



VETERINARIAN PEER ASSISTANCE PROGRAM
Practice Monitor Report

Date: \_\_\_\_\_ Month submitted for: \_\_\_\_\_

Licensee Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip

Name of Monitor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

License #: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip

E-Mail Address: \_\_\_\_\_

Time Period of Report Covered From: \_\_\_\_\_ through \_\_\_\_\_

Date(s) of Review: \_\_\_\_\_ Number of Records Reviewed: \_\_\_\_\_
(Minimum of 10 records required, if not stated in Stipulation)

This is report # \_\_\_\_\_ of \_\_\_\_\_ reports required.
(Number of Report begin submitted) (Total number of requires required, i.e. 2 years monthly reports equals 24 reports.)

This report is for: (circle) Record Keeping Prescribing Practices Dental Procedures Fiscal Activities ALL

Physical Facility

Table with 5 columns: S-Satisfactory or above; NI=Needs Improvement; U=Unacceptable; N/A=Not applicable, S, NI, U, N/A. Rows include: 1. General appearance, cleanliness, and orderliness of reception and business areas... 2. Indices of appropriate sterile practice... 7. Presence of basic emergency kit? Observations and Comments: Please print or type. All Needs Improvement or Unacceptable responses require a detailed explanation.

Staff Management

Table with 5 columns: S-Satisfactory or above; NI=Needs Improvement; U=Unacceptable; N/A=Not applicable, S, NI, U, N/A. Rows include: 1. Is the staff aware of the licensee's situation? 2. Does the staff work together to ensure a smoothly run practice? 3. Does the staff appear to support the practitioner?

Reports may be submitted via:

Email: reports@peerassist.org

Fax: Last name A-L 720.213.1007 Last Name M-Z 720.213.0002

Mail: Peer Assistance Services 2170 S. Parker Road, Suite 229 Denver, CO 80231

In Person: Peer Assistance Services, Inc. 2170 S. Parker Road, Suite 229 Denver, CO 80231

or Peer Assistance Services, Inc. 200 Grand Avenue, Suite 270 Grand Junction, CO 81501

Licensee Name: \_\_\_\_\_

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|---|--|--|--|--|
| 4. Does the licensee or any staff member keep odd hours? Chronic tardiness or absence? Early arrivals or late departures? Frequent bathroom breaks? |  |  |  |  |
| 5. Is any staff member asked to pick up prescriptions for patients?   |  |  |  |  |
| 6. Does the licensee or any staff member exhibit mood swings, slurred speech, excitability, hand tremor, or sweating?                               |  |  |  |  |
| Observations and Comments: <i>Please print or type. All Needs Improvement or Unacceptable responses require a detailed explanation.</i>             |  |  |  |  |

### Fiscal Activity

| S-Satisfactory or above; NI=Needs Improvement; U=Unacceptable; N/A=Not applicable   | S | NI | U | N/A |
|---|---|----|---|-----|
| 1. Are billings, payments, petty cash, accounts receivable, insurance claims handled properly?  |   |    |   |     |
| 2. Do supply accounts show payments to pharmacies for office samples?   |   |    |   |     |
| 3. Do statements from mail order supply houses show controlled substances are ordered?  |   |    |   |     |
| Observations and Comments: <i>Please print or type. All Needs Improvement or Unacceptable responses require a detailed explanation.</i> |   |    |   |     |

### Surgical Procedures

| S-Satisfactory or above; NI=Needs Improvement; U=Unacceptable; N/A=Not applicable   |   |    |   |     |
|---|---|----|---|-----|
| Appropriate sterilization and disinfection techniques:  | S | NI | U | N/A |
| 1. Are handpieces and instruments heat sterilized between patients?   |   |    |   |     |
| 2. Is an adequate surface disinfectant technique used between patients?   |   |    |   |     |
| 3. Are the operatories properly set-up (draped)?  |   |    |   |     |
| Radiographic or clinical check of techniques and quality:   | S | NI | U | N/A |
| 1. Diagnosis and treatment planning.  |   |    |   |     |
| 2. Extraction   |   |    |   |     |
| 3. Other surgeries  |   |    |   |     |
| Observations and Comments: <i>Please print or type. All Needs Improvement or Unacceptable responses require a detailed explanation.</i> |   |    |   |     |

### Prescribing Practices

| S-Satisfactory or above; NI=Needs Improvement; U=Unacceptable; N/A=Not applicable               | S | NI | U | N/A |
|---|---|----|---|-----|
| 1. Is there appropriate handling of emergency phone requests for pain medication?               |   |    |   |     |
| 2. Is there evidence of prescribing medications without seeing the patient?                     |   |    |   |     |
| 3. Is there evidence of prescribing for self, family or staff?                                  |   |    |   |     |
| 4. Does the practitioner ever fill or pick up patient's prescriptions?                          |   |    |   |     |
| 5. Are prescriptions for controlled and other prescription substances noted in patient records? |   |    |   |     |
| 6. Are the veterinarian's name, drug name, patient name, dosages, quantities, warnings and      |   |    |   |     |

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|   |  |  |  |  |
|---|--|--|--|--|
| directions for use recorded on all drug labels?   |  |  |  |  |
| 7. Are the medical records and other logs legible?  |  |  |  |  |
| 8. Are treatment dosages, quantities, and regimes appropriate?  |  |  |  |  |
| 9. Are prescriptions written so they are difficult to alter?  |  |  |  |  |
| 10. Are prescription pads secure and out of sight?  |  |  |  |  |
| 11. If DEA privileges are intact, is DEA registration current?  |  |  |  |  |
| 12. If DEA privileges are suspended, is there evidence that controlled substances are kept in office or prescribed?   |  |  |  |  |
| 13. If DEA privileges are intact, and the contract does not prohibit the dentist from keeping other controlled substances inventory on site check Controlled Substance Prescription Log for medications administered and/or dispensed from inventory. |  |  |  |  |
| 14. Do the records entries substantially comply with board guidelines on medical records?   |  |  |  |  |
| Observations and Comments: <i>Please print or type. All Needs Improvement or Unacceptable responses require a detailed explanation.</i>   |  |  |  |  |

### Record Keeping

| <b>S=Satisfactory or above; NI=Needs Improvement; U=Unacceptable; N/A=Not applicable</b>  | <b>S</b> | <b>NI</b> | <b>U</b> | <b>N/A</b> |
|---|----------|-----------|----------|------------|
| 1. Do the record entries reviewed follow a consistent and logical order in all or most charges reviewed?                                |          |           |          |            |
| Do the records include:   | <b>S</b> | <b>NI</b> | <b>U</b> | <b>N/A</b> |
| 2. An adequate description of the patient's presenting problem, including duration, of aggravation factors and significant changes?     |          |           |          |            |
| 3. Examination results?   |          |           |          |            |
| 4. The diagnosis?   |          |           |          |            |
| 5. A description of the treatments rendered?  |          |           |          |            |
| 6. A complete and current medical history with detailed history of problems identified?   |          |           |          |            |
| 7. Appropriate follow-up to problems identified in #6?  |          |           |          |            |
| 8. Appropriate radiographs?   |          |           |          |            |
| 9. Prescriptions and non-prescription medications ordered?  |          |           |          |            |
| 10. Informed consent forms appropriately and properly completed?  |          |           |          |            |
| 11. Post-op instructions, recall or other follow-up?  |          |           |          |            |
| 12. Are there any indications of incorrect diagnosis?   |          |           |          |            |
| 13. Are there any indications of improper care or treatment?  |          |           |          |            |
| Observations and Comments: <i>Please print or type. All Needs Improvement or Unacceptable responses require a detailed explanation.</i> |          |           |          |            |

The Stipulation required the following areas be reviewed:

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Denver, CO 80231      Grand Junction, CO 81501

Licensee Name: \_\_\_\_\_

Based on the Stipulation requirements, I determined that the following specific areas be addressed by Respondent:

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Overall Review:

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All Needs Improvement (NI) or Unacceptable (U) responses require a detailed explanation. Please print or type any information that was not included in the comment spaces, using an additional sheet of paper if necessary. You must identify patients and records by initials only.

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Identify here the files reviewed by the patient's initials:

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### OBSERVATION INFORMATION

**PRACTICE MONITORS MUST SCHEDULE A VISIT WITH THE LICENSEE BEING MONITORED AT THE SAME TIME AS THE VISIT TO REVIEW RECORDS AND PHYSICAL FACILITY. THIS VISIT SHOULD AFFORD THE PRACTICE MONITOR THE OPPORTUNITY TO OBSERVE THE LICENSEE ACTUALLY PRACTICING ON AT LEAST \_\_ CASE(S). THE PRACTICE MONITOR SHOULD NOT INTERVENE DURING THIS OBSERVATIONAL TIME UNLESS RISK TO THE PATIENT IS IMMINENT AND OBSERVE BASED UPON THE TYPE OF VIOLATIONS IDENTIFIED IN THE CASE, AND THE AREAS OF PRACTICE REQUIRING IMPROVEMENT. OBSERVATION SHOULD BE FOR A SIGNIFICANT PERIOD OF TIME (1-2 HOURS).**

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**A SUMMARY OF THE OBSERVATIONS SHOULD BE DOCUMENTS BELOW. ITEMS REQUIREMENT IMPROVEMENT SHOULD BE NOTES AS WELL AS THOSE DEMONSTRATION EXCEPTIONAL COMPETENCE.**

Signature of Monitor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Licensee: \_\_\_\_\_

Date: \_\_\_\_\_

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