

PVN CLOSING THE LOOP FORM

Closing the loop is considered a key step in the engagement process. It is the action of:

- (i) Acknowledging the engagement completion and thanking all involved for their participation;
- (ii) Sharing how/if the aim of the project has been met (outcomes);
- (iii) Sharing how the contribution and participation of patient partners influenced the outcome (impact);

This form has been created to assist you, our health care partners to close the loop, formally ending your engagement. We ask you to submit this form at the end of your engagement, or the end of a patient's term on an ongoing committee. When possible, we strongly encourage patient partner and health care partner teams to sit down together to complete this form, reflect on your work, chat about lessons learned and celebrate successes. Engagement Leaders are available to facilitate these meetings or phone calls as required.

Why Is This Important?

Being aware of how their input has influenced positive changes in the health care system is a priority for Patient Voices Network members. The BC Ministry of Health, in their [2018 Patient Engagement Framework](#) said that patient, family, caregiver, and public engagement is being embedded in how they make decisions moving forward. In 2016, Accreditation Canada updated language in required organizational practices with a new emphasis on "co-design", "partnership", "input", and "collaboration" with patients and families.

Not only is a written summary of an engagement meaningful for patient partners to receive, it is valuable for health care teams to keep on file to inform future patient engagement work and share with those interested in seeing improvements such as Accreditation Canada and the general public.

Thank you for taking the time to complete this form!

Engagement Details

Opportunity Name:					
Health Care Partner (Name/Dept./Org)					
Patient Partner(s):					
Patient Partner Start Date:		Patient Partner End Date:		Today's Date	
Meeting Frequency:		Meeting Format:			

Aim
What was the aim or goal of your initiative?

Patient Involvement Summary

What was the purpose of engaging patient partners in this work? What was the patient partners' role?

Outcomes

Share how/if the aim of the project has been met. Describe and share the final product, decision, or outcome of the work that patient partners have contributed to. Participating in a project and not knowing the end result is like reading a book with the final chapter torn out!

Briefly describe outcomes of the initiative. (If the work is ongoing, please provide a summary of progress and decisions made to date).

Do you have any supporting documents that can be shared? (ie: final reports, newly created patient education materials, storyboards, evaluations, etc).

<Insert File upload button>

Beyond this form, are there other ways this information has or can be shared with patient partners? (ie: tour of new facility, invitation to future event, etc).

Patient Impact

Share how the contributions and participation of patient partners influenced outcomes.

This impact assessment is important for everyone. Patient partners want to know how they made a difference. You and your team can learn from this experience to inform future patient engagement work. The PVN program keeps this information for program evaluation purposes. Please note: this is not intended to be a "performance review" of the patient partner.

Briefly describe the ways in which patient partners influenced outcomes:

Please provide at least one concrete example:

Close Out & Thank You

Ensure that the patient partner(s) know that the project, or their involvement with it, has ended. Share your appreciation for the patient partners' volunteerism!

Patient partners are aware that their participation in this initiative is now complete and have been thanked for their contributions.

Patient partner expenses for participation (ie: mileage/parking) have been reimbursed as agreed at the start of the engagement.

Comments:

If additional outcome or impact information is not yet available, when can PVN staff follow up with you? __/__/__

- I am aware that PVN will share this form and uploaded attachments with the Patient Partners.
- Can we contact you to discuss sharing this engagement opportunity more broadly for promotional purposes?

Thank you for your commitment to patient engagement,
and for your time in completing this form.