**Practice Improvement Program (PIP)**

**Quality Improvement Projects**

**Attestation FY 2022-2023**

Please complete this attestation form for fiscal year 2022-2023 quality improvement projects.

|  |  |
| --- | --- |
| **Question** | **Description** |
| **Please describe the focus of the quality improvement projects your organization will initiate and complete in FY 2022-2023:** |  |
| **Target population(s):** |  |
| **Estimated number of SFHP members to be impacted by these efforts:** |  |

By signing below, I am attesting that the organization will be engaging in the above quality improvement efforts from July 1, 2022 through June 30, 2023. If there are material changes to quality improvement project efforts that may significantly impact the scope, implementation and/or outcome of the intended efforts from what is described above, I will contact SFHP to inform them of the specific changes and the impact to SFHP members.

|  |  |
| --- | --- |
| **PIP Participant Name:** |  |
| **Medical/Executive Director Name (print):** |  |
| **Medical/Executive Director Signature:** |  |
| **Date:** |  |

*Please sign and upload a scanned copy of this document at the end of your 2022-2023 Q1 Wufoo by* ***October 31, 2022.***