

Corporate Balanced Scorecard 2018/2019

| Strategic Direction | Objective (3-5 years) | Measurement | 2017-18 YE Actual | Target (2018-19) | Q1 | Q2 YTD | Q3 YTD | Q4 YTD | Initiatives (Steward) |
|---|---|--|-------------------|------------------|-----------|----------|--------|--------|--|
| People We Serve 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" | 80% | 82% | N/A | N/A | | | <ul style="list-style-type: none"> Implement recovery focused plan of care processes: Admission, RAI-MH clinical assessment protocols, discharge planning (LA) Increase patient engagement in their care plan and schedule through interactive 'patient portal' (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)" | 84% | 86% | N/A | N/A | | | <ul style="list-style-type: none"> Implement requirements of Minutes of Settlement re: enhancing culturally competent and sensitive care (LA) Achieve French Language Services partial designation (TM) |
| | Increase advocacy and community understanding of mental health | Media positivity index (ratio of positive to negative publications) | 4.58 | > 1.0 | 20 | 8.80 | | | <ul style="list-style-type: none"> Continue to implement corporate communications plan (LH) |
| | Improve access to Mental Health and Addiction Services | * Percentage of patients with first follow-up outpatient appointment after discharge from inpatient service within 7 days (Includes Waypoint Outpatient Services only) | 78% | 81% | 74% | 76% | | | <ul style="list-style-type: none"> Lead implementation of structured psychotherapy in partnership with community partners (HB) Implement Community Wide Scheduling module (EHR) (LA) 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 | 2.2% | 4.0% | 1.4% ** | 3.5% *** | | | <ul style="list-style-type: none"> Implement Health Quality Ontario standards for schizophrenia, dementia, and major depression (JVI) Spread the use of the Vincent Framework to enhance the measurement and monitoring of safety (LA) Improve patient's physical health / co-morbidities (JVI) |
| * Percentage of quarterly clinical assessments indicating physical/mechanical restraint use | | 11.7% | 9.0% | 11.6% ** | 11.3% *** | | | | |

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| People Who Serve 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 | 58.3% | 68% | N/A | N/A | | | <ul style="list-style-type: none"> Implement employee engagement action plan (TM) Implement staff scheduling project recommendations (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" | 65.7% | 68% | N/A | N/A | | | <ul style="list-style-type: none"> Sustain Psychological Health & Safety in the Workplace initiative (TM) | |
| | Enhance leadership capacity | | | | | | | | <ul style="list-style-type: none"> Implement Emerging Leaders phase of "Developing Our People" Talent Management program (TM) | |
| | Promote a healthy and safe work environment | | * Workplace Violence Frequency (Lost time claims per 100 full time equivalents) | 0.84 | 0.93 | 2.06 ** | 2.09 | | | <ul style="list-style-type: none"> Monitor implementation of safety and security recommendations (including results from provincial table and external review) (TM, RD) |
| | | | * Workplace Violence Severity (Lost time claim days per 100 full time equivalents) | 39.16 | 36.6 | 36.8 ** | 46.65 | | | |
| | | | * Number of workplace violence incidents | 316 | 326 | 93 | 176 | | | |
| Corporate Performance We will foster a culture of accountability by leveraging best practices and informed decision-making. | Ensure fiscal sustainability | Current Ratio | 1.40 | 0.8 - 2.0 | 1.28 | 1.46 | | | <ul style="list-style-type: none"> Implement a balanced budget strategy (LS) | |
| | | Total Margin | 6.34% | > 0% | 2.55% | 3.17% | | | <ul style="list-style-type: none"> Monitor and support Health System Funding Reform (LS) | |
| | | Percentage of fundraising targets achieved | 120% | 100% | 8% | 13% | | | <ul style="list-style-type: none"> Implement fund development plan (LH) | |
| | Cultivate a unified organization | Degree to which employees understand organizational goals | 68.6% | 72% | N/A | N/A | | | <ul style="list-style-type: none"> Continue values integration (CL) Refresh corporate strategic plan in 2018-19 (CL) Prepare to sustain <i>Accreditation with Exemplary Standing</i> (LA) Implement leader standard work pilot project (CL) | |
| | Improve the quality and availability of information to guide decision-making | Percent investment in Information Systems / Information Technology | 4.9% | 5.6% | 4.7% | 4.7% | | | <ul style="list-style-type: none"> Implement decision support systems / business intelligence tool (LS) Achieve HIMSS - Level 7 (Healthcare Information and Management Systems Society) (LA, LS) | |
| | Optimize physical environment | Percentage of milestones met re: Capital Redevelopment Plan | 50% | 100% | 15% | 33% | | | <ul style="list-style-type: none"> Advance the Master Plan (years 0-5) (RS) Relocate Outpatient Services & HERO Centre to Community Health Hub (RS) | |

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| Partnerships 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 | 1 | 1 | 0 | 0 | | | <ul style="list-style-type: none"> Partner to support electronic health record implementation (LA, LS) Provincial Mental Health & Addictions Quality Initiative CEO partnership (CL) Partner with Chigamik Community Health Centre to support successful operation of Health Hub (CL) |
| | | Number of external committees/initiatives with Waypoint representation | 174 | 160 | 190 | 188 | | | |
| | Be a leader | Number of external committees / agencies / associations with Waypoint SLT representation at the executive level | 12 | 6 | 12 | 10 | | | <ul style="list-style-type: none"> Partner with North Simcoe Muskoka LHIN Re: Mental Health & Addictions, Specialized Geriatric Services (CL, LS) |
| | | Percentage of 2018-2019 Specialized Geriatric Services (SGS) work plan complete | 88.5% | 100% | 72.7% | 66.8% | | | |
| | Build system capacity to address social determinants of health | * Percentage of inpatient days designated as ALC | 9.0% | 12.7% | 10.6% | 10.6% | | | <ul style="list-style-type: none"> Advocate and partner to increase housing, employment, social supports and community services (CL) Implement leading practices to reduce ALC (alternate level of care) days (LA) |
| Research & Academics 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 | 5 | 7 | 5 | 5 | | | <ul style="list-style-type: none"> Evaluate Safe Wards implementation (NK) Evaluate recovery-focused plan of care roll-out incl. Clinical Assessment Protocols (NK) Enhance research partnership with Aboriginal Health Circle (NK) |
| | | Number of research grant applications submitted | 21 | 8 | 6 | 11 | | | |
| | | Percentage of grants funded | 50% | 20% | 33% | 18% | | | |
| | | Percentage of current year milestones met re: Research & Academics strategic plan | 71% | 100% | 35% | 45% | | | |
| | Enhance profile of academics | Percentage of eligible staff holding an academic appointment | 81% | 81% | 82% | 83% | | | <ul style="list-style-type: none"> Target specific academic opportunities e.g., First Nations-Metis-Inuit; Psychiatry Resident (LA, NK) |

Within 5% of target

Between 5% and 10% from target

Greater than 10% from target

* 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

Stewards

CL - Carol Lambie (President & CEO)

HB - Heather Bullock (Director, Provincial Partnerships)

JVI - Jeff van Impe (Psychiatrist-in-Chief)

LA - Linda Adams (VP, Quality & Professional Practice)

LS - Lorraine Smith (VP, Corporate Services)

LH - Laurene Hilderley (Director, Communications & Fund Development)

NK - Nathan Kolla (VP, Research & Academics)

RD - Rob Desroches (VP, Clinical Services)

RS - Robert Savage (VP, Redevelopment)

TM - Terry McMahon (VP, Human Resources & Organizational Development)