



Judging Criteria: 2020 Doug Cochrane Leadership in Quality Award

1. Improving the Quality of Care

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The nominee has demonstrated leadership in quality improvement in one or more of the following dimensions of quality as defined by the [BC Health Quality Matrix](#).

- Acceptability – care that is respectful to patient and family needs, preferences, and values.
- Appropriateness – care that is evidence-based and specific to individual clinical needs.
- Accessibility – ease with which health services are reached by the patient.
- Safety – avoiding patient harm resulting from care.
- Effectiveness – care that is known to achieve intended outcomes for the patient.
- Equity – health care benefits distributed fairly, according to population need.
- Efficiency – optimal use of resources to yield maximum benefits and results.

2. Leadership and Communication

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The nominee demonstrated self-awareness, self-management and other traits commonly exhibited by strong leaders.

The nominee took a leadership role to cultivate skill development in others to improve safety and quality of care.

The nominee's actions through communication, support and effort inspired a wide variety of stakeholders including colleagues, health care professionals from other disciplines, and patients, families or caregivers.

3. Sustainability

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The nominee planned for how new ways of working and improved outcomes would become the norm.

The nominee put strategies in place to ensure the continued sustainability of their work.

4. Engagement

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The nominee meaningfully engaged those affected by the project, such as patients, families and/or caregivers, and health care professionals.

5. Evidence

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There is clear qualitative and/or quantitative evidence that the nominee improved the quality of care provided to patients.

Qualitative evidence provides descriptive information that showcases individual experiences related to the nominee's work. Examples include comments, stories and anecdotes taken from open-ended survey results, focus group discussions, interviews, or letters from patients, family members and/or staff.

Quantitative evidence involves numerical data that provide evidence of the results of the nominee's work. Examples of quantitative evidence could include cost savings, lower infection rates, reduced number of falls, shorter wait times, or numerical survey results, such as increased ratings of satisfaction with a service.

Depending on the nature of the nominee's work, you may find it most appropriate or feasible to focus on qualitative evidence over quantitative evidence, or vice versa. Both can be equally valuable in demonstrating the impact of the nominee's work!

6. Quality of Submission

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The submission contains minimal spelling and grammatical errors, jargon and acronyms. The submission is presented coherently.

Total

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