

**North Carolina Maintenance of Certification Program (NC MOC)**  
**Medical Center Daily Safety Huddles**  
**Participation Requirements**

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- a. Complete the following:
  - i. Participated for 3 months in this QI Project
  - ii. I participated in the Patient Safety Tiered Huddles  
Description: Active participation in Tier I or Tier II Huddles (virtually, in-person, etc.) to discuss patient safety and/or operational issues
  - iii. Reviewed Data - I reviewed patient safety related data resulting from the Patient Safety Tiered Huddle system. This information was reviewed by area, service line, floor/unit, or by entity (as needed).

**Reflection**

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I reflected upon the following areas:

1. Change. What change did you personally make in your practice?
2. Impact. How did this change impact patient care in your practice?
3. Learning. What did you learn as part of participating in this QI effort?
4. Sustainability. Explain how you plan to sustain the changes you made to your practice because of this QI effort.