



Capital Equipment Impact Report

The Peace Arch Hospital Foundation is proud to support the purchase of capital equipment that helps our medical team deliver quality patient care at Peace Arch Hospital. Completing this report is important to help us understand the impact the purchase of this equipment has for patients and staff, and how it positively impacts patient outcomes. We report back to our donors on the impact that their gifts have had in enhancing the health and wellness of our community.

As part of our commitment to transparency and accountability to our donors, the information you provide may be included in our promotional material and reporting back to our donors.

Please complete and return this report as this information will help facilitate future requests for capital equipment, funded by the Foundation.

Name and Department Information

Full Name: _____ Date: _____

Title: _____

Department: _____

Program: _____

Phone: _____ Email: _____

Equipment Information

Please provide details below for all equipment purchased since April 1st of this year, that was funded by PAH Foundation.

Equipment #1:			
Quantity Purchased:		Cost:	
Approximately how many patients per year does this directly benefit? (If known)			
New/Replacement:			
Please briefly describe the benefits and impact the purchased equipment has on patients, staff and the system: (eg: recovery time, diagnosis, quality of care, wait lists etc)			

Equipment #2:			
Quantity Purchased:		Cost:	
Approximately how many patients per year does this directly benefit? (If known)			
New/Replacement:			
Please briefly describe the benefits and impact the purchased equipment has on patients, staff and the system: (eg: recovery time, diagnosis, quality of care, wait lists etc)			

Equipment #3:			
Quantity Purchased:		Cost:	
Approximately how many patients per year does this directly benefit? (If known)			
New/Replacement:			
Please briefly describe the benefits and impact the purchased equipment has on patients, staff and the system: (eg: recovery time, diagnosis, quality of care, wait lists etc)			

Equipment #4:			
Quantity Purchased:		Cost:	
Approximately how many patients per year does this directly benefit? (If known)			
New/Replacement:			
Please briefly describe the benefits and impact the purchased equipment has on patients, staff and the system: (eg: recovery time, diagnosis, quality of care, wait lists etc)			

Equipment #5:			
Quantity Purchased:		Cost:	
Approximately how many patients per year does this directly benefit? (If known)			
New/Replacement:			
Please briefly describe the benefits and impact the purchased equipment has on patients, staff and the system: (eg: recovery time, diagnosis, quality of care, wait lists etc)			

Testimonials and Grateful Patient Stories

We often require testimonials from staff as well as stories from grateful patients to encourage donors to continue giving to our Capital Equipment fund. If you or one of your staff would be willing to provide a testimonial or have a grateful patient story you would like to share, on any equipment listed, please indicate below.

Testimonial:	Yes	No	Grateful Patient Story:	Yes	No
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Equipment Not Purchased

Do you have any equipment on the Capital Equipment list that was not purchased? Or any equipment that was funded but is still in the process of being purchased?