

<u>CCHHS Documentation Team – Document Review Form</u>

Measure: 8.1.1T/L

Domain Team Lead:

Document Information				
Document Title: Interlocal Agreement between University of Nevada, Reno-Orvis School of Nursing and Carson City Health and Human Services				
Electronic Storage Location:				
File Name:				
Demonstration of Conformity to Specified Measure				
Does the document contain all required components? X Yes	□ No			
If not, what is missing? Nothing is missing				
Does this evidence fit with the guidance (in PHAB Standards and Measures 1.0)? X Yes □ No				
Is it reasonable and appropriate? X Yes □ No				
Are required elements flagged or highlighted to make them easie	r to find? X Yes □ No			
Is the document:				
Signed/dated (if appropriate)?	X Yes □ No □ N/A			
Current/Updated?	X Yes □ No			
Meets timeframe requirements?	X Yes □ No			
From an approved program?	X Yes □ No			
Document Cover Sheet Present?	X Yes □ No			
Measure Narrative Present?	X Yes □ No			



What Does This Evidence Communicate to the Reviewer?

Does it meet the intent of the measure?			X Yes □ No		
Is it appropriate based on the guidance?			X Yes □ No		
Changes needed?	☐ Yes X No				
			10		
	In What Way W	ould The Evidence Be A	Assessed ?		
How well does it meet the PHAB requirements?					
X Fully (3)	☐ Largely (2)	☐ Slightly (1)	☐ Not Demonstrated (0)		
What are the streng	gths?				
Cover sheet is done just right. Also the highlighting was done correctly. Evidence is easy to find which is key.					
Narrative is very good but not needed.					
What are the weaknesses?					
Review Information					
Reviewer(s)	Name(s):		Review Date:		
Kathy Rice			4/25/14		
Documentation Sta	atus:				
X Accepted	Г	Conditionally Accepted	☐ Rejected		
Next Steps for Dom	ain Team Lead:				



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