

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

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**

- 1.
- 2.
- 3.

### **Current activities and topics**

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

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**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:**