Oklahoma Department of Correction
Peer Review Criteria for Dental Hygienist

Attachment D
OP-140142

Date of Review: _____ **Provider Reviewed:** _____

Reason for Review:

- ❑ Biennial
- ❑ Appropriateness of Care
- ❑ Adverse drug reaction
- ❑ Professional concern
- ❑ Critical Incident
- ❑ Utilization issues
- ❑ Other _____

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 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: _____
12. Medications or hygiene aids are recommended to dentist when needed?
    ❑ Yes ❑ No Comment: _____
13. Applicable current national guidelines are followed?
    ❑ Yes ❑ No Comment: _____

Additional Comments:

Signature of Reviewer: _____ Date: _____

Signature of Provider Reviewed _____ Date: _____