**Attachment C: Workflow Toolkit Activities and Perspectives Observation Log**

Form Approved
OMB No. 0935-XXXX
Exp. Date XX/XX/20XX

Clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice staff names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time period covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This form will help the study team keep a record of clinic activities related to the Workflow toolkit during regularly scheduled PERC/Practice Facilitator visits, and should be completed at each visit. If you have questions about using this form, contact LeAnn Michaels at (503) 494-1583.*

**Current workflow and toolkit evaluation goals**

**Current activities and topics**

Public reporting burden for this collection of information is estimated to average 120 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Activity** | **Outcome** | **Facilitation intensity***(circle one)* |
| 1 | *Example: Observed as clinic tried to use toolkit to learn about workflow during EPIC installation, especially tracking lab values.* | *Example: Clinic Study Team could not find what they wanted and asked the PERC for assistance in finding the information they were seeking.* | *High**Medium**Low* |
| 2 |  |  | *High**Medium**Low* |
| 3 |  |  | *High**Medium**Low* |
| 4 |  |  | *High**Medium**Low* |

**Current activities and topics (continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Activity** | **Outcome** | **Facilitation intensity***(circle one)* |
| 5 |  |  | *High**Medium**Low* |
| 6 |  |  | *High**Medium**Low* |

*Add additional rows as needed to include all observed workflow assessment activities*

**Reflections**

|  |  |  |
| --- | --- | --- |
| **Reflection Type** | **Clinic Reflection** | **Next Steps** |
| **Facilitators of workflow success** |  |  |
| **Barriers of workflow success** |  |  |
| **Overall implementation** |  |  |

**Other notes:**