



Peer & Practice Assessment Report

Demographic & Practice Information

Name of Registrant:

Registration Number:

Type of Practice:

(e.g., Sole Proprietor, Incorporation, Associate)

Assessment Information

Practice Name:

Contact Information (phone/email):

**Physical
Address:**

NEW: Clinic Website:

Assessor Name:

Assessment Date:

ASSESSMENT COMMUNICATION LOG

Date Practitioner Contacted	Purpose of Communication	Outcome of Communication

**Assessor
Signature:**

**Total Time to Complete
the Assessment:**

**Total Time for Post-Assessment
Reporting:**

INSTRUCTIONS

Please check the box that best reflects your assessment of the identified statement. If you select **Incomplete or N/A**, please explain in the **Details/Comments** section.

NEW: Advertising

TESTIMONIALS	Complete	Incomplete	N/A
1. Advertising (including clinic website) meets the standard of practice: <ul style="list-style-type: none"> contains no direct, indirect, or implied testimonials 			
2. Before and After photos. Any before and after photos used in advertising (including the clinic website) are real (not altered), verifiable, and accurately portray typical outcomes and inform the patient that outcomes may vary. The member attests to this.			

Advertising Details/Comments:

Record Keeping

COLLECTION & DOCUMENTATION OF PATIENT INFORMATION	Complete	Incomplete	N/A
1. The record system allows for ready retrieval of the patient file. (Assessor Note: Use visual demonstration submission or discuss filing system during discussion section).			
2. NEW: Registrant name appears on invoices and other documentation as it appears on the CDO's Public Register			
3. The record is legible and written in English or French.			
4. The record contains the patient's necessary personal and contact information.			
5. The record contains the patient's dental history, medical history, allergies, medications/supplement use.			
6. The record contains evidence of intraoral and extraoral examinations, noting clinical findings and professional opinions.			
7. Notation of any referrals made by the dentist.			
8. Information and advice provided to the patient and any necessary follow-up.			
9. Date and nature of all patient interactions, including patient services related to repairs and/or adjustments.			
10. UPDATED: Financial records with patient records or linked with a unique identifier (of their own makeup) ; maintains an account of all charges for services including notation of refunds.			
INFORMED CONSENT & CONFIDENTIALITY/PRIVACY	Complete	Incomplete	N/A
11. Treatment options are recorded, and the record reflects that informed consent was obtained, including the patient's acceptance of the treatment plan, costs and any modifications, withdrawal and/or refusal of consent, in accordance with the Standard of Practice: Informed Consent. UPDATED: Consent obtained prior to any treatment and is updated with any new changes to treatment plan or costs.			
12. Notation of any substitute decision makers, their relationship to the patient and any documentation provided (i.e. Power of Attorney).			

13. The record contains consent to collect, use and disclose personal health information, signed by the patient.			
14. Measures are in place to ensure the security of patient records in accordance with the Standard of Practice: Confidentiality & Privacy. (Assessor Note: Use visual demonstration submission or discuss during discussion section).			
EQUIPMENT & INSTRUMENTS	Complete	Incomplete	N/A
15. All services to, maintenance for and inspection of equipment or instruments is tracked using a record of service.			
Paper records Electronic Records			

Record Keeping Details/Comments:

Assessment and Interpretation of Patient Needs and Requirements

ASSESSMENT & INTERPRETATION OF PATIENT NEEDS & REQUIREMENTS	Complete	Incomplete	N/A
1. There is evidence of the assessment of existing prostheses.			
2. The practitioner has:			
a. considered factors that may affect the provision of denturist services;			
b. determined viable treatment options appropriate to the patient's oral and general health status and needs; and			
c. communicated viable treatment options and the prognosis to the patient to enable the patient to make an informed decision.			

Assessment and Interpretation of Patient Needs and Requirements Details/Comments:

Infection Prevention and Control (IPAC)

INFECTION CONTROL	Complete	Incomplete	N/A
1. Proper hand hygiene protocol maintained.			
OPERATORY			
2. There is evidence of surface and equipment disinfection and cleaning in between patients.			
3. There is evidence of barrier protection (e.g., gloves, masks, headrest covers, barrier tape).			
STERILIZATION AREA			
4. There is evidence of instrument cleaning, disinfection, sterilization, and safe storage.			
5. There is an established process for monitoring sterilization including record keeping logs.			
LABORATORY			
6. There is evidence of IPAC protocols in place.			
7. Surface cleaning and disinfection are appropriate.			
8. There is an area dedicated to the fabrication of prostheses.			
9. There is a system in place for adequate asepsis control for work entering and exiting the laboratory area.			

IPAC Details/Comments:

Post-Insertion Patient Education and Continuity of Care

POST-INSERTION PATIENT EDUCATION AND CONTINUITY OF CARE	Complete	Incomplete	N/A
1. There is evidence that patients are being provided patient education regarding the use, care and maintenance and follow-up of dental prostheses and oral appliances.			
2. There is an indication that the practitioner has made adequate arrangements for ongoing care where warranted.			

Post-Insertion Patient Education and Continuity of Care Details/Comments:

Self-Assessment & Continuing Professional Development (CPD) Activities

Self-Assessment & CPD Activities	Complete	Incomplete	N/A
1. The evidence provided supports a minimum of 10 CPD credits for the previous renewal period.			
2. Member has completed the Self-Assessment Tool and selected their CPD goals for the cycle.			

Self-Assessment/CPD Comments:

GENERAL COMMENTS

Summary:

Rating 1	Meets criteria
Rating 2	No safety concerns noted. Minor improvements are needed when most elements of quality are evident and deficiencies, if any, are minimal.
Rating 3	One or more areas are identified as a risk or a safety/quality concern for patients. Moderate ongoing learning and improvement activity is needed.
Rating 4	Caution is needed; issues or risky patterns are identified, or patient outcomes might be adversely affected. Major improvement is needed.

	Rating 1	Rating 2	Rating 3	Rating 4	N/A
Summary Report					
IPAC	<input type="checkbox"/>				
CPD/SAT					
Record Keeping					
CSR #1					
CSR #2					
CSR #3					
CSR #4					

Please provide any additional comments that are relevant to the assessment but are not covered in any of the preceding categories.