Attachment D: Workflow Assessment Usage Log

Clinic Name: _____

Practice staff name: _____

Role: _____

Note: This form will help the clinic study team keep a record of how you have used the Workflow toolkit and should be completed weekly. If you have questions about using this form, contact Dr. Paul Gorman at (503) 494-4025 or your Practice Enhancement Research Coordinator (PERC) at (503) 494-1583.

No.	Date	Activity	Outcome
	Example: 12/20/2011	*Example: Tried to read about how workflow has been impacted for other clinics installing EPIC software and how they tracked lab values.*	*Example: Tried to download a PDF, but my computer timed out and the link didn't seem to work.*
1			
2			
3			
4			
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7			
8			
9			
10			

Add additional rows as needed to include all workflow toolkit usage activities and outcomes