

Waypoint Strategic Balanced Scorecard 2020-25 (Year 2)

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	TARGET 2020-25	TARGET 2021-22	Q1	Q2 YTD unless indicated with ^	Q3	Q4	2021-22 INITIATIVES
<p>FIDUCIARY PERSPECTIVE: If we succeed, how will we look to funders or donors?</p> <div><div>Support Better Overall Health</div><div>Champion High Quality Care</div></div>				<ul style="list-style-type: none">■ Increase % of eligible programs demonstrating improvements in patient health outcomes through the use of standardized measures, such as the Composite Index. ^■ Decrease Emergency Department visits for mental health rate per 10,000 population ^■ Decrease Alternate Level of Care (ALC) Days* ~■ Maintain total margin* ~	<ul style="list-style-type: none">■ 55% (Q2 20-21)■ 44 (Q1 20-21)■ 12.0%■ 4.7%	<ul style="list-style-type: none">■ 80-85%■ 54■ 9.4%■ > 0	<ul style="list-style-type: none">■ 55%■ 59■ 12.0%■ > 0	<ul style="list-style-type: none">■ 64%■ 57■ 12.5%■ (0.06%)	<ul style="list-style-type: none">■ 73%■ 59■ 12.3%■ 3.72%	<ul style="list-style-type: none">■ 55%■ 59■ 12.6%■ 3.26%	<ul style="list-style-type: none">■ 45%■ 66■ 13.0%■ 2.84% Preliminary	<ul style="list-style-type: none">■ Develop an Ontario Health Team<ul style="list-style-type: none">○ Identify clinical pathways & quality improvement targets with partners■ Operational reset of affected services■ Evolve the outpatient care model■ Prepare for potential inpatient bed expansion if needed to support access■ Continue quality standards for schizophrenia care for adults in hospital
<p>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?</p> <div><div>Provide Exceptional Person Centred Care</div><div>Be a Trusted Partner</div></div>				<ul style="list-style-type: none">■ Increase overall inpatient satisfaction*■ Increase patient satisfaction with cultural sensitivity*■ Trusted partner (TBD)■ Decrease reported patient incidents per 1000 patient days (Severity 2-4) *Redefined July 2020	<ul style="list-style-type: none">■ 75% (2020/21)■ 84% (2020-21)■ n/a■ 10.78 (Jul-Dec 2020)	<ul style="list-style-type: none">■ 84%■ 90%■ TBD■ 5.39	<ul style="list-style-type: none">■ 74%■ 87%■ n/a■ 9.43	<ul style="list-style-type: none">■ n/a■ n/a■ n/a■ 8.97	<ul style="list-style-type: none">■ n/a■ n/a■ n/a■ 10.36	<ul style="list-style-type: none">■ n/a■ n/a■ n/a■ 10.68	<ul style="list-style-type: none">■ 70.2% Preliminary■ 80.5% Preliminary■ n/a■ 10.86	<ul style="list-style-type: none">■ Develop an Ontario Health Team:<ul style="list-style-type: none">○ Build collaborative system leadership○ Develop cross-agency structure to guide change
<p>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?</p> <div><div>Strengthen Our Healthy Workplace Practices</div><div>Strengthen Patient Oriented Research</div></div>				<ul style="list-style-type: none">■ Increase overall employee engagement score■ Reduce levels of medium to high staff burnout■ Increase research projects with patient involvement (cumulative since 2019-20)■ Decrease workplace violence frequency (lost time claims per 100 full time equivalents)*■ Decrease workplace violence severity (lost time claims per 100 full time equivalents)*■ Decrease number of workplace violence incidents*	<ul style="list-style-type: none">■ n/a■ 80%■ 0■ 1.0■ 39.3■ 146	<ul style="list-style-type: none">■ 70%■ 70%■ 5■ 1.2■ 22■ 230	<ul style="list-style-type: none">■ n/a■ 80%■ 1■ 1.5■ 35■ 240	<ul style="list-style-type: none">■ n/a■ n/a■ 1■ 2.6■ 46.2■ 69	<ul style="list-style-type: none">■ n/a■ n/a■ 1■ 2.1■ 34.7■ 127	<ul style="list-style-type: none">■ n/a■ n/a■ 1■ 1.9■ 32.4■ 189	<ul style="list-style-type: none">■ n/a■ n/a■ 1■ 2.1■ 27.4■ 244	<ul style="list-style-type: none">■ Addressing staff burnout / Yale research■ Expand Leader Standard Work
<p>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?</p> <div><div>Establish a Centre of Excellence in Forensic Mental Health Research</div><div>Seek Generate & Apply New Knowledge</div><div>Adopt Digital/Data-Driven & Physical Technologies</div></div>				<ul style="list-style-type: none">■ Increase annual peer reviewed publications re: forensic mental health■ Increase annual forensic themed presentations at conferences & academic events■ Increase evidence-based clinical services (cumulative since 2015-16)■ Increase % of Healthcare Information and Management Systems Society (HIMSS 7) standards met	<ul style="list-style-type: none">■ 11■ 2■ 9■ 62%	<ul style="list-style-type: none">■ 20■ 20■ 12■ 100%	<ul style="list-style-type: none">■ 15■ 7■ 10■ 100%	<ul style="list-style-type: none">■ 1■ 9■ 9■ 71%	<ul style="list-style-type: none">■ 4■ 12■ 9■ 71%	<ul style="list-style-type: none">■ 8■ 14■ 9■ 74%	<ul style="list-style-type: none">■ 11■ 20■ 9■ 74%	<ul style="list-style-type: none">■ Establish Research Chair in forensic mental health■ Expand Ontario Structured Psychotherapy Program■ Develop an Ontario Health Team:<ul style="list-style-type: none">○ Digital health strategy■ Implement Web Ambulatory in EHR
■ VALUES				● Caring		● Respect		● Innovation		● Accountability		

Within 5% of Target
 ~ Total Margin target parameters differ
 ~ ALC target tentative - HSAA target (extended) is 9.4% with upper corridor of 10.3%

General Revision Notes - Strategic Scorecard

Effective January 2022: Once the Quarterly Scorecard has been presented to SLT and any required revisions based on feedback from SLT have been entered/addressed, the Scorecard will be considered 'locked down'. In the event that revisions are required after the 'lock down' they will be entered on a future quarters Scorecard. In the event that results are not yet available or missing on the Scorecard, they will be entered when the results are made available, and the 'lock down' won't apply to originally missing results. (Not applicable for Q4 Scorecard)

Indicator	Notes
Composite Index	<p>Q1 (representing Q4 20-21 RAI data) 64% 7/11 Improved: AAP, Bayview, Georgianwood, Sans Souci, Beau A, Beau B</p> <p>Q2 (representing Q1 21-22 RAI data) 73% 8/11 Improved: AAP, Bayview, Brebeuf, Georgianwood, Sans Souci, Awenda B, Beau B, Beck B</p> <p>Q3 (representing Q2 21-22 RAI data) 55% 6/11 Improved: AAP, Bayview, Brebeuf, Georgianwood, Awenda A, Beau A</p> <p>Q4 (representing Q3 21-11 RAI data) 45% 5/11 Improved: AAP, Bayview, Georgianwood, Awenda A, Beck A</p>
Emergency Department visits for MH rate per 10,000 visits	<p>Q1 (representing Q3 20-21)</p> <p>Q2 (representing Q4 20-21)</p> <p>Q3 (representing Q1 21-22)</p> <p>Q4 (representing Q2 21-22)</p>
Research Projects with patient involvement	Nov 10, 21: Revised Q1 & Q2 to 1 (from 0) to include: 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
Workplace Violence Severity	Nov 15, 21: Revised Q2 to 34.7 (from 38.3) due to a partial reduction in the number of LTI hours for September.
Annual forensic themed presentations at conferences & academic events	Q2: Initially reported as 10, on the Q3 Scorecard Q2 was revised to 12 given that in January 2022 the Research revised the result for Q2.
Evidence Based Clinical Services (cumulative since 2015-2016)	<p>Q1: Initially reported as 9, revised to 8 on Q2 Scorecard. Research notified Data Analytics (on Oct 6, 21) that "Georgianwood" should be removed due to the Program closing to accommodate Sans Souci patients during COVID-19</p> <p>Q1 & Q2 Revised on Nov 18, 21 to add Georgianwood back into the count, as per Research.</p> <p>Q2: "Leaders Standard Work" (LSW) was temporarily included, and was later removed, given the determination that LSW doesn't meet the definition.</p>

Evidence Based Clinical Services

2015/16 : (2) Georgianwood, Leisure Competency Measure

2016/17 : (2) R&R, Water Intoxication

2017/18 : (1) Safewards

2018/19 : (2) DASA, RAI-MH as an assessment tool to flag areas in the Recovery Plan of Care

2019/20 : (2) Cognitive Behaviour Therapy for Psychosis (CBTp), Family Intervention Therapy (FIT)

2020/21 : No Change

2021/22 : No Change