













Waypoint Strategic Balanced Scorecard 2020-25 (Year 4 - 2023-24)

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 <small>(read from bottom to top)</small>				MEASURE <small>*Quality Improvement Plan indicator</small>	BASELINE Q3 2022-23	TARGET 2023-24	Q1 <small>YTD unless indicated with ^</small>	Q2	Q3	Q4	TARGET 2020-25	2023-24 INITIATIVES** <small>Initiatives not directly responsible for the measure listed to the left</small>
FIDUCIARY PERSPECTIVE: If we succeed, how will we look to funders or donors? <div></div> <div></div>				Increase % eligible programs demonstrating improvements in patient health outcomes through the use of standardized measures (e.g. Composite Index) <div><div></div>55%</div>		63-65%	<div><div></div>64%</div>				80-85%	<div><div></div>Develop regional integrated care pathway through the Central Ontario Specialized Health Networks for adult depression and anxiety</div>
				Decrease repeat Emergency Department visits (30 days return visit) for mental health and addictions <div><div></div>21.4% <small>(Q2 2022-23)</small></div>		19.8%	<div><div></div>21.7%</div>				18.5%	<div><div></div>Implement coordinated access: Central Waitlist Management Service</div>
				Decrease Alternate Level of Care (ALC) Days for regional programs (NEW) <div><div></div>27.8%</div>		25.1%	<div><div></div>18.0%</div>				22.4%	<div><div></div>Continue work on new 20 bed acute mental health unit on Toanche Level 3</div>
				*Maintain total margin ~ <div><div></div>2.99%</div>		> 0	<div><div></div>(1.87%)</div>				> 0	<div><div></div>Advance urgent and emergent mental health services regionally</div>
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? <div></div> <div></div>				<div><div></div>*Increase overall inpatient satisfaction</div>	<div><div></div>70%</div>	75%	<div><div></div>n/a</div>				84%	<div><div></div>Implement Model of Care</div>
				Decrease reported patient incidents per 1000 patient days (Severity 2-4) <div><div></div>12.54</div>		9.87	<div><div></div>11.10</div>				8.98	
				Number of clients enrolled in Ontario Structured Psychotherapy (@Waypoint) (NEW) <div><div></div>1184 <small>(93% YTD)</small></div>		2537	<div><div></div>440</div>				2537	<div><div></div>Implement Six Core Strategies to prevent restraint & seclusion</div>
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? <div></div> <div></div>				<div><div></div>Reduce levels of medium to high staff burnout</div>	<div><div></div>89%</div>	74%	<div><div></div>n/a</div>				70%	<div><div></div>Participate in Pursuing Equity Learning Network (Institute for Healthcare Improvement)</div>
				<div><div></div>*Decrease workplace violence frequency (lost time claims per 100 full time equivalents)</div>	<div><div></div>2.8</div>	1.5	<div><div></div>2.7</div>				1.2	
				<div><div></div>*Decrease workplace violence severity (lost time claims per 100 full time equivalents)</div>	<div><div></div>19.2</div>	25	<div><div></div>8.4</div>				22	<div><div></div>Develop Human Capital Management System (phase 1)</div>
				<div><div></div>Increase research projects with patient involvement^ (cumulative since 2019-20)</div>	<div><div></div>3</div>	3	<div><div></div>5</div>				5	
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? <div></div> <div></div> <div></div>				<div><div></div>1 Increase annual peer reviewed publications (cumulative) (NEW)</div>	<div><div></div>76</div>	98 - 101	<div><div></div>92</div>				120 - 126	<div><div></div>Develop regional integrated care pathway for schizophrenia: Health Quality Ontario quality standards in the hospital and community</div>
				<div><div></div>2 Increase number of quality statements implemented (NEW)</div>	<div><div></div>5</div>	14	<div><div></div>5</div>				30	<div><div></div>Expand research training</div>
				<div><div></div>Increase % of Electronic Medical Record Analytics Maturity (EMRAM) standards met</div>	<div><div></div>86%</div>	100%	<div><div></div>99%</div>				100%	<div><div></div>Refresh Long Term Master Plan</div> <div><div></div>Implement patient portal</div>
Measures relate to Strategic Plan, Service Accountability Agreements, Quality Improvement Plan					Within 5% of Target		Between 5 & 10%		>10% from Target		~ Total Margin target parameters differ	
■ VALUES <div>● Caring</div> <div>● Respect</div> <div>● Innovation</div> <div>● Accountability</div>												

<p><i>General Revision Notes - Strategic Scorecard</i></p> <p><i>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)</i></p>	
Indicator	Notes
Composite Index	Q1 (representing Q4 22-23 RAI data) 7/11 Programs with Improvement: Acute, Bayview, Brebeuf, Georgianwood, Sans Souci, Awenda B, and Beckwith B
Emergency Department visits for MH and Addictions	Q1 (representing Q3 22-23 data)
Decrease Alternate Level of Care (ALC) Days for regional programs (NEW)	
Maintain total margin ~	Color Coding for Total Margin Results Green = Greater than Zero Yellow = Zero Red = Less than Zero
Increase overall inpatient satisfaction	
Decrease reported patient incidents per 1000 patient days (Severity 2-4)	
Number of clients enrolled in Ontario Structured Psychotherapy (@Waypoint) (NEW)	
Reduce levels of medium to high staff burnout	
Decrease workplace violence frequency (lost time claims per 100 full time equivalents)	
Decrease workplace violence severity (lost time claims per 100 full time equivalents)	
Increase research projects with patient involvement^ (cumulative since 2019-20)	<p>2022-23 # 1. Supporting the uptake of patient-oriented research in forensic mental health settings: A multi-site implementation project (2023)</p> <p>2022-23 # 2. The collateral effects of COVID-19 public health policies: Perspectives of people who use opioids and those closest to them using a patient-oriented research approach; A Co-Designed partnership submission focusing on the “Wicked Challenge” (2023)</p>
Increase annual peer reviewed publications (cumulative) (NEW)	<p>Cumulative since: 2020-2021</p> <p>2023-24 Quarterly Targets: Q1: 6, Q2: 6, Q3: 5, Q4: 5 Total 22</p> <p>Baseline of 76 originally on draft BSc was as at Q3 22-23, including Q4 22-23 publications brings us to a cumulative starting number at March 31, 2023 of 79</p> <p>Historic per Christopher Canning - Feb 3, 2023</p> <p>2016-2017: 15 total (did not collect forensic-specific data)</p> <p>2017-2018: 30 total</p> <p>2018-2019: 25 total</p> <p>2019-2020: 15 total</p> <p>2020-2021: 13 forensic, 13 non-forensic = 26 total</p> <p>2021-2022: 11 forensic, 17 non-forensic = 28 total</p> <p>2022-2023: 13 forensic, 12 non-forensic = 25 total</p>
Increase number of quality statements implemented (NEW)	<p>2023-24 Target (9 this fiscal, to bring to a total of 14 cumulatively at fiscal year end)</p> <p>Q1: 0</p> <p>Q2: 2 (SCZ dashboard)</p> <p>Q3: 6 (SCZ Outpatient dashboard)</p> <p>Q4: 9 (Depression dashboard)</p> <p>Implemented Cumulatively since: xxxxxx</p> <p>Schizophrenia - Quality Statement 6: Treatment with Clozapine</p> <p>Schizophrenia - Quality Statement 7: Treatment with Long-Acting Injectable Antipsychotic Medication</p> <p>Schizophrenia - Quality Statement 8: Cognitive Behavioral Therapy for Psychosis</p> <p>Schizophrenia - Quality Statement 9: Family Intervention - Not implemented yet but on Dashboard</p> <p>Schizophrenia - Quality Statement 10: Follow-Up Appointment After Discharge</p> <p>Schizophrenia - Quality Statement 11: Transitions in Care</p>
Increase % of Electronic Medical Record Analytics Maturity (EMRAM) standards met	<p>As at March 31, 2023 we have completed 248 of the 250 standards. The remaining 2 standards are targeted by the end of the 2023/24 fiscal year.</p> <p>As at June 30, 2023 249/250 completed.</p>