



This form should be completed by a CHOC Health Alliance provider who seeks bonus credit under the Population Health domain of the 2025 CHOC Health Alliance CPN Program for completing an approved Quality Improvement (QI) Project.

Attestation of Meaningful Participation

Provider Name: _____

Practice Name: _____

Provider Email Address: _____

Project Title: _____

Please **select one (1) box** below that best describes your completed project:

- ☐ Quality Improvement (QI) Project*
- ☐ MOC-4 Project (included a QI component/activity)*
- ☐ MOC-4 Project (did not include a QI component/activity)

*All Quality Improvement (QI) projects, whether completed independently or as part of an MOC-4 Project, must be accompanied by submission of this Attestation Form and a Plan Do Study Act (PDSA) Worksheet (see page #2). If you completed an MOC-4 Project without a QI component/activity, then a PDSA Worksheet is not required.

Please check all the statements that are true regarding your participation in this project.

- ☐ I was engaged in the project.
- ☐ I participated in implementing the project's interventions (the changes designed to improve care).
- ☐ I regularly reviewed data in keeping with the project's measurement plan.
- ☐ I collaborated in the activity by attending team meetings.
- ☐ I met these requirements on: _____ (fill in mm/dd/yyyy) on which you completed your project for bonus consideration, even if you continued working on the project beyond that date.

Project Feedback

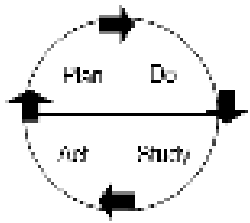
Please write below a brief summary that describes how you participated in the project and summarize the most important successes and difficulties encountered in this project.

Signature of Participant: _____

Date: _____

Signature of Project Leader: _____

Date: _____



PDSA WORKSHEET FOR **NAME OF QI PROJECT**

Team Name:	Date of test:	Test Completion Date:
Overall team/project aim:		
What is the objective of the test?		

PLAN:

Briefly describe the test:

How will you know that the change is an improvement?

What do you predict will happen?

PLAN

List the tasks necessary to complete this test (What)	Person responsible (Who)	When	Where
1.			
2.			
3.			
4.			
5.			
6.			

Plan for collection of data:

DO: Test the changes.

Was the cycle carried out as planned? ☐ Yes ☐ No

Record data and observations (optional: use provided "Survey of Providers and Staff")

STUDY:

Did the results match your predictions? ☐ Yes ☐ No

Describe the measured results and how they compared to the predictions.

ACT: Decide to Adopt, Adapt, or Abandon.

Adapt: Improve the change and continue testing plan.

Plans/changes for next test:

Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

Abandon: Discard this change idea and try a different one