to the reader, the two fields are described below (source: CAMEI D2.1).

Technology standards in healthcare education

There is strong tradition for developing standards both at the EU and USA. Collaboration between those communities exists and, if further developed and steered, would create an excellent self-sustained joint collaboration with increased implementation impact. On going joint initiatives such as the “EU-US eHealth Cooperation Initiative” should continue and increased input from different stakeholders should encouraged. Technology standards is a market segment that would has an influence and effect at all levels of an educational ecosystem – from the compliance of the technology in use to the way data is shared, reused and repurposed; to finally the manner healthcare workers learning achievements are tracked and assessed.

Models for shared and scalable training

Education in general, and more specifically healthcare education, is crucial to meet the new demands of health care and it is essential to anticipate future skills needed for health professionals. The continuous growth of new technologies and the expansion of eHealth call for a lifelong, flexible and scalable educational system.

EU and USA have funded several projects that investigated methods for sharing educational content. A joint enterprise would create a sustainable high quality educational offering. Furthermore, both the EU and the USA have started to invest in open education (such as MOOC). This is an area both parties have flagged as strategic and where we've noted similar priorities in the healthcare education.

The most common method of financing IT skills programmes is usually a mix of public-public/European or national as there is considerable public funding of skills training programmes conducted in partnership with academic institutions/universities.

On the other hand, the US government relies to the extent possible on private markets to accomplish important societal objectives, acting to correct market failures when necessary, through open and transparent governmental policies (HealthIT.Gov).

Aligning these funding approaches for transatlantic cooperation in the sector of IT healthcare skill building is a significant challenge. Through official European delegates there is also an expressed declaration that eHealth is an important lever for job creation and growth stimulation. In order to utilize this leverage, it is imperative that best ideas are open to the most people possible. Before specifics, however, it has been expressed that a crucial prerequisite is the deepening of the trade ties between EU and the US, tackling the more complex obstacles to international trade. After that, a second necessary step is the harmonizing of regulatory guidelines in order to be able to collaborate on joint initiatives from a zero base (EU-US eHealth Cooperation Initiative).

3.2. CAP for the collaboration case



CAMEI Action Plan for the collaboration case

INPUTS			OUTPUTS	OUTCOMES	IMPACT
Challenge Statement(s)	Strategies	Resources	Measures of Implementation	Measures of Change	Goals
How to provide joint EU/US training methods and programmes that are open and scalable?	Combine areas of complementary strengths between EU and US to create joint open educational eHealth programmes	CAMEI partners Stakeholders with an interest in addressing the challenge	Model on how to combine the strengths from EU/US in order to address the challenge of providing open and scalable Implementation Case study	Increased number of joint EU/US open training methods and programmes	Open and scalable training programmes for achieving a robust supply of highly proficient eHealth professionals and assuring health care, public health, and allied professional workforces have the eSkills needed to make optimum use of their available eHealth/health information technology.



Strategy: Combine areas of complementary strengths between EU and US to create joint open educational eHealth programmes				
Action Steps	Resources	Measures of Implementation	Partner(s) responsible	Deadline
Described in detail in the table below				

Collaboration Case ID: 1 Today's Date: **Oct 5th, 2014**

Strategy: Combine areas of complementary strengths between EU and US to create joint open educational eHealth programmes				
Action Steps	Resources	Measures of Implementation (Outputs)	Partner(s) responsible	Deadline
<i>What steps must be taken to implement our strategy?</i>	<i>What specific supports are needed to implement this action step?</i>	<i>How will readers of the plan know the action step or strategy is fully realized or carried out?</i>	<i>Who is most closely responsible and accountable for taking each action step?</i>	<i>By when will the step be completed?</i>
Common technical standards framework in eHealth education	Medbiquitous technical standards European Committee for Standardization	Common technical standards framework is used as an underlying model for the mapping of competencies, activities and reports.	KI	Mapping between EU and US standards Dec 10 th , 2014 Proposal for common framework June 30 th , 2015
Common eHealth competency framework	S&I Framework on eHealth competencies	Leverage work performed by the S&I Frameworks Workforce Development Group	NORUT, KI	Beta stage of competency framework available Final deadline set by the S&I Framework
Repository for open access eHealth educational resources	AAMC MedEdPortal mEducator technology	A repository for open access educational resources	AAMC, AUTH	Repository with existing resources Oct 13 th , 2014
Model for open and scalable access to eHealth training programmes	edX MOOC platform Open Education Europa Portal	Pilot implementation of a dedicated open education platform for eHealth training	KI	Deadline will be set during a meeting at Boston Nov 21 st , 2014

3.3. Report on monitoring of the collaboration case

In this section, we have reported the current status of the collaboration case (as of October 10th, 2014).

3.3.1. Common technical standards framework in eHealth education

This action step has pooled knowledge and resources from EU and US organizations. This step was required since work on standards is often replicated and efforts fragmented, which limits their impacts. Developing a joint strategic framework for technology standards in healthcare education would allow a systematic tracking of healthcare workers IT skills achievements, access learning opportunities and measure improvements.

MedBiquitous (medbiq), founded by Johns Hopkins Medicine and leading professional medical societies, is a not-for-profit, international group of professional associations, universities, commercial, and governmental organizations seeking to develop and promote technology standards for the health professions that advance lifelong learning, continuous improvement, and better patient outcomes. MedBiquitous is accredited by the American National Standards Institute (ANSI) to develop information technology standards supporting the health professions. As previously presented in D2.1, medbiq has developed a comprehensive model for how different technology standards for healthcare education are linked (see Figure 2).

We have used the medbiq model to initiate a mapping of the corresponding CEN standards from the EU (<https://www.cen.eu>). This work is ongoing.

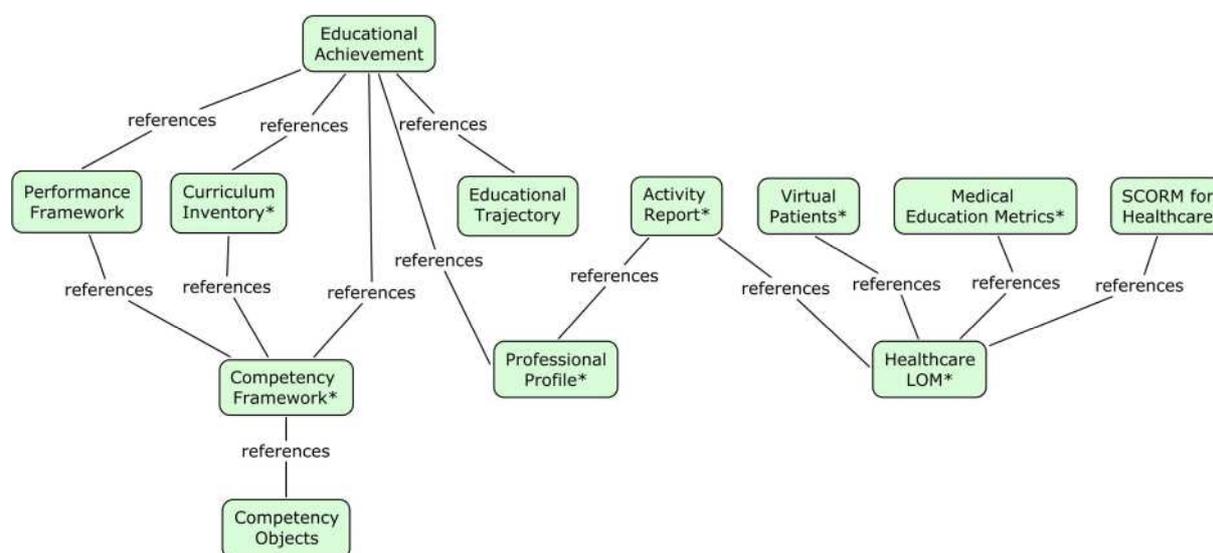


Figure 2. Overview of a technology standard ecosystem from the Medbiquitous consortium that can be considered as the basis for future work (<http://medbiq.org/>)

3.3.2. Common eHealth competency framework

This action step relies on the ongoing work by the S&I Framework Workforce Development Group (<http://wiki.siframework.org/Workforce+Development+Work+Group>).

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It is currently in beta stage (<http://hitcomp.siframework.org/>) but can already inform the collaboration case.

3.3.3. Repository for open access eHealth educational resources

In collaboration with the Association of American Medical Colleges (AAMC), a repository for open access eHealth educational resources has been developed.

The repository is available here: <http://www.mededportal.org/ehealth>

The MedEdPortal eHealth Collection will be jointly developed by two associate editors (one from CAMEI and one from the US eHealth community).

To fertilize the above eHealth collection with developments in EU, CAMEI will engage in this collaboration by bringing technologies developed in a relevant EC funded project called mEducator [2] (in which the CAMEI partner AUTH was the co-ordinator). In mEducator, there had been substantial repurposing initiatives of educational content which have now matured. With data standard infrastructures, like the Learning Object Metadata (LOM) standard, the Sharable Content Object Reference Model (SCORM) and the Healthcare LOM schema, an effort was initiated, in the form of the mEducator project. In that context, both Web 2.0 mash-up technologies and federated, Semantic, web-service based learning content management systems were explored as possible avenues of standardizing the repurposing of medical education content. That is, by extending the way healthcare LOM works to allow a semantic orientation there is a clear impact on resource discovery and sharing. Post-mEducator project activities were focused on aligning efforts with the MedBiquitous Consortium. MedBiquitous has adopted the afore described mEducator proposal for the semantic extension of its current standards as evidenced by on-going technical discussion taking place in its Technical Committees and Working Groups [3].

So, in WP4, CAMEI will attempt an evaluation of the integration of technology know-how developed using EC funding (i.e. mEducator) with current practice at US health education front (with the collaboration of both MedBiquitous and AAMC). To make things work in a practical and measureable output oriented way, the strategic co-operation plan suggests a concrete idea: CAMEI activities expand the AAMC taxonomy (used at the CAMEI instance of MedEdPortal, that is the aforementioned eHealth collection) with welcoming and inviting new type of resources on healthcare IT skills, which will be described using the new MedBiquitous standard (which uses AAMC and mEducator technologies already). So, in essence WP4 will conduct an evaluation of the exchange of technology know-how between EU and US with obvious impacts.

3.3.4. Model for open and scalable access to eHealth training programmes

Open education is currently the focus of both the EU and the US.

edX is a consortium for the delivery of open education (<https://www.edx.org/about-us>). Using edX in the collaboration case was appropriate since the consortium have EU and US members. Furthermore, its open source edX platform have been implemented by several organizations in Europe, even at a national level (such as France).

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Discussion with edX has been conducted in order to conduct a pilot implementation using their openedX platform and gain experience from their newly launched “professional development” initiative (<https://www.edx.org/professional-education>).

A meeting, Nov 21st at Boston, is planned in order to discuss joint future steps. Representatives from CAMEI, AAMC and edX will attend the meeting.

4. REFERENCES

[1] CEN, «European ICT Professional Profiles,» CEN, Brussels, 2012.

[2] mEducator, www.meducator.net, last access, Oct 2014.

[3] Medibiquitous Learning Objects Working Group Wiki,
<http://groups.medbiq.org/medbiq/display/LO/Proposed+Modifications+2013>

APPENDIX I



CAMEI Action Plan Template

Purpose	To document the series of steps needed to ensure that the strategies identified by the CAMEI project to address the identified challenges are implemented as intended.	Related Documents D2.1 CAMEI Whitepaper S&I Framework Action Plan
Description	Develop an action plan to provide more detail linking the strategies and resources to the measures of implementation and ultimate goals.	

Components of the Action Plan

<i>INPUTS</i>			<i>OUTPUTS</i>	<i>OUTCOMES</i>	<i>IMPACT</i>
Challenge Statement(s)	Strategies	Resources	Measures of Implementation	Measures of Change	Goals



Strategy:				
Action Steps	Resources	Measures of Implementation	Partner(s) responsible	Deadline

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Collaboration Case ID: _____ Today's Date: _____

Strategy:				
Action Steps	Resources	Measures of Implementation (Outputs)	Partner(s) responsible	Deadline
<i>What steps must be taken to implement our strategy?</i>	<i>What specific supports are needed to implement this action step?</i>	<i>How will readers of the plan know the action step or strategy is fully realized or carried out?</i>	<i>Who is most closely responsible and accountable for taking each action step?</i>	<i>By when will the step be completed?</i>