

Quality														
Organization name: Cota														
Aim		Measure								Change				
Issue/Goal	Quality Dimension	Chosen Indicator	Measure (statement of the indicator that tells you what is being measured)	Unit of Measurement	Population of Focus (which services)	Data source (where are you getting your data from?)	Current Performance	Target performance (desired state)	Target justification (how did you set the target?)	Planned improvement initiatives (What are your change ideas?)	Methods (What will you do to make your planned changes happen?)	Process measures (what would tell you the changes are in progress?)	Target for process measures (what numbers will you monitor to show your changes are in progress?)	Comments (is there anything you think might be a barrier or enabler that leadership needs to know?)
Improve safety outcomes for tenants experiencing substance-related emergencies in Cota's site-based supportive housing programs	Effective	Deaths due to substance related emergencies	# deaths from substance related emergencies at Cota supportive housing sites	# of deaths	Cota site based supportive housing programs	Cota occurrence reports	0 deaths	0 deaths	Theoretical Best: Zero deaths	Enhance training cadence to include annual onsite harm reduction review with naloxone demo kits Focus on actions in addition to naloxone in responding to substance related emergencies (in particular rescue breaths) Enhanced, client-centric education on the differences between intramuscular and intranasal naloxone Review inspection and tracking of HR kits to ensure full stock and no expired product onsite Expand education related to risk of transmission during rescue breathing and CPR Education support materials posted in high traffic staff areas and common spaces Establish skills check ins to review key first aid skills (rescue breathing, etc.) Take home workbook for harm reduction training Standardized debriefing after	harm reduction trainers will amend training and resources in relation to change ideas onsite supports primarily the responsibility of the Nurse Supervisor, Clinical Best Practice pilot position	% same day / next day debriefs occurring % training participants receiving support materials after training	100% 100%	This is currently leveraging a 2 year contract role.
Enhance medication safety and reduce administration errors	Safe	harmful and no harm incidents	# harmful incidents due to medication error # no harm incidents due to medication error	# of med error occurrences that are categorized as harmful or no harm incidents during the reporting period	Cota's Site Based Supportive Housing programs (excluding Safe Beds)	Cota occurrence reports	0 harmful incidents annually 27 no harm incidents annually	0 harmful incidents due to medication error <12 no harm incidents due to medication error	Theoretical Best: no incidents Benchmarking against baseline data - goal to reduce by 50%	Nurse Supervisor, Clinical Best Practice 2 year pilot 100% on sites All sites visited each week On site training and support Auditing, medication reconciliation Primary pharmacy contact Same day or next day medication error investigations Proactively enhancing practices before errors, or with near misses	Business case proposed for this pilot role, candidate selected in July 2026. Job description reflects change ideas, therefore most work being done by Nurse Supervisor Clinical Best Practice and Manager, Clinical Best Practice	% of monthly medication inspection checklists completed and submitted on time Average compliance score % same/next day investigations completed	100% 100% 100%	This is currently leveraging a 2 year contract role.
advance timely access to mental health case management by increasing new admissions to MH CM in Cota's integrated service teams	timely	# new clients admitted	# of new clients being admitted to MH CM programs in Cota's ISTs	individuals served (clients)	Integrated Service Teams (North York, Toronto East, Toronto West, Scarborough)	Cota's electronic health records (TREAT)		13 baseline data will inform target, currently being investigated	benchmarking against previous performance	Pilot a weekly drop in group for discharged folks to receive one-off supports in addition to group sessions, socialization Establish documentation practices to manage risk and allow for performance data to be tracked appropriately Determine content of groups based on attendee feedback gathered Establish practices in supervision to identify candidates for this step down support	Pilot a step down group for discharged clients in North York, overseen by NY director	Average attendance per session % satisfaction score from participant feedback	Establishing baseline data in year 1 100%	TREAT now has capability for us to document on unregistered clients and capture performance data.
Optimize program offerings at Cota's Adult Day Service to better align with the needs, preferences and interests of the community	client centred	Units of Service Individuals Served	# of attendance days # of unique individuals served	attendance days individuals (clients)	ABI Adult Day Service	MIS data in Cota's electronic health record system (TREAT)	852 87	3000 123	Ontario Health M SAA Targets	Open house / engagement events Increase exercise program options (already popular) Determine if T.I.M.E. program offerings may be beneficial Discuss with similar programs what is working, how they're addressing challenges Survey existing participants at the end of each "semester" Reach out to folks who haven't attended in awhile or who attended once/twice and didn't return – ask them about their experiences	Program leadership (manager and director) will be executing on plans and responding to the emerging information	# open house / engagement events	4	ABI referrals are low across the network