# The Strategic Balance Scorecard (BSC) and Quality Improvement Plan (QIP) report

## About

The Scorecard & QIP report provides Quarterly performance on the 2026/27 Strategic Balanced Scorecard and Quality Improvement Plan indicators.

The refresh schedule for this report is the 12th business day of July, October, January and April.

## What's New

**July 2026**

- Welcome!

## Tips for Use

Indicator performance is color coded based on the following criteria:  Within 5% of target = green, between 5 - 10% of target = yellow, >10% from target = red.

Indicators reported on a year-to-date (YTD) basis, marked with (*), have quarterly targets that accumulate to the final 2026/27 target. Color-coding for these indicators reflects performance against the current quarter's cumulative target rather than the annual target.

Some indicators have reporting period lags (due to data availability limitations).  Refer to the Data Library for details using the **"Data Library"** button in the bottom right corner.

Effective for the 2026-27 fiscal year, most indicators on the Strategic Balanced Scorecard (SBSc) and the Quality Improvement Plan (QIP) will use a trailing twelve months (TTM) reporting period.  Trailing twelve months is a reporting term that represents performance over the most recent twelve month period.  TTM methodology is not appropriate for some indicators and, as such, other reporting periods may be used.

## Support

This report was developed by Data Analytics based on the Senior Leadership Team and Board approved indicators. Please contact dataanalytics@waypointcentre.ca for any technical questions.

## Report Pages


BSC Indicators

QIP Indicators

Success Levers

Link to PMO Dashboard

Data Librar

# DRAFT Waypoint Balanced Scorecard 2026-2029 (Year One)

**Vision:** As an inspired organization, we will change lives by leading the advancement and delivery of compassionate care.
**Mission:** We are a Catholic hospital committed to providing excellence in specialized mental health, addiction, and geriatric services grounded in research and education and guided by faith-based values.
**Values:** Caring, Respect, Accountability, and Innovation

## Strategic Balanced Scorecard Indicators

| Strategic Direction | 10 Year Goals | Definition of Success | Measure | Reporting Period | 2026/27 Target | Baseline | Jun 30, 2026 | Sep 30, 2026 |
|---|---|---|---|---|---|---|---|---|
| Serve | Deliver high-quality and safe care driven by data and evidence | We ensure our patients, clients, and their families feel confident in receiving high-quality care and achieving the best outcomes | Patient Incidents (Severity 2 - 4) per 1,000 patient days (Chad Draper) | Trailing Twelve Months | 11.4 | 12.1 | 13.0 | 13.0 |
| | | | OSP Reliable Improvement Rate - (completed clients) (Michael Dunn) | Trailing Twelve Months | 55% | 65% | 59.68% | 60.36% |
| | Grow specialized services in areas aligned with our unique capabilities and strengths | We deliver a comprehensive array of evidence-based, specialized, and individualized treatments to all those who need them | % of NSM SGS BSA patients for whom there was a reduction in responsive behaviour as a barrier to discharge (Michael Dunn) [This indicator is reported with a 3-month (one quarter) lag] | Trailing Twelve Months - Lag | 80% | 87% | 90.63% | 78.18% |
| Lead | Provide leadership, expertise, and enabling functions to design and deliver innovative integrated care models with partners | We ensure that patients experience well-coordinated and timely care throughout their health journey | ED visit within 30 days of enrollment to Waypoint at Home (Rate) (Michael Dunn) [This indicator is reported with a 3-month (one quarter) lag] | Trailing Twelve Months - Lag | 5% | 0% | 1.60% | 2.61% |
| | Support and advocate for one system and help build capacity for community - and primary care based mental health, substance use health and geriatric services | We are trusted partners who support a healthy ecosystem / network of care providers | Alternate Level of Care Rate - Hospital Wide (Michael Dunn) | Trailing Twelve Months | 11.4% | 13.4% | 15.93% | 16.72% |
| Inspire | Create continuous opportunities for workforce training, learning and growth | We foster a workplace where staff are proud to deliver and support excellent care every single day | Workplace Violence Incidents Rate (Nicole Mace) | Trailing Twelve Months | 2.59% | 2.26% | 1.76% | 1.69% |
| | | | Staff with extended injury recovery at 12 months (Nicole Mace) | Trailing Twelve Months | 1.75% | 0% | 0.00% | 1.69% |
| | | | Employee Engagement (Overall Domain) % (Nicole Mace) | Individual Quarter | 60% | 57% | | |
| | Cultivate an inclusive and empowering culture that prioritizes staff well-being | Waypoint is a sought-after employer of choice | Turnover % (Nicole Mace) | Trailing Twelve Months | 10% | 10.2% | 8.60% | 8.60% |
| | | | Staff Burnout (%) (Nicole Mace) | Individual Quarter | 61.81% | 64.81% | | |
| Discover | Build and strengthen partnerships to expand as a hub for advanced training in mental health, addictions, and geriatric care | We develop the workforce of the future | Trained and active AI Champions (number of) (Kevin Young) | Year to Date* | 24 | 0 | 0 | 0 |
| | Evaluate innovative models of care and disseminate insights to shape a better health system | We generate evidence that transforms care | Peer Reviewed Publications (number of) (Bernard Le Foll) | Year to Date* | 53 | 40 | 8 | 23 |

Waypoint CENTRE for MENTAL HEALTH CARE CENTRE de SOINS de SANTÉ MENTALE

Access to data and information for reporting and analytical reasons is to be used in compliance with Waypoints' privacy agreement, security, and information management related policies and procedures, the Code of Conduct, and all applicable laws. In keeping with privacy laws/statutes and regulation, we have an obligation to use de-identified information where possible and to limit the use of identifiable information at all times.

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## Quality Improvement Plan Indicators

| Priority | Goals | Change Ideas | Measure | Reporting Period | 2026/27 Target | Baseline | Jun 30, 2026 | Sep 30, 2026 |
|---|---|---|---|---|---|---|---|---|
| Experience | Better experiences result in better outcomes. Tracking and understanding experience is an important element of quality | Assess current programming offerings (Therapeutic & non-therapeutic)<br><br>Inform staff and patients of available programming<br><br>Implement Therapeutic Programming Governance | % positive responses to the PEP survey question - There were enough activities of interest to me during free time<br>(Chad Draper) | Trailing 12 months | 72.6% | 62% | 60.82% | 64.48% |
| Access & Flow | A high-quality health system provides people with the care they need, when and where they need it | At Home program demonstrates positive patient outcomes<br><br>Expand use of At Home program<br><br>Improve data quality | % of applicable Waypoint inpatient discharges that have a subsequent unscheduled ED visit for a MH&A reason within 30 days of their Waypoint inpatient discharge<br>(Michael Dunn)<br>[This indicator is reported with a 9-month (three quarter) lag] | Trailing 12 months - Lag | 9.2% | 12.6% | 11.21% | 10.90% |
| Equity | Advancing equity, inclusion and diversity and addressing racism to reduce disparities in outcomes for patients, families, and providers is the foundation of a high-quality health system | Develop and distribute a standardized EQUIP information package and guideline for all clinical teams<br><br>Patients' Race, Ethnicity, and Language (REaL) data is documented in Electronic Health Record<br><br>Patients' Sexual Orientation and Gender Identity (SOGI) data is documented in Electronic Health Record | % of patient-facing programs that have completed an EQUIP Organizational Equity Self-Assessment to identify equity strengths and gaps<br>(Chad Draper) | Year to Date* | 80% | 0% | 0.00% | 12.86% |
| Safety | A high-quality health system ensures people receive care in a way that is safe and effective | Implementation of the Responsive Behaviours of Risk (RBoR) framework to support staff in identifying and responding to distress-based behaviours using patient-centred approaches.<br><br>Widening our View of Harm (HEC) with Horizon & Bayview to expand our understanding of non-physical harm.<br><br>Reduction of False Code Whites | Number of incidents of Violence and Aggression (severity 2-4)<br>(Chad Draper) | Trailing 12 months | 720 | 758 | 744 | 733 |
| | | | Workplace Violence Incidents Rate<br>(Nicole Mace) | Trailing 12 months | 2.59% | 2.26% | 1.76% | 1.69% |
| | | | Staff with extended injury recovery at 12 months<br>(Nicole Mace) | Trailing 12 months | 1.75% | 0% | 0.00% | 1.69% |

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## Success Levers

| Success Levers | Goals | Measures | Reporting Period | 2026/27 Target | Baseline | Jun 30, 2026 | Sep 30, 2026 |
|---|---|---|---|---|---|---|---|
| Financial Innovation | We will implement new and refined models to generate revenue, improve efficiency, streamline processes, and reduce cost | Total Margin (reported YTD) | Fiscal YTD to align with Financial Statements | -1.08% | -3.32% | -0.19% | 0.11% |

Waypoint
CENTRE for MENTAL HEALTH CARE
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