

## The Doug Cochrane Leadership in Quality Award

### Judging Criteria

Judges will score nominations based on the following framework.

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<b>1. Impact</b>	<b>/ 15</b>
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The nominee demonstrated significant leadership advancing quality, as defined by the [BC Health Quality Matrix](#), in BC's health system.

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<b>2. Leadership</b>	<b>/ 15</b>
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The nominee provided outstanding leadership over a lifetime of service and exemplified professionalism and leadership in a variety of ways, including open communication, collaboration, cooperation, commitment and integrity.

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<b>3. Evidence</b>	<b>/15</b>
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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!

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**4. Quality of Submission****/ 5**

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

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**Total****/ 50**