




# 2025-2028 STRATEGIC PLAN

AT A GLANCE: OUR PLANS, OUR OBJECTIVES AND OUR PROMISES TO THOSE WE SERVE!



**R.K. MACDONALD NURSING HOME CORPORATION**

# STRATEGIC PLANNING:

As the RK Corporation looks forward to the move to 59 Church Street Ext. in June, 2028, the Home will continue to stay focused on its mission of “Providing loving, dignified, quality care and enabling people to live full and abundant lives”. Furthermore, our mission will be enhanced through ongoing operational excellence by supporting process optimization, continued technology integration, cost awareness measures and enhancing employee engagement.

The RK Corporation also recognizes that engaged employees, in a positive work environment, are crucial to achieving operational excellence. The RK will continue to invest in initiatives aimed at enhancing employee satisfaction and wellbeing. This includes supporting professional development programs, wellness initiatives, and enhancing our employee recognition process.

With a strong operational foundation that respects staff workloads, along with the continued support from our key stakeholders: Corporate Board of Directors, Foundation Board of Directors and our *new build* partners Colliers Project Leaders, and the Department of Seniors and Long-Term Care, the RK Corporation is well-positioned to achieve its strategic objectives of a successful transition to 59 Church St. Ext. through nurturing our people and growing diversity, equity and an inclusive culture that is committed to role modeling our core values of compassion, accountability, respect, excellence and safety.

Our 2025-28 strategic plan has three components:

- In Year 1 is dedicated to planning through the development of Project Charters and Key Performance Indicators.... ensuring we are 70% we can achieve our objectives.
- In Year 2 we will implement strategies meet the objectives of our Project Charters
- In Year 3 we will employ our Key Performance Indicators to evaluate our programs and make any necessary adjustments

It should be noted that all government sectors are facing financial challenges, long-term care included. However, not all objectives rely on the availability of funding, and where it may, we will leverage other resources to achieve our strategic objectives.

With an anticipated move-in date of June, 2028, our next strategic plan, likely early on 2029 will present an exciting challenge to provide strategic direction positioning the “new RK” within the long-term care community.

***“ Having a strategic plan .... is what enables us to stay the course, even in times of change”***

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# OUR STRATEGIC PLAN

## STRATEGIC DIRECTION #1: SUCCESSFUL FACILITY TRANSITION:

Develop and operationalize a successful facility transition plan encompassing change management, staffing, and communication for completion by April 2028.

## STRATEGIC DIRECTION #2: PEOPLE AND CULTURE

Build a sustainable, diverse and high-performing workforce with specialized approach to quality care.

**The Process:**

**Year 1:** Sept. '25 – Sept. '26  
Development: clear Project Charters supported by Lean Management tools (eg. DMAIC)

**Year 2:** Sept. '26 – Sept. '27  
Implementation: incorporating objectives into the operations plan

**Year 3:** Sept. '27 – Sept. '28  
Evaluate / Adjust: monitoring and exploring our Key Performance Indicators to evaluate the strategic plan and provide future direction

The RK MacDonald Nursing Home is an integral part of the Antigonish Town and County community with a legacy of caring and excellence. With plans underway for a new facility in 2028 and many goals accomplished from the strategic plan established in 2020 (including Accreditation with Commendation), the Board, CEO and senior leadership team gathered on September 29<sup>th</sup> to develop a new strategic plan. Carla Anglehart, Governance Specialist, and Janet Everest, Leadership and Governance Consultant, facilitated the strategic planning process.

During the one-day session that was informed by a pre-session survey, the Board reviewed the inputs from key interested parties and completed a SWOT analysis to determine which strengths, weaknesses, opportunities and challenges to focus on moving forward. The Board reviewed and affirmed or amended the core values, the mission and the vision statements as follows:

**Core Values:** *affirmed* as "Compassion, Accountability, Respect and Safety.. Excellence was amended to "We are committed to providing excellent care that enhances quality of life".

**Mission:** *affirmed* as "Providing loving, dignified quality care and enabling people to live full and abundant lives".

**Vision:** amended to read "A vibrant community built on kindness and meaningful relationships"



# STRATEGIC PLAN 2022-25

## HIGH LEVEL GOALS

## EVIDENCE

### Co-create a Healthy Work Environment

- Accreditation Canada Survey – Commendation
- Operating Systems Enhancement Project
- Mandatory Staff Education Process
- Monthly General Staff Meetings
- Igility funding to support staff education

### Promote a Culture of Safety and Accountability

- Board Continuous Quality Indicator Dashboard
- Resident and Staff Safety Dashboard
- Quality Improvement Plan
- COVID Management Plan
- Risk Management Plan
- Staff and Resident Safety Dashboard

### Foster Collaborative Relationships

- Hired Colliers Project Leaders
- Staffing Agency Contracts
- Elections Nova Scotia
- St.F.X.U. and NSCC student placements
- Recognized Prior Learning Program
- Arts Health Antigonish
- Networking: EMO, NHNSA, CCANS



# YEAR 1: PLANNING- PROJECT CHARTERS / KPI'S

Employee engagement is key to a successful implementation and execution of any strategic plan. Staff must be kept up to date, and welcomed to participate in discussions related to the actions required in meeting the strategic directions. The reader is cautioned as provincial funding reductions will impact our ability to deliver on some strategic initiatives, especially where staff education is a key objective. Year 1 will see Project Charters developed and KPI's secured.

<b>Strategic Direction: Successful Facility Transition</b>		
	<b>Objectives</b>	<b>Developing a Project Charter to:</b>
1.	Monitor and Support Employee Wellness through the Change Mngt. process	<ul style="list-style-type: none"> <li>• Monitor staff stress throughout the process</li> <li>• Align Change Management strategies with onsite subject matter expertise</li> </ul>
2.	Facilitate the Replaced Facility Disposal Policy	<ul style="list-style-type: none"> <li>• Introduce policy to the Board of Directors</li> <li>• Secure Government advisor</li> <li>• Provide clarity between RK, Town and Municipality on the disposal process</li> </ul>
3.	Monthly Integrated Program Management Package	<ul style="list-style-type: none"> <li>• Monitor progress: on schedule and on budget</li> <li>• Ensure Infrastructure Renewal Steering Committee is well informed on a monthly basis</li> </ul>

<b>Strategic Direction: People and Culture</b>		
	<b>Objectives</b>	<b>Developing Project Charters to:</b>
1.	To ingrain Strengthening a Palliative Approach – Long Term Care (SPA_LTC) in RK culture	<ul style="list-style-type: none"> <li>• Establish structure and leadership</li> <li>• Clarify and communicate the purpose of adopting SPA-LTC</li> <li>• Engage key stakeholders (board, QS&amp;G, and Family Council)</li> <li>• Secure resources and begin education</li> <li>• Align SPA-LTC with accreditation standards</li> <li>• Integrate SPA-LTC into core documents and processes (Resident Handbook and admissions)</li> </ul>
2.	Build upon our <b>Staff Retention / Recruitment</b>	<ul style="list-style-type: none"> <li>• Complete a review of the Human Resource Plan to advice on resource allocation/trending</li> <li>• Develop a Quality Improvement Plan focusing on staff health and competence</li> </ul>
3.	Strengthen our commitment to <b>Equity, Diversity, Inclusion, Race and Accessibility</b>	<ul style="list-style-type: none"> <li>• Develop a formal position statement</li> <li>• Develop a structured approach to engage stakeholders (Board, staff, and family council)</li> <li>• Develop a communication strategy to embed EDIRA into organization's messaging, materials, and daily practices</li> <li>• Develop staff awareness education on EDIRA principles to support a more inclusive and respectful workplace culture</li> <li>• Develop initiatives to celebrate cultural diversity within the home (macro agenda)</li> </ul>

4.	To maintain our status of <b>Accreditation</b> with Commendation	<ul style="list-style-type: none"> <li>• Establish and support the role of the Staff Development Coordinator</li> <li>• Complete and submit pre-assessment documentation</li> </ul>
5.	To meet OHS / <b>emergency planning</b> requirements	<ul style="list-style-type: none"> <li>• Review licensing / accreditation standards to establish project goals</li> <li>• Recruit expertise to complete onsite OHS assessment</li> <li>• Review FTE's for opportunities to reallocate resources to hire subject matter expertise</li> </ul>
6.	To continue to implement <b>IT technology</b> and the modernization of our <b>software</b>	<ul style="list-style-type: none"> <li>• Identify departments in need of IT and software</li> <li>• Search for affordable alternatives</li> </ul>
7.	To build a specialized approach to <b>dementia care</b>	<ul style="list-style-type: none"> <li>• Identify training scope and resources</li> <li>• Incorporate Music 217, Resident Quality Care Committee</li> </ul>


# REPORTING TO OUR STAKEHOLDERS

## YEAR 1: KEY PERFORMANCE INDICATORS

<b>Strategic Direction: Successful Facility Transition</b>				
	<b>Key Performance Indicators</b>	<b>Actual</b>	<b>Target 2027</b>	<b>Target 2028</b>
1.	Employee Wellness through the Change Mngt. process	#	#	#
2.	Consensus achieved amongst stakeholders on the Replaced Facility Disposal Policy decision	Decision pending	TBD	
3.	Integrated Program Management Package reviewed and submitted on a monthly basis	100%	100%	100%

<b>Strategic Direction: People and Culture</b>
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	<b>Key Performance Indicators</b>	<b>Actual</b>	<b>Target 2027</b>	<b>Target 2028</b>
1.	<b>To ingrain Specialized Palliative Approach – Long Term Care (SPA_LTC) in RK culture</b>			
	% staff trained	23.3%		
2.	<b>Build upon our Staff Retention / Recruitment</b>			
	Employee Retention Rate	96.9%		
	Employee Turnover Rate	6.27%		
	% Sick Hours	8.36%		
3.	<b>Commitment to Equity, Diversity, Inclusion, Race, Accessibility</b>			
	Work Team: The people I work with treat me with Respect	75.9%		
	Work Team: The people I work with treat each other with respect, regardless of race, ethnicity, gender, disability or age	74.1%		
	Work Team: People from all backgrounds are treated fairly	73.8%		
	Resident Safety: If I make a mistake, it will not be held against me	41.1%		
	Well-being and Engagement: Psychologically healthy and safe	45.0%		
4.	<b>To maintain our status of Accreditation with Commendation</b>			
	Accreditation status	Comm.		
5.	<b>To meet OHS / emergency planning requirements</b>			
	Number of OHS inspection deficiencies	TBD	0	
	% emergency plans exercised	TBD	100%	
6.	<b>To implement IT technology and modernization of our software</b>			
	*KPI's TBD	Draft PC		
	% reduction in paper usage	TBD	40%	
7.	<b>To build a specialized approach to dementia care</b>			
	*KPI's TBD	Draft PC		
<b>KPI sources:</b>				
<ul style="list-style-type: none"> <li>Accreditation: Global Workforce Survey</li> <li>Continuous Quality Indicators</li> </ul>		<ul style="list-style-type: none"> <li>Additional KPI's may be added</li> <li>KPI's may be impacted by recent Government funding reductions</li> </ul>		

2028.....



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