

Corporate Balanced Scorecard 2019/20

Strategic Direction	Objective (3-5 years)	Measurement	2018-19 Actuals	2019-20 Targets	Q1	Q2 YTD	Q3 YTD	Q4 YTD	Initiatives (Stewards)
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"	77%	85%	NA				<ul style="list-style-type: none"> Assess potential to spread learnings from Recovery Plan of Care - Clinical Assessment Protocols pilot unit to other units (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)"	83%	88%	NA				<ul style="list-style-type: none"> Implement requirements of Minutes of Settlement re: enhancing culturally competent and sensitive care (LA)
	Increase advocacy and community understanding of mental health	Media positivity index (ratio of positive to negative publications)	8.89	>3	6				<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)	71%	85%	78%				<ul style="list-style-type: none"> Spread implementation of structured psychotherapy in partnership with community partners (HB) Continue Mental Health Partners - Access to Care collaborative (HB)
	Improve the quality & safety of care	* Percentage of quarterly clinical assessments indicating acute control medication use	1.6%	<3%	2.8%***				<ul style="list-style-type: none"> Continue to implement Health Quality Ontario's Quality Standards (NS) Plan to launch the new model of care and patient unit stratification (LA, RD)
		* Percentage of quarterly clinical assessments indicating physical/mechanical restraint use	12.9%	9%	13%***				
Seclusion hours per 1000 patient days		NA	Collecting Baseline	2737					
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	N/A	68%	NA				<ul style="list-style-type: none"> Implement employee engagement action plan (TM) Implement staff scheduling project recommendations (TM) Complete OHA /Yale Emotional Intelligence research project (CL)
	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"	N/A	68%	NA				<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 leader standard work (CL)
	Promote a healthy and safe work environment	* Workplace Violence Frequency (Lost time claims per 100 full time equivalents)	2.35	0.93	2.41				<ul style="list-style-type: none"> Monitor implementation of safety and security recommendations (including results from provincial table and external review) (RD, TM) including <ul style="list-style-type: none"> Reduce patient room extraction (RD, TM) Evaluate patient security level system (RD, TM)
* Workplace Violence Severity (Lost time claim days per 100 full time equivalents)		27.42	37	12.93					
* Number of workplace violence incidents		353	326	85					

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Corporate Performance We will foster a culture of accountability by leveraging best practices and informed decision-making.	Ensure fiscal sustainability	Current Ratio	1.21	0.8 - 2.0	1.29				
		Total Margin	3.67%	>0	3.33%				
		Fundraising	97% ***	\$250,000	\$ 68,957				● Implement fund development plan (LH)
	Cultivate a unified organization	Degree to which employees understand organizational goals	N/A	70%	NA				● Continue values integration (CL) ● Launch new corporate strategic plan (CL) ● Prepare to sustain Accreditation with Exemplary Standing (LA)
	Improve the quality and availability of information to guide decision-making	Percent investment in Information Systems / Information Technology	4.7%	4.0%	4.5%				● Implement decision support systems/business intelligence tool (LS) ● Prepare for HIMSS - Level 7 (Healthcare Information and Management System Society) (LA, LS)
Optimize physical environment	Percentage of milestones met re: Capital Redevelopment Plan	53%	100%	33%				● Advance the Master Plan (years 0-5) (RS) ● Relocate Outpatient Services & HERO Centre to Community Health Hub (RS)	
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	5	1	0				● Partner to support electronic health record implementation (LA, LS) ● Partner with Chigamik Community Health Centre to support successful operation of Health Hub, including the Youth Health Hub (CL)
	Be a leader	Number of external committees / agencies / associations with Waypoint SLT representation at the executive level	11	6	12				● Partner with North Simcoe Muskoka LHIN Re; Mental Health & Addiction re: Specialized Geriatric Services (CL, LS)
	Build system capacity to address social determinants of health	* Percentage of inpatient days designated as ALC	10.5%	9.4%	9.9%				● Advocate and partner to increase housing, employment, social supports and community services (CL) ● Continue to implement ALC leading practices (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	7	9	7				● Evaluate Safe Wards implementation (NK) ● Evaluate Recovery-Focused Plan of Care - Clinical assessment Protocols on pilot units (LA) ● Enhance research partnership with Aboriginal Health Circle (NK)
		Number of research grant applications submitted	23	20	0				
		Percentage of grants funded	35%	20%	43%**				
		Percentage of current year milestones met re: Research & Academics strategic plan	70%	100%	25%				
	Enhance profile of academics	Percentage of eligible staff holding an academic appointment	58%	68%	58%				● Target specific academic opportunities e.g. First Nation-Metis-Inuit; Psychiatry Residents (NK)
		# of peer reviewed publications	N/A	25	1				

Notes: Within 5% of target
Between 5% and 10% from target
Greater than 10% from target
 * Indicator also reported on the Quality Improvement Plan (QIP)
 ** Change in the measurement
 *** Preliminary result

STEWARDS

CL - Carol Lambie (President & CEO)
 HB - Heather Bullock (Director, Provincial Partnerships)
 LA - Linda Adams (VP, Quality & Professional Practice)
 LH - Laurene Hilderley (Director, Communications & Fund Development)
 NK - Nathan Kolla (VP, Research & Academics)
 NS - Nadiya Sunderji (Psychiatrist-in-Chief)
 RD - Rob Desroches (VP, Clinical Services)
 RS - Robert Savage (VP, Redevelopment)
 TM - Terry McMahon (VP, Human Resources & Organizational Development)