

Oklahoma Department of Correction
Provider Peer Review Criteria

Attachment A
OP-140142

Date of Review: _____ Provider Reviewed: _____

Reason for Review:

- | | | |
|---|--|--|
| <input type="checkbox"/> Biennial | <input type="checkbox"/> Appropriateness of Care | <input type="checkbox"/> Adverse drug reaction |
| <input type="checkbox"/> Professional concern | <input type="checkbox"/> Critical Incident | <input type="checkbox"/> Utilization issues |
| <input type="checkbox"/> Other _____ | | |

Criteria:

1. Discipline specific assessment is thorough?
 Yes No Comment: _____
2. Discipline specific assessment is completed within required timeframe?
 Yes No Comment: _____
3. Discipline specific assessment includes current observations and recent behavior changes?
 Yes No Comment: _____
4. Diagnosis is justified by history and current assessment?
 Yes No Comment: _____
5. Treatment plan is consistent with diagnosis?
 Yes No Comment: _____
6. Treatment plan is completed within required timeframe?
 Yes No Comment: _____
7. Treatment plan includes measurable goals?
 Yes No Comment: _____
8. Progress notes for provider (discipline) reviewed relate back to the problem(s) on the treatment plan?
 Yes No Comment: _____
9. Progress notes for provider (discipline) reviewed are completed within required timeframes?
 Yes No Comment: _____
10. Progress notes for provider (discipline) reviewed show changes in patient health/behavior/mental status?
 Yes No Comment: _____
11. Frequency of contact is consistent with diagnosis and severity of symptoms?
 Yes No Comment: _____
12. Treatment deadlines are consistently met?
 Yes No Comment: _____
13. Requests for consults/lab testing/special treatments are justified by diagnosis/behavior?
 Yes No Comment: _____
14. Requests for consults/lab testing/special treatments are requested timely and consistent with the immediacy of the problem?
 Yes No Comment: _____
15. Medications are justified by diagnosis and severity of symptoms? Medication interactions and iatrogenic effects are considered and appropriate labs are monitored?
 Yes No Comment: _____
16. Prescribing practices are consistent with peers, i.e., provider stays within the medical services formulary when prescribing? Polypharmacy prescribing is avoided when possible?
 Yes No Comment: _____
17. Applicable current national guidelines are followed?
 Yes No Comment: _____

Signature of Reviewer: _____