## Oklahoma Department of Correction Peer Review Criteria for Dental Hygienist

Reason for Review:       Appropriateness of Care       Adverse drug reaction         Professional concern       Critical Incident       Utilization issues         Criteria:       1. Discipline specific assessment is thorough?       Utilization issues         Yes       No       Comment:	Date of Review:			P	Provider Reviewed:			
Professional concern       Critical Incident       Utilization issues         Other	Reason for Review:							
Criteria:         1. Discipline specific assessment is thorough?         Yes       No Comment:         2. Discipline specific assessment is completed within required timeframe?         Yes       No Comment:         3. Treatment is consistent with clinical observations?         Yes       No Comment:         4. Treatment is consistent with clinical observations?         Yes       No Comment:         4. Treatment is completed within required timeframe?         Yes       No Comment:         5. Treatment includes measurable hygiene goals?         Yes       No Comment:         6. Progress notes for provider (discipline) reviewed relate back to the problem(s) on the treatment plan?         Yes       No Comment:         7. Progress notes for provider (discipline) reviewed are completed within required timeframes?         Yes       No Comment:         8. Progress notes for provider (discipline) reviewed show describe changes if necessary?         Yes       No Comment:         9. Frequency of contact is consistent with diagnosis and severity of symptoms?         Yes       No Comment:         10. Treatment deadlines are consistently met?         Yes       No Comment:         11. Requests for consults with dentist are requested when necessary?         Yes       No Comment: </th <th></th> <th>Pr</th> <th>ofessional concern</th> <th></th> <th>Critical Incident</th> <th></th> <th>-</th>		Pr	ofessional concern		Critical Incident		-	
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