Waypoint Strategic Balanced Scorecard 2020-25 (Year 3 - 2022-23)

MISSION	We are a Catholic hospital committed to providing excellence in specialized mental health and addictions services grounded in research and education and guided by faith-based values.
VISION	As an inspired organization, we will change lives by leading the advancement and delivery of compassionate care.

STRATEGIC DIRECTIONS	SERVE	DISCOVER	LEAD
STRATEGIC RESULTS	We will include patients and families as partners in all we do, fostering a healing culture where staff, physicians, and volunteers are inspired to provide exceptional service and care.	We will embrace education, advance research, and seek, generate, and apply best practice and new knowledge to create the best possible outcomes for patients.	We will be a leader and trusted partner who embraces technology to support better overall health, collaborating with our partners to make it happen.

OBJECTIVES & STRATEGY MAP (read from bottom to top)

MEASURE *Quality Improvement Plan indicator	BASELINE (reported Q3 2021-22)	TARGET 2020-25	TARGET 2022-23	Q1	Q2 (YTD unless indicated with ^)	Q3	Q4	2022-23 INITIATIVES
FIDUCIARY PERSPECTIVE: If we succeed, how will we look to funders or donors?								
Increase % of eligible programs demonstrating improvements in patient health outcomes through the use of standardized measures (e.g. Composite Index) ^	55%	80-85%	63-65%	45%	73%	55%	45%	Develop regional integrated care pathways through the Central Ontario Health Team - Specialized Geriatrics Services - Child & Youth Mental Health & Addictions - Indigenous populations - Expand Ontario Structured Psychotherapy
Decrease repeat Emergency Department visits (30 days return visit) for mental health and addictions ^	20.1% (Q1 2021-22)	18.5%	19.8%	21.8%	20.7%	21.4%	22.3%	
Decrease Alternate Level of Care (ALC) Days*	12.6%	9.4%	12.6%	14.3%	15.0%	15.1%	15.0%	Implement Quality Standards for Schizophrenia in hospital and community
Maintain total margin* ~	3.26%	> 0	>0	0.86%	2.46%	2.99%	1.85%	
PATIENTS, FAMILIES, PARTNERS PERSPECTIVE: To achieve our vision, how must we look to our patient, families, and partners? What do they want? How will we satisfy them? How will we serve them?								
Increase overall inpatient satisfaction*	75% (2020/21)	84%	75%	n/a	n/a	n/a	70%	Model of Care (11 Waypoint programs) - Pre-implementation planning - Implementation on programs TBD (of 11) - Post-implementation planning and evaluation (programs TBD from above) - Spread to programs TBD (of 11)
Increase patient satisfaction with cultural sensitivity*	84% (2020/21)	90%	87%	n/a	n/a	n/a	81%	
Decrease reported patient incidents per 1000 patient days (Severity 2-4)	10.68	5.38	8.08	12.84	13.12	12.54	12.03	
Waypoint is identified as a leader & trusted partner by key partners	n/a	80%	75%	n/a	n/a	n/a	76.7%	
INTERNAL PROCESSES PERSPECTIVE: To satisfy our patients, families, partners, funders, donors, and our mission, what processes must we excel at? What are the few things we need to do better, from amongst our many processes, that will make the biggest difference?								
Reduce levels of medium to high staff burnout	80% (2020/21)	70%	77%	n/a	n/a	n/a	89%	Spread Leader Standard Work (incl. emotionally intelligent rounding)
Decrease workplace violence frequency (lost time claims per 100 full time equivalents)*	1.9	1.2	1.5	1.5	2.9	2.8	2.6	
Decrease workplace violence severity (lost time claims per 100 full time equivalents)*	32.4	22	35	17.5	23.4	19.2	16.3	Update enabling strategies - HROD - Research & Academics - Quality Risk and Safety - Clinical Services - Digital Health / Information Systems
Decrease number of workplace violence incidents*	189	230	240	61	158	242	335	
Increase research projects with patient involvement^ (cumulative since 2019-20)	1	5	2	3	3	3	3	
LEARNING & GROWTH PERSPECTIVE: To achieve our vision, how will we build capability for our people to learn and grow, communicate and work together? What skills, knowledge, culture, behaviours, values technology, capability or capacity do we have to grow or learn as an organization?								
Increase annual peer reviewed publications re: forensic mental health [1]	8	20	12	1	7	10	13	Initiate short-term Master Plan
Increase annual forensic themed presentations at conferences & academic events [1]	14	20	18	4	10	11	12	
Implement and evaluate new evidence-informed practices (clinical & non-clinical) [2]	n/a	5	1	1	1	1	1	
Increase % of Healthcare Information and Management Systems Society (HIMSS 7) standards met	74%	100%	91%	74%	74%	86%	99%	

Strategy Map Ovals

- **FIDUCIARY:** Support Better Overall Health · Champion High Quality Care
- **PATIENTS, FAMILIES, PARTNERS:** Provide Exceptional Person Centred Care · Be a Trusted Partner
- **INTERNAL PROCESSES:** Strengthen Our Healthy Workplace Practices · Strengthen Patient Oriented Research
- **LEARNING & GROWTH:** Establish a Centre of Excellence in Forensic Mental Health Research[1] · Seek Generate & Apply New Knowledge[2] · Adopt Digital/Data-Driven & Physical Technologies

Measures originate from strategic plan 2020-2025, Quality Safety Risk plan 2018-2023, Hospital Service Accountability Agreement 2022-23, Ontario Health mandates

Legend: Within 5% of Target | Between 5 & 10% | >10% from Target
~ Total Margin target parameters differ

■ VALUES ● Caring ● Respect ● Innovation ● Accountability

Indicator	Notes
Composite Index	**Q1 (representing Q4 21-22 RAI data)** **45% 5/11 Improved: AAP, Brebeuf, Georgianwood, Sans Souci, Beausoleil A** **Q2 (representing Q1 22-23 RAI data)** **73% 8/11 Improved: AAP, Bayview, Brebeuf, Georgianwood, Sans Souci, Beausoleil A, Beausoleil B, Beckwith A** **Q3 (representing Q2 22-23 RAI data)** **55% 6/11 Improved: AAP, Georgianwood, Sans Souci, Beausoleil A, Beausoleil B, Beckwith A** **Q4 (representing Q3 22-23 RAI data)** **45% 5/11 Improved: AAP, Bayview, Brebeuf, Georgianwood, Sans Souci**
Emergency Department visits for MH and Addictions	**Q1 (representing Q3 21-22)** **Originally calculated as 21.83%** **When the results for Q2 were calculated, the data pull resulted in 21.78% for the Q1 result (instead of 21.83%).** **Given that results appear only to 1 decimal point, but formatting for color coding recognizes the 2nd decimal point, the 21.8% result for Q1 on the Q2 scorecard shows as orange instead of the red it initially showed as.**
Total Margin	**Q4 Total Margin is preliminary pending Auditors review.**
Overall inpatient satisfaction	**Due to the time lag in survey administration, the values reported on this scorecard are from the survey of 2021-22** **The 2020-25 target of 90% (which was originally shown on this scorecard) was a typo and should have been 84% (as it was on the 2021-2022 scorecard. The 5 year target was reverted back to 84% with the Q2 version of this scorecard**
Patient satisfaction with cultural sensitivity	**Due to the time lag in survey administration, the values reported on this scorecard are from the survey of 2021-22**
Workplace Violence Frequency	**Q1, Q2 & Q3 Results revised to exclude Agency earned hours from the calculation** **Q1 revised from 1.4 to 1.5** **Q2 revised from 2.7 to 2.9** **Q3 revised from 2.7 to 2.8** **Effective with Q4 reporting Agency earned hours are excluded from the calculation.**
Workplace Violence Severity	**Q1, Q2 & Q3 Results revised to exclude Agency earned hours from the calculation** **Q1 revised from 16.7 to 17.5** **Q2 revised from 22.0 to 23.4** **Q3 revised from 18.1 to 19.2** **Effective with Q4 reporting Agency earned hours are excluded from the calculation.**
Research Projects with patient involvement (cumulative since 2019-20) **2022-2023 Quarterly Targets:** **Q1: 2** **Q2: 2** **Q3: 2** **Q4: 2**	**2021-2022: Reducing traumatic & coercive experiences of mental health care for Black, Indigenous & People of Color (BIPOC). A continuing professional development intervention (N. Sunderji); RCPSC Grant Funded Feb 2021** **2022-2023: Reducing Suicide and Self Harm** **2022-2023: A Preventative Online Mental Health Program for Youth**
Healthcare Information & Management Systems Society (HIMSS 7) - % of standards met **2022-2023 Quarterly Targets:** **Q1:** **Q2:** **Q3:** **Q4:**	**Q2 Note from David Wittig:** **The requirements of the HIMSS process has been updated, and we are evaluating next steps/target. We need to receive feedback from HIMSS on our survey results to establish our current benchmark.** **Survey submitted Oct 7, 2022 - 86% enabled as at Oct 7, 2022 - Q3 will be at least 86% and Green - On target per Debra Wicks & Dave Wittig. Q2 stays at 74% and Red**
Implement and evaluate new evidence-informed practices (clinical & non-clinical) **2022-2023 Quarterly Targets:** **Q1: 0** **Q2: 0** **Q3: 0** **Q4: 1**	**2022-2023: Breaking Free Online - Georgianwood**