

Oklahoma Department of Correction
Peer Review Criteria for Medical Healthcare Provider

OP-140142
Attachment A
Pg. 1 of 2

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 by documented history and exam is thorough and adequate?
a. ☐ Yes ☐ No Comment: _____
2. Discipline specific assessment is completed within required timeframe for the appropriate clinical need?
a. ☐ Yes ☐ No Comment: _____
3. Discipline specific assessment includes current observations and relevant recent changes?
a. ☐ Yes ☐ No Comment: _____
4. Diagnosis is justified by history, exam findings and current assessment?
a. ☐ Yes ☐ No Comment: _____
5. Treatment plan is consistent with and appropriate for the diagnosis?
a. ☐ Yes ☐ No Comment: _____
6. Treatment plan is completed within required timeframe?
a. ☐ Yes ☐ No Comment: _____
7. Treatment plan includes measurable goals and appropriate follow-up assessment?
a. ☐ Yes ☐ No Comment: _____
8. Provider progress notes adequately and appropriately document all relevant facts and supporting evidence for the assessment and treatment plan?
a. ☐ Yes ☐ No Comment: _____
9. Progress notes from provider are completed within required timeframes?
a. ☐ Yes ☐ No Comment: _____
10. Progress notes from provider addresses changes in patient health/behavior/mental status?
a. ☐ Yes ☐ No Comment: _____
11. Frequency of follow-up contact is consistent with diagnosis severity of symptoms and clinical need?
a. ☐ Yes ☐ No Comment: _____

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12. Treatment deadlines are consistently met?

a. ☐ Yes ☐ No Comment: _____

13. Requests for consults/lab testing/imaging studies and special treatments are appropriate for the diagnosis(es) being considered?

a. ☐ Yes ☐ No Comment: _____

14. Requests for consults/lab testing/imaging studies and special treatments are requested in an appropriate, timely manner?

a. ☐ Yes ☐ No Comment: _____

15. Medications prescribed are appropriate for diagnosis and severity of symptoms? Medication interactions and adverse side effect potential are considered with appropriate labs monitored?

a. ☐ Yes ☐ No Comment: _____

16. Prescribing practices are consistent with recognized standards of care for the presumptive diagnosis?

a. ☐ Yes ☐ No Comment: _____

17. Provider appropriately utilizes the medical services formulary when prescribing? Non-formulary medication requests are appropriate?

a. ☐ Yes ☐ No Comment: _____

18. Polypharmacy prescribing is avoided when possible? Medications that no longer are indicated or necessary, or that are causing adverse side effects are appropriately discontinued by the provider?

a. ☐ Yes ☐ No Comment: _____

19. Applicable current national guidelines are considered and when appropriate are followed?

a. ☐ Yes ☐ No Comment: _____

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