



Partnership Impacts Checklist

Partnership Impacts are submitted by PVN patient and health care partners and/or collected and reported on through our Closing the Loop Process. Please use this checklist to help guide your submission.

| Steps | Yes | No |
|--|--------------------------|--------------------------|
| Does your submission include the patient and health care partner perspective, when possible? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you able to describe how the patient partner input has influenced the health care improvement work you have done together? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you clearly described the aim/purpose of your work together | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you filled out the consent forms to make your impact story public? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your submission approximately 200 words? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you included pictures, when possible? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you include a link to the original PVN Invitation to Participate? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you include up to date contact information for the patient and health care partner in case there are follow up questions? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer no to any of these questions, you may need some support from your Engagement Leader to discuss your submission idea. If you proceed to submission, you can expect someone contact you within five business days.

Please note that all submissions are reviewed and may be edited, in consultation with you, by the BC Patient Safety & Quality Council team.

Your Engagement Leader is available to support you. You can reach us at pvn@bcpsqc.ca or 1.877.282.1919

PVN is a community of patients, families and caregivers working together with health care partners to improve BC's health care system.