

**Corporate Balanced Scorecard 2017/2018**

Strategic Direction	Objective (3-5 years)	Measurement	2016-17 YE Actual	Target (2017-18)	Q1	Q2 YTD	Q3 YTD	Q4 YTD	Initiatives	Steward
<b>People We Serve</b> We will collaborate with our patients in the provision of expert services that foster healing and inspire hope.	Engage patients as partners at all levels to improve the patient experience	* Percent positive response to the survey question: "I think the services provided here are of high quality"	77%	80%	N/A	N/A	80%	80%	· Develop and spread hospital-wide model of recovery	LA
	Embrace Culturally competent care	* Percent positive response to the survey question: "Staff were sensitive to my cultural needs (e.g., religion, language, ethnic background, race)"	71%	75%	N/A	N/A	84%	84%	· Memorandum of Settlement with Human Rights Tribunal of Ontario re: enhancing culturally competent and sensitive care · French Language Services plan · Research partnership with Aboriginal Health Circle	LA TM NK
	Increase advocacy and community understanding of mental health	Media positivity index (ratio of positive to negative publications)	1.54	> 1.0	9.67	3.80	4.08	4.58	· Continue to implement corporate communications plan	LH
	Improve access to Mental Health and Addiction Services	* Percentage of patients with first follow-up appointment with Waypoint Outpatient Services within 7 days of discharge from inpatient service	65%	100%	89%	81%	77%	78%	· Mental Health & Addictions Quality Initiative - Access to Care collaborative	HB
	Improve the quality & safety of care	* Percentage of quarterly clinical assessments indicating acute control medication use	2.5%	4.8%	3.4%	2.5%	2.6%	2.2%	· Develop Implementation strategy for refreshed Clinical Services Plan (including evidence based practice, model of care, skill mix, patient engagement framework)	LA
		* Percentage of quarterly clinical assessments indicating physical/mechanical restraint use	8.7%	8.0%	10.8%	11.4%	11.5%	11.7%		· Monitor standardization efforts · Mental Health & Addictions Quality Initiative - Restraints and Seclusion collaborative
		* Falls with harm per 1000 patient days	0.95	1.02	0.72	0.76	0.68	0.74	· Safe wards · Quality Based Procedures	
		Waypoint Index of Clinical Improvement	9.1	7.0	10.0	6.4	6.3	4.7	· Implement Research & Academics strategic plan, year two	NK
		Percentage current year EHR clinical transformation milestones met	100%	100%	100%	100%	100%	100%	· Implement and support post-implementation phase of electronic health record	LA

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<b>People Who Serve</b> We will promote a safe, positive and innovative workplace where staff and volunteers are engaged and individuals and collective achievements are celebrated.	Enhance employee engagement	Overall employee engagement	59%	70%	N/A	N/A	N/A	58.3%	· Implement year two of human Resources strategic plan	TM
	Expand our caring culture to support staff wellbeing	Percent positive response to staff survey question "My supervisor would say or do something helpful if I looked distressed while at work"	65%	70%	N/A	N/A	N/A	65.7%	· Implement year three of the Mental Health Commission of Canada's National Standard for Psychological Health & Safety in the Workplace	TM
	Enhance leadership capacity	Percentage of Learning and Development plans completed	77%	100%	1%	57%	70% **	70%	· Implement <i>Emerging Leaders</i> phase of "Developing Our People" Talent Management program	TM
	Promote a healthy and safe work environment	* Workplace Violence Severity (Lost time claim days per 100 full time equivalents)	6.41	N/A	34.14	45.27	38.56	39.16	· Monitor implementation of safety and security recommendations (including results from provincial table)	TM, RD
* Workplace Violence Frequency (Lost time claims per 100 full time equivalents)		1.58	N/A	0.00	1.27 **	0.98	0.84	· Complete an independent third-party review of current static and dynamic aspects of clinical service provision	TM	
<b>Corporate Performance</b> We will foster a culture of accountability by leveraging best practices and informed decision-making.	Ensure fiscal sustainability	Current Ratio	1.62	0.80 - 2.00	1.65	1.78	1.57	1.40	· Implement a balanced budget strategy	LS
		Total Margin	4.34%	> 0	2.16%	5.88%	5.79%	6.34%		
		Percentage of fundraising targets achieved	109%	100%	10%	18%	37%	120%	· Implement fund development plan	LH
	Cultivate a unified organization	Percentage of eligible leaders using strategic execution framework	67%	100%	76%	80%	86%	96%	· Sustain huddles process · Continue values integration process · Refresh strategic plan in 2018-19	SB CL
	Improve the quality and availability of information to guide decision-making	Percent investment in Information Systems / Information Technology	4.87%	6.5%	5.2%	5.2%	5.1%	4.9%	· Implement Information Systems tactical plan year 2 · Achieve Healthcare Information and Management Systems Society (HIMSS) stage 6 certification · Monitor and support Health System Funding Reform	LS
Optimize physical environment	Percentage of Capital Redevelopment Plan milestones met	N/A	100%	30%	30%	50%	50%	· Advance the Master Plan (years 0-5) · Prepare to relocate Outpatient Services to Community Health Hub	RS	

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<b>Partnerships</b> We will be an effective partner, seeking out opportunities to improve care and services, building knowledge and enhance system capacity and sustainability.	Develop partnerships to achieve our strategic goals	Number new partnerships with formal agreements (memorandum of understanding /terms of reference) that support our strategic goals	3	1	0	0	0	1	· Partner to support electronic health record implementation	LA / LS
		Number of external committees/initiatives with Waypoint representation	170	160	163	180	179	174		
	Be a leader	Number of external committees / agencies / associations with Waypoint SLT representation at the executive level	13	6	13	13	12	12	· Continue to partner with LHIN Care Connections and Mental Health & Addictions Quality Initiatives	CL
		Percentage of 2017-2018 Specialized Geriatric Services (SGS) work plan complete	N/A	100%	88.2% ~	76.6% ~	77.2% ~	88.5% ~		
	Build system capacity to address social determinants of health	* Percentage of inpatient days designated as ALC	7.1%	12.7%	7.5% **	8.1%	8.5%	9.0%	· Advocate and partner to increase housing, employment, social supports and community services	CL
<b>Research &amp; Academics</b> We will advance a research strategy to increase integration of research excellence with clinical services and improve clinical care.	Expand scope of the creation and translation of new knowledge focused on our strategic objectives	Number of evidence-based clinical services in place	4	6	4	4	4	5	· Implement Research & Academics strategic plan - year two	NK
		Number of Peer reviewed publications	15	15	15	16	21	30		
		Number of research grant applications submitted	7	5	1	8	12	21		
		Percentage of current year milestones met re: Research & Academics strategic plan	94%	100%	24%	41%	47%	71%		
	Enhance profile of academics	Percentage of eligible staff holding an academic appointment	75%	75%	78%	78%	81%	81%	· Target specific academic opportunities e.g., First Nations-Metis-Inuit; Psychiatry Resident (LA; VP - Research & Academics)	LA & NK
		Number of invited peer reviews conducted	55	40	21	31 **	48	60		

YTD target reached / exceeded  
 Within approximately 5% of YTD target  
 YTD target not reached

Stewards

CL - Carol Lambie  
 NK - Nathan Kolla  
 TM - Terry McMahon  
 JVI - Jeff Van Impe  
 LA - Linda Adams  
 LH - Laurene Hilderley  
 RD - Rob Desroches  
 LS - Lorraine Smith  
 RS - Robert Savage  
 SB - Sean Bisschop  
 HB - Heather Bullock

\* Indicator also reported on the Quality Improvement Plan (QIP)  
 \*\* Results revised from previous (most recent) Balanced Scorecard  
 \*\*\* Preliminary result  
 ~ Color coding for this indicator based on LHIN guidelines for SGS