

# Waypoint Strategic Balanced Scorecard (2025-26)

<b>MISSION</b>	<i>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.</i>								
<b>VISION</b>	<i>As an inspired organization, we will change lives by leading the advancement and delivery of compassionate care.</i>								
<b>STRATEGIC DIRECTIONS</b>	<b>SERVE</b>	<b>DISCOVER</b>	<b>Lead</b>						
<b>STRATEGIC RESULTS</b>	<i>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.</i>		<i>We will embrace education, advance research, and seek, generate, and apply best practice and new knowledge to create the best possible outcomes for patients.</i>			<i>We will be a leader and trusted partner who embraces technology to support better overall health, collaborating with our partners to make it happen.</i>			
	<b>OBJECTIVES &amp; STRATEGY MAP</b> <small>(read from bottom to top)</small>	<b>MEASURE</b>	<b>BASELINE</b> Q3 2024-25 (unless otherwise noted)	<b>TARGET</b> 2025-26	<b>Q1</b> 2025-26	<b>Q2</b> 2025-26	<b>Q3</b> 2025-26	<b>Q4</b> 2025-26	<b>2025-26 Priority Initiatives</b> <small>Initiatives not directly responsible for the measure listed to the left</small>
	<p><b>FIDUCIARY PERSPECTIVE:</b> If we succeed, how will we look to funders or donors?</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid gray; border-radius: 50%; padding: 10px; background-color: #f4a460; width: 100px; text-align: center;">Support Better Overall Health</div> <div style="border: 1px solid gray; border-radius: 50%; padding: 10px; background-color: #4a86e8; width: 100px; text-align: center; color: white;">Champion High Quality Care</div> </div>	<ul style="list-style-type: none"> <li>■ Increase % eligible programs demonstrating improvements in patient health outcomes through the use of standardized measures (i.e., Composite Index - reported by individual quarter) <ul style="list-style-type: none"> <li>■ 82%</li> <li>■ 80-85%</li> </ul> </li> <li>■ Decrease repeat Emergency Department visits (30 days return visit) for mental health and addictions (reported by individual quarter) <ul style="list-style-type: none"> <li>■ 25%</li> <li>■ 25%</li> </ul> </li> <li>■ Decrease Alternate Level of Care (ALC) Rate of Days - Hospital wide (reported year to date) <b>NEW</b> <ul style="list-style-type: none"> <li>■ 9.23%</li> <li>■ 11.4%</li> </ul> </li> <li>■ Decrease Alternate Level of Care (ALC) Rate of Days - Hospital wide (reported year to date) <b>NEW</b> <ul style="list-style-type: none"> <li>■ 9.23%</li> <li>■ 11.4%</li> </ul> </li> <li>■ Maintain total margin (reported year to date) <ul style="list-style-type: none"> <li>■ -2.17%</li> <li>■ -1.31%</li> </ul> </li> </ul>			<ul style="list-style-type: none"> <li>■ 45%</li> <li>■ 36%</li> </ul>	<ul style="list-style-type: none"> <li>■ 22.2%</li> <li>■ 18.1%</li> </ul>	<ul style="list-style-type: none"> <li>■ 12.1%</li> <li>■ 13.1%</li> </ul>	<ul style="list-style-type: none"> <li>■ -5.13%</li> <li>■ -4.21%</li> </ul>	<ul style="list-style-type: none"> <li>■ Coordinated Access to Care</li> <li>■ Homelessness and Addiction Recovery (HART) Hub</li> <li>■ At Home Program</li> </ul>
	<p><b>PATIENTS, FAMILIES, PARTNERS PERSPECTIVE:</b> To achieve our vision, how must we look to our patients, families, and partners? What do they want? How will we satisfy them? How will we serve them?</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid gray; border-radius: 50%; padding: 10px; background-color: #4a86e8; width: 100px; text-align: center; color: white;">Provide Exceptional Person Centred Care</div> <div style="border: 1px solid gray; border-radius: 50%; padding: 10px; background-color: #f4a460; width: 100px; text-align: center;">Be a Trusted Partner</div> </div>	<ul style="list-style-type: none"> <li>■ Increase % positive response to the PEP survey question "Staff were sensitive to my cultural needs" * (reported by individual quarter) <b>NEW</b> <ul style="list-style-type: none"> <li>■ 81%</li> <li>■ 85%</li> </ul> </li> <li>■ Increase % positive response to the PEP survey question "I felt safe in the facility at all times" * (reported by individual quarter) <b>NEW</b> <ul style="list-style-type: none"> <li>■ 72%</li> <li>■ 82%</li> </ul> </li> <li>■ Decrease patient incidents (Severity 2 - 4) per 1,000 patient days (reported year to date) <ul style="list-style-type: none"> <li>■ 10.32</li> <li>■ 8.98</li> </ul> </li> <li>■ Increase number of clients enrolled in Ontario Structured Psychotherapy (@Waypoint) - (reported year to date) <ul style="list-style-type: none"> <li>■ 2059</li> <li>■ 3044</li> </ul> </li> </ul>			<ul style="list-style-type: none"> <li>■ 79%</li> <li>■ 73%</li> </ul>	<ul style="list-style-type: none"> <li>■ 77%</li> <li>■ 70%</li> </ul>	<ul style="list-style-type: none"> <li>■ 11.81</li> <li>■ 12.25</li> </ul>	<ul style="list-style-type: none"> <li>■ 951</li> <li>■ 1847</li> </ul>	<ul style="list-style-type: none"> <li>■ Model of Care with Six Core Strategies to prevent restraint and seclusion events (MoC6)</li> <li>■ Diversity Equity and Inclusion</li> <li>■ 20 Bed Acute Mental Health Unit</li> </ul>
	<p><b>INTERNAL PROCESSES PERSPECTIVE:</b> 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?</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid gray; border-radius: 50%; padding: 10px; background-color: #4a86e8; width: 100px; text-align: center; color: white;">Strengthen Our Healthy Workplace Practices</div> <div style="border: 1px solid gray; border-radius: 50%; padding: 10px; background-color: #90d174; width: 100px; text-align: center;">Strengthen Patient Oriented Research</div> </div>	<ul style="list-style-type: none"> <li>■ Reduce levels of medium to high staff burnout (reported bi-annually) <ul style="list-style-type: none"> <li>■ 63%</li> <li>■ 61.1%</li> </ul> </li> <li>■ Decrease workplace violence incidence rate (reported as rolling 12 months) * <b>NEW</b> <ul style="list-style-type: none"> <li>■ 2.91%</li> <li>■ 3.0%</li> </ul> </li> <li>■ Decrease % of lost time claims that reach 12-month maturity (reported as rolling 12 months) * <b>NEW</b> <ul style="list-style-type: none"> <li>■ 4%</li> <li>■ 3.03%</li> </ul> </li> <li>■ Increase research projects with patient involvement (reported cumulatively since 2020-21) <ul style="list-style-type: none"> <li>■ 9</li> <li>■ 10</li> </ul> </li> </ul>			<ul style="list-style-type: none"> <li>■ 61.1%</li> <li>■ No survey this period</li> </ul>	<ul style="list-style-type: none"> <li>■ 2.70%</li> <li>■ 2.55%</li> </ul>	<ul style="list-style-type: none"> <li>■ 1.75%</li> <li>■ 1.75%</li> </ul>	<ul style="list-style-type: none"> <li>■ 9</li> <li>■ 9</li> </ul>	<ul style="list-style-type: none"> <li>■ AI and Machine Learning Implementation</li> <li>■ Modernize Data Systems</li> </ul>
	<p><b>LEARNING &amp; GROWTH PERSPECTIVE:</b> 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?</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid gray; border-radius: 50%; padding: 10px; background-color: #90d174; width: 100px; text-align: center;">Establish a Centre of Excellence in Forensic Mental Health Research1</div> <div style="border: 1px solid gray; border-radius: 50%; padding: 10px; background-color: #90d174; width: 100px; text-align: center;">Seek Generate &amp; Apply New Knowledge2</div> <div style="border: 1px solid gray; border-radius: 50%; padding: 10px; background-color: #f4a460; width: 100px; text-align: center;">Adopt Digital/Data-Driven &amp; Physical Technologies</div> </div>	<ul style="list-style-type: none"> <li>■ Increase annual peer reviewed publications (reported cumulatively since 2020-21) <ul style="list-style-type: none"> <li>■ 141</li> <li>■ 160</li> </ul> </li> <li>■ Increase number of quality statements implemented (reported cumulatively since 2020-21) <ul style="list-style-type: none"> <li>■ 13</li> <li>■ 34</li> </ul> </li> </ul>			<ul style="list-style-type: none"> <li>■ 151</li> <li>■ 158</li> </ul>	<ul style="list-style-type: none"> <li>■ 23</li> <li>■ 23</li> </ul>	<ul style="list-style-type: none"> <li>■ Provincial Data Set Champion</li> <li>■ Readiness for Clinical Trials</li> </ul>		
	<small>Measures relate to Strategic Plan, Service Accountability Agreements, Quality Improvement Plan</small>			<b>Within 5% of Target</b>	<b>Between 5 &amp; 10%</b>	<b>&gt;10% from Target</b>			
				<small>* Quality Improvement Plan Indicator</small>					
<b>VALUES</b>	● Caring	● Respect	● Innovation						● Accountability

Indicator	Definitions & Reporting Time Frames
Composite Index	<p>The Composite Index of Mental Health Status (CIMHS) monitors changes in patients' mental health status in five mental health indicators: aggression and violence, functional impairment, depression, positive symptoms and social withdrawal.</p> <p>Inclusion: Acute Assessment, Bayview, Brebeuf, Georgianwood, Sans Souci, Awenda A, Awenda B, Beausoleil A, Beausoleil B, Beckwith A, Beckwith B (11 Programs)</p> <p>Exclusion: Horizon, FAP A, FAP B</p> <p>Calculation: Number of inpatient programs demonstrating an improvement divided by the number of inpatient programs. (A &amp; B Programs reported separately)</p> <p>"Improvement" is determined by calculations performed on RAI results by the Research Department.</p> <p>Reported by individual quarter - Note there is a time lag (of one quarter) in reporting due to data availability &amp; compilation. Example: Results shown in Q1 25-26 on the Strategic Scorecard represent the Q4 24-25 performance.</p>
Emergency Department visits for MH and Addictions *	<p>The percent of unscheduled ED visits for a Mental Health &amp; Addiction reason, which have a subsequent unscheduled ED visit for a MH&amp;A reason within 30 days of the initial visit.</p> <p>Inclusion - Sub-Regions:  1201 Barrie and Area  1202 South Georgian Bay  1203 Couchiching  1204 Muskoka  1205 North Simcoe  0805 South Simcoe  0502 Dufferin  0503 Bolton-Caledon</p> <p>as well as the following Patient Municipalities of the Sudbury-Manitoulin-Parry Sound Sub-Region  4502 Parry Sound  4544 Archipelago  4539 Parry Island First Nation  4553 Seguin  4522 McKellar  4521 McDougall  4554 Whitestone  4541 French River 13  4511 Carling  4546 Magnetawan 1</p> <p>Reported by individual quarter - Note there is a time lag (of two quarters) in reporting due to data availability &amp; compilation. Example: Results shown in Q1 25-26 on the Strategic Scorecard represent the Q3 24-25 performance.</p>
Alternate Level of Care (ALC) Rate - Hospital Wide	<p>The percentage of inpatient days designated as Alternate Level of Care (ALC)</p> <p>ALC days are inpatient days that beds were occupied by patients who could have been receiving care elsewhere because they no longer required the intensity of resources at Waypoint).</p> <p>Reported year to date.</p>
Total margin	<p>This indicator measures corporate revenues in excess of corporate expenses, excluding the impact of interdepartmental expenses and facility amortization to corporate revenue. Corporate revenue excludes interdepartmental recoveries and deferred grant.</p> <p>Inclusion: All fund types</p> <p>Calculation: (MoH HIT) Operating Surplus/(Deficit) divided by Corporate Revenue * 100</p> <p>Reported year to date.</p>
% Positive "Staff were sensitive to my cultural needs" *	<p>The % of patient surveys answered positively to question # 7 in the Patient Experience Pulse (PEP) survey "Staff were sensitive to my cultural needs"</p> <p>Inclusion: Survey offered to current inpatients on a monthly basis, current outpatients on a monthly basis, and upon discharge for inpatients.</p> <p>Exclusion: Surveys on which question # 7 was not answered. Surveys on which "Not Applicable" was the selected response.</p> <p>Calculation: The number of patient surveys answered as "Definitely" or "For the most part" to question # 7 divided by the number of patient surveys upon which question # 7 was answered (but excluding those that answered "Not Applicable").</p> <p>Reported Quarterly</p>
% Positive "I felt safe in the facility at all times" *	<p>The % of patient surveys answered positively to question # 10 in the Patient Experience Pulse (PEP) survey "I felt safe in the facility at all times"</p> <p>Inclusion: Survey offered to current inpatients on a monthly basis and inpatients at discharge.</p> <p>Exclusions: Outpatients. Surveys on which question # 10 was not answered. Surveys on which "Not Applicable" was the selected response.</p> <p>Calculation: The number of patient surveys answered "Definitely" or "For the most part" to question # 10 divided by the number of patient surveys that answered question # 10 (but excluding those that answered "Not Applicable").</p> <p>Reported Quarterly</p>
Reported patient incidents per 1000 patient days (Severity 2-4)	<p>The number of patient harm incidents severity level 2 - 4, divided by the number of patient days in the period, multiplied by 1000.</p> <p>Incident inclusion criteria: Both Inpatient and Outpatient incidents of level 2 - 4, with files state of New, In Progress or Closed.</p> <p>Reported year to date.</p>
Number of clients enrolled in Ontario Structured Psychotherapy (@Waypoint)	<p>Count of number of clients with an enrollment date within the reporting period and a referral type of 1 or 5. (PSSP Definition)</p> <p>Waypoint: Basically a new referral to OSP, and not a client being "Stepped Up" to a higher intensity OSP service.</p> <p>Inclusion:  Referral type 1: Referral to OSPP (or)  Referral type 5: Service request within OSPP - Other Reason  and having had a Mental Health Assessment (MHA) or their first Treatment Session in the reporting period.  And the client had not exited service at referral or MHA.</p> <p>Reported year to date.</p>
Medium to high staff burnout	<p>The combined values (percentages) of Medium Burnout and High Burnout result in the Staff Burnout rate.</p> <p>Burnout is based on responses to the following seven statements in the staff survey.</p> <ol style="list-style-type: none"> <li>1. I feel worn out at the end of the working day</li> <li>2. I am exhausted in the morning at the thought of another day at work</li> <li>3. I feel that every working hour is tiring for me</li> <li>4. I have enough energy for family and friends during leisure time</li> <li>5. My work is emotionally exhausting</li> <li>6. My work frustrates me</li> <li>7. I feel burnt out because of my work</li> </ol> <p>* New for 25/26 - Reported twice annually using January &amp; June data.  Qualtrics/Workforce Science Associates</p>
Workplace violence incidence rate *	<p>Ontario Health - HQO - Full name of indicator: "Rate of workplace violence incidents resulting in lost-time injury"</p> <p>Description: Rate of reported workplace violence incidents by hospital workers that resulted in a lost-time injury within a 12-month period.  (Numerator divided by Denominator) x 100%</p> <p>Numerator: Number of workplace violence incidents that result in a lost-time injury reported by hospital workers.</p> <p>Exclusion: Fatalities</p> <p>Denominator: Total number of hospital full-time equivalent workers.</p>
Lost time claims that reach 12-month maturity *	<p>WSIB - Full name of indicator: "Lost time claims receiving wage loss benefits at 12 months"</p> <p>The percentage of injured or ill people that continue to receive loss of earnings benefits at the specified time period post injury/illness.</p> <p>Report year: The year in which the claim has reached the specified durations (12 or 24 months) i.e. 2020 allowed lost time claim - 2021 is the report year for 12 months injury duration.</p> <p>Waypoint note: WSIB reports by calendar year</p> <p>Total number of LTI claims in the given period divided by the number of claims that have reached 12 months of injury duration</p>
Research projects with patient involvement	<p>Patient-oriented research (POR) refers to a continuum of research that engages patients as partners, focuses on patient-identified priorities and improves patient outcomes. This research, conducted by multidisciplinary teams in partnership with relevant stakeholders, aims to apply the knowledge generated to improve healthcare systems and practices (CIHR definition)</p> <p>As of Nov 2021: Externally (grant) funded POR projects will be counted at the point of funds being awarded, and internal POR projects will be counted after Waypoint Research Approval Form (WRAF) approval by SLT.</p> <p>Reported cumulatively since 2020-21.</p>
Peer reviewed publications	<p>Any peer reviewed publication authored by Waypoint staff.</p> <p>Reported cumulatively since 2020-21.</p>
Quality statements implemented	<p>Health Quality Ontario (HQO) Quality Standards are comprised of 5 - 15 strong, measurable, evidence-based Quality Statements guiding care. Each Quality Statement has a quality indicator. A statement has been implemented when there is a reporting and feedback loop in place, and data is provided to the programs.</p> <p>Reported cumulatively since 2020-21.</p>