



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.**

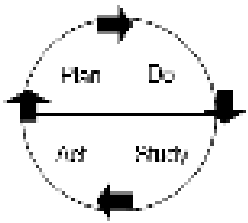
- I was engaged in the project.
- I participated in implementing the project’s interventions (the changes designed to improve care).
- I regularly reviewed data in keeping with the project’s measurement plan.
- I collaborated in the activity by attending team meetings.
- I met these requirements on: \_\_\_\_\_ (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**

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

**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