**Public Health Accreditation Board, Document Evidence Summary**

**Please complete all sections of this document. Carefully review the EVIDENCE CHECKLIST before submitting. Complete and submit this summary sheet with the documentation that you are providing as evidence for this measure.**

**Purpose:** This tool is designed for internal document collection. A measure may require multiple forms of evidence. Please submit only one summary sheet for each document that serves as evidence. Do not include multiple documents under one summary sheet.

**How to Use:** Save and name this document according to the measure that you are providing documentation for with the naming convention as follows: DOMAIN.STANDARD.MEASURE, #., example [A, B, C, etc.], NAME OF DOCUMENT, and date of document. ***Example:* “9.2.1 1 A Quality Improvement Plan 081314**. Briefly describe document and how your health department uses it. Provide evidence to support location of document content that supports guidance and required documentation.

Note: Make sure every document submitted includes evidence of authenticity as to who owns the document. This could be the health department’s name, logo, staff names, etc. and document title. There should be some indication or description provided that proves the document is indeed in use by your health department, even if the document was not created by your health department.

|  |  |
| --- | --- |
| **Document Title:** | |
| **Submitter Justification (answer questions below)** | |
| **1. Using brief sentences describing the document and how your health department uses it**  *(Example: This protocol explains laboratory coverage of the department.)* |  |
| **2. For document, provide evidence with page numbers and location of specific content for this measure; showing how this pertains to the required documentation and guidance under this measure.**  *\* If using PDF documents, please refer to the PDF page number rather than the document page number.\** |  |
| **3. Who created it?** |  |
| **4. When was it created?**  *(Note: A date of document creation, approval, or an effective period must be provided in the document and the creation date (no earlier than 5 years of Community Health Assessment (CHA), unless indicated in the measure?* |  |
| **Date of Submission:** |  |
| **Submitter Name:** |  |
| **Submitter Department/Office:** |  |

**Public Health Accreditation Board Evidence Summary: Measure Narrative**

**Use this form to construct your measure narrative.**

**Purpose: The** e-PHAB system allows for one measure narrative. A measure narrative is an explanation for how the series of documentation submitted for each measure support the other to demonstrate overall compliance toward the PHAB required documentation for that measure.

**How to Use:** Utilize the Measure Narrative to explain how all of the documentation provided as whole is intended to demonstrate the Measure. Describe how submitted documents (if more than one) tie together to meet measure.

|  |
| --- |
| **Measure: (Example: Measure 1.2.3. A)** |
| **Measure Description:** |