

Excellence in Quality: Living with Illness or Disability Nomination Questions

Section 1: Improving the Quality of Care

Briefly summarize the team or initiative. **(150 words maximum)**

Explain the team or initiative, and the problem(s) they solved, in more detail. **(1,000 words maximum)**

How did the team or initiative improve quality of care for people and/or communities? Please note the dimension(s) of quality which were addressed. *For more information on the dimensions of quality, please review the [BC Health Quality Matrix](#).* **(1,000 words maximum)**

Section 2: Evidence

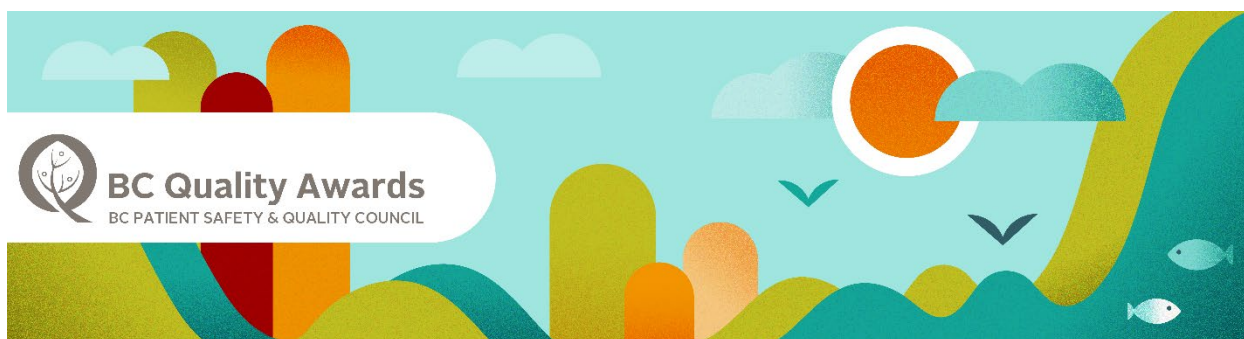
Provide clear evidence that the team or initiative has improved the quality of care. Evidence of results can be quantitative or qualitative. **(1,000 words maximum)**

Section 3: Sustainability

How did the team plan for new ways of working and improved outcomes to become the norm? What is it doing to ensure the project's continued sustainability? **(1,000 words maximum)**

Section 4: Engagement

Who did the team engage in the project in order to help its success and sustainability? How were they engaged? **(1,000 words maximum)**



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Judging Criteria

Judges will score nominations based on the following framework.

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](#).

- Respect – Honouring a person’s choices, needs and values.
- Safety – Avoiding harm and fostering security.
- Accessibility – Ease with which health and wellness services are reached.
- Appropriateness – Care that is specific to a person’s or community’s context.
- Effectiveness – Care that is known to achieve intended outcomes.
- Equity – Fair distribution of services and benefits according to population need.
- Efficiency – Optimal and sustainable use of resources to yield maximum value.

2. Evidence of Improved Care

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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!

3. Sustainability

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

Strategies are in place to ensure the project's continued sustainability.

Criteria continued on next page...

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. Quality of Submission

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

Total

/ 50