



RK MACDONALD NURSING HOME CORPORATION STRATEGIC PLAN 2025-2028



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

STRATEGIC PLANNING:

As the RK Community looks forward to the move to 61 Church Street Ext. in July, 2028, we will continue to stay focused on our 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 diversity, equity and inclusion, process optimization, continued technology integration, cost awareness measures and enhancing employee engagement.

With a strong operational foundation that respects all staff workloads, especially in light of the workload challenges the change management process will present in late 2027 and 2028, the RK Corporation is well-positioned to achieve its strategic objectives of a successful transition to 61 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:

- Year 1: Sept. '25 – Sept. '26 is dedicated to planning for key deliverables through the development of Project Charters and Key Performance Indicators.... 2 key points: 1) ensuring we are 70% confident we can achieve our objectives, and 2) ensuring these deliverables are aligned with operations in the new build.
- Year 2: Sept. '26 – Sept. '27 – objectives are actioned to meet the Key Deliverables
- Year 3: Sept. '27 – Sept. '28 - review our Key Performance Indicators to evaluate our progress and make any necessary adjustments to the identified Key Deliverables

OUR STRATEGIC PLAN

STRATEGIC DIRECTION #1: SUCCESSFUL FACILITY TRANSITION

HIGH LEVEL GOAL: DEVELOP AND OPERATIONALIZE A CHANGE MANAGEMENT PLAN TO ENSURE A SUCCESSFUL FACILITY TRANSITION TO 61 CHURCH STREET, EXTENSION.

STRATEGIC DIRECTION #2: PEOPLE AND CULTURE

HIGH LEVEL GOAL: BUILD A SUSTAINABLE, DIVERSE AND HIGH-PERFORMING WORKFORCE WITH A SPECIALIZED APPROACH TO QUALITY CARE.

The RK MacDonald Nursing Home is an integral part of the Antigonish Town and County and surrounding communities 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 National Accreditation with Commendation), the Board, CEO and senior leadership team gathered on September 29th 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 our core values, mission statement and vision 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"

A QUICK LOOK IN THE REVIEW MIRROR: Strategic Plan 2022-25

High Level Goals	Evidence
Co-create a Healthy Work Environment	• National Accreditation with Commendation • Mandatory Staff Education Process • Monthly General Staff Meetings • Secured 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 • Risk Management Plan
Foster Collaborative Relationships	• New Build: Hired Colliers Project Leaders • Recruited Staffing Agency Supports • Hosted Onsite Resident Voting Station with Election Nova Scotia • St.F.X.U. and NSCC Student Placements • Developed a Recognized Prior Learning Program • Arts Health Antigonish • Networking: EHS, Nursing Homes of NS Assoc., Continuing Care Assoc. of NS, EMO

YEAR 1: PLANNING-PROJECT CHARTERS/ KEY PERFORMANCE INDICATORS

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 both human and financial resources 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 defined.

Strategic Direction: Successful Facility Transition

	Key Deliverables	Objectives
1.	To monitor and Support Employee Wellness through the Change Mngt. process Lead: Christina Borden, Staff Development Coordinator Key Team Members: Terry MacIntyre, CEO Cathy Brouwer, Executive Administrative Assistant	To utilize a stress monitoring survey tool to monitor staff workload related stress throughout the Change Management process
2.	To facilitate the implementation of Seniors and Long-Term Care Replaced Facility Disposal Policy Lead: Terry MacIntyre, CEO Key Team Members: Damian Welsh, Director of Environment and Food Services Danielle MacDougall, Director of Finance	- To introduce the Replaced Facility Disposal policy to the Board of Directors - To identify key Government subject matter experts - To secure the approval from the Town of Antigonish and the Municipality of the County of Antigonish for the RK Corporate Board of Directors recommendation to sell 64 Pleasant Street
3.	To facilitate a monthly review of the Integrated Program Management Package (IPMP), by the Board Infrastructure Renewal Steering Committee, as reported to Seniors and Long-Term Care by Colliers Project Leaders Lead: Terry MacIntyre, CEO Key Team Members: Karrie Spears, Colliers Project Leaders	- To monitor construction progress: presently on schedule and on budget - To monitor contingency balance – reported in the IPMP - To review the IPMP as a standing agenda item at the monthly Infrastructure Renewal Steering Committee with Colliers Project Leaders

	Damian Welsh, Director of Environment and Food Services Danielle MacDougall, Director of Finance	
4.	Facilitate the development of a Capital Campaign to support the RK Nursing Home Foundation and the RK MacDonald Nursing Home Corporation Lead: Terry MacIntyre, CEO Key Team Members: Capital Campaign Working Group: <u>Foundation:</u> Mike MacDonald, Joanne MacKenzie, Joe Pyke <u>Corporation:</u> Camilla Benoit, Fran Haley, Monica MacDonald <u>Staff:</u> Cathy Brouwer, Executive Admin. Assistant Danielle MacDougall, Director of Finance Charles MacKenzie – Campaign Consultant Rita Marceille – Campaign Admin. Assistant	• To recruit capital campaign support staff: Philanthropy consultant / Administration Assistant • To draft a Terms of Reference for the Capital Campaign Working Group • To secure Board of Directors Commitment Statement for both the RK Nursing Home Foundation and the RK MacDonald Nursing Home Corporation • To facilitate the development and activation of the Capital Campaign Plan
5.	To ensure the RK Preventative Maintenance Program is effectively managing physical operations to get us to July 2028! Lead: Damian Welsh, Director of Environment and Food Services Key Team Members: Maintenance Staff Danielle MacDougall, Director of Finance Terry MacIntyre, CEO	• Review current Preventative Maintenance Program (eg. capture service contracts) • To identify our preferred contractors • To identify key Government subject matter experts in accessing emergency funding • To communicate any concerns with the Office of the Fire Marshall

Strategic Direction: People and Culture

	Key Deliverables	Project Charter Objectives
1.	To ingrain Strengthening a Palliative Approach – Long Term Care (SPA-LTC) within the RK culture Team Lead: Lee Kelly, Director of Clinical Services Key Team Members: Christina Borden Keren Go Mariano Chelsey MacIsaac	• To establish a Palliative Care Committee with governance tools such as a Terms of Reference • To clarify and communicate the purpose of adopting SPA-LTC, engaging residents, families and staff • To introduce SPA-LTC during the onboarding process • To align specialized dementia care with the SPA-LTC approach • Integrate SPA-LTC into care conferences as a standing agenda item
2.	To maintain Staff Retention / Recruitment Team Lead: Jaqueline Delorey, Human Resource Coordinator Key Team Members: Lee Kelly, Director Clinical Services Damian Welsh, Director of Environment and Food Services Christina Borden, Staff Development Coordinator Danielle MacDougall, Director of Finance	• To utilize the annual Human Resources Plan to advise on staffing trends • To continue grow the Recognized Prior Learning Program • To continue to report on staff retention / recruitment on the quarterly Board Dashboard • To review and update job posting strategies through social media, website and radio platforms, inclusive e of the RK's EDIRA position statement
3.	Strengthen our commitment to Equity, Diversity, Inclusion, Reconciliation and Accessibility Team Lead: Christina Borden, Staff Development Coordinator Key Team Members: Cathy Brouwer, Executive Administrative Assistant	• To conduct annual HSO staff surveys to provide key performance indicators • Establish multicultural representation on the Social Committee • Develop a formal position statement on EDIRA • Complete branding exercise including: • Letterhead / website / signage / flags • Email acknowledgements • Meeting acknowledgement • Bulletin Boards • Complete the Intercultural Workplace Program • Develop an EDIRA macro agenda

4.	To build a specialized approach to dementia care to meet existing and future care needs of residents living with dementia. Team Co-Leads: Lee Kelly, Director of Clinical Services Kim Cameron-MacDonald, Director of Recreation, Spiritual Care and Volunteers	• To define a consistent, practical and standardized dementia training program / curriculum to be incorporated into the new buildings' education center • Explore "RK dementia certification" • Education center • Staff ... crest / pin • Explore onboarding dementia education opportunities
5.	To foster a culture embracing psychological health and safety Team Lead: Jaqueline Delorey, Human Resource Coordinator Key Team Members: Christina Borden, Staff Development Coordinator Terry MacIntyre, CEO Social Committee	• To align RK policies and procedures with recently updated provincial legislation • To ensure Psychological Health and Safety policies are available to all staff via SURGE Learning platform • To submit a grant application to the Mental Health Foundation of NS Community Grant for funding (\$25,000) for Coming Alongside Grief & Loss Project.

REPORTING TO OUR STAKEHOLDERS

YEAR 1: KEY PERFORMANCE INDICATORS

Strategic Direction: Successful Facility Transition			
	Key Performance Indicators	Year 1 Benchmark	Year 2 Target
1.	Monitor and Support Employee Wellness through the Change Management process		
	HSO Annual Survey: Overall, how satisfied are you with your job?	65% positive 23% neutral 12% negative	70% positive 20% neutral 10% negative
	Overall Staff Satisfaction	17% very satisfied 48% Satisfied 23% Neutral 11% Dissatisfied	5% ↑ Satisfied 5% ↓ Dissatisfied
2.	To facilitate the implementation of Seniors and Long-Term Care Replaced Facility Disposal Policy governing 64 Pleasant Street		
	Board motion to sell 64 Pleasant Street and Agency Owner's approval	Complete	Building Appraisal Documentation
3.	To facilitate a monthly review of the Integrated Program Management Package, by the Board Infrastructure Renewal Steering Committee, as reported to Seniors and Long-Term Care by Colliers Project Leaders		
	% of completed IPMP reports reviewed by the Steering Committee	100%	100%
4.	Facilitate the development of a Capital Campaign to support the RK Nursing Home Foundation and the RK MacDonald Nursing Home Corporation		
	Draft Capital Campaign Plan	Complete	
	Secure Terms of Reference for a Capital Campaign Working Group	Complete	
	Secure Philanthropy Consultant and Admin Assistant	Complete	
	Initiate Quiet Phase of the Capital Campaign	Initiated	50% target goal
105.	To ensure the RK Preventative Maintenance Program is effectively managing physical operations to get us to July 2028!		
	% of scheduled PM completed within required timelines.	Revise PM schedule	≥ 95%
	Emergency funding approved ÷ emergency funding requested × 100.	70%	≥ 85% annually
	To identify our preferred contractors and review service contracts	Complete	

	To identify key Government subject matter experts in accessing emergency funding	In Place	
	A build a relationship with the Office of the Fire Marshall	In Place	

Strategic Direction: People and Culture

	Key Performance Indicators	Year 1 Benchmark	Year 2 Target
1.	To ingrain Strengthening a Palliative Approach – Long Term Care (SPA-LTC) within the RK culture		
	% staff trained (pending available staff replacement funding)	20%	40%
	Care Conference Standing Agenda Item	Draft agenda	CC Agenda
	Onboarding Agenda Item	Draft Onboarding Material	Onboarding Item
	Website access to SPA-LTC link	Secure the link	Website access
	Revised Admission Handbook	Review and Revise	Revised Handbook
2.	To maintain Staff Retention / Recruitment targets		
	Employee Retention Rate	90.5 %	Maintain
	Employee Turnover Rate	9.6%	Maintain
	# of RPL graduates	11	↑ 5%
3.	Strengthen our commitment to Equity, Diversity, Inclusion, Reconciliation and Accessibility		
	Work Team: The people I work with treat me with respect	75.9%	↑3%
	Work Team: The people I work with treat each other with respect, regardless of race, ethnicity, gender, disability or age	74.1%	↑3%
	Work Team: People from all backgrounds are treated fairly	73.8%	↑3%
4.	To build a specialized approach to dementia care to meet existing and future care needs of residents living with dementia.		
	Develop a dementia focused education curriculum	Project Charter	Curriculum
	% Licensed trained in P.I.E.C.E.S.	35%	↑10%

	% Staff trained in Dementia Live	10%	↑15%
	% Staff Trained in Gentle Persuasive Approach	38%	↑10%
5.	To heighten Psychological Health and Safety principles in the RK Culture		
	HSO Survey: Psychological Health and Safety Rating	45% positive 22% neutral 33% negative	↑10% Maintain ↓10%

Closing notes:

In 2025/26, our focus was primarily on identifying key performance indicators and developing project charters to guide new initiatives to move key directives forward; all without adding to our already full plates! In 2026/27, we will analyze and respond to the results of our defined key performance indicators to celebrate our successes, while adjusting key deliverables where targets are not meeting key performance indicators. Exploring missed targets with Team Leads and engaged staff will be addressed in a constructive and positive atmosphere.

Key Note: our key performance indicators, measuring our impact on key deliverables, and ultimately our strategic directions may be impacted by variables outside of our direct control. For example, we can only influence the psychological health, safety and well-being of our staff within our facility; we recognize uncontrollable external factors in our personal lives may impact survey results. To this point, in 2026/27 the Team Leads will review our key performance indicators, determining whether we are meeting our key deliverables and where they are, celebrate their successes; where a key performance indicator does reflect success for a key deliverable, we will invite constructive and positive feedback in adjusting objectives driving a key deliverable.

Constructive Feedback Always Welcomed..... talk to us at:

Mailing Address: 64 Pleasant Street, Antigonish, Nova Scotia, B2G 1W7

Phone Number: (902) 863-2578

Email address:

Website: <https://www.rkmacdonald.ca/>

Fun Note:

For the RK, plumbing has become a bit of a concern. Whether it's a leak or blockage, it has the potential to disrupt our lives. For some light hearted fun, Damian recruited Dr. Sues and our friend AI, and came up with this rather playful poem....

Oh, the toilets are bubbling, the toilets are slow, and nobody quite knows where the facecloths all go! There are wipes in the pipes, there are cloths down below, there are things in those drains that were NEVER meant to go! From Room Number One to Room Number Six, our plumbing has landed in quite the big fix. One toilet goes FLUSH! then another goes GUSH! Then somebody hollers, "Quick! Bring us a brush!" The plumber comes running with snake, wrench, and gear, and asks the same question we've all come to fear:	"What on earth did you flush down this poor little loo? A facecloth? A wet wipe? A slipper or two?" Now toilets are simple, they don't ask for much: Just toilet paper — and that's pretty much such! No wipes that say "flushable," no cloths big or small, no paper towels, gloves, or strange things at all. For when one little facecloth goes sailing away, it may meet five more facecloths somewhere on the way! They gather together, they twist and they bind, and leave six unhappy bathrooms behind.	Then comes the great bubbling, the gurgling sound, the FLUSH and the GUSH as the water comes round! So please tell your neighbour, your coworker, your crew: Only toilet paper belongs in the loo! So here's to clear drains and toilets that flow, with nothing mysterious lurking below. Because nobody wants at the end of their day...SIX ROOMS ALL GUSHING IN A PLUMBING PARADE!
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R.K. MACDONALD NURSING HOME CORPORATION
64 PLEASANT STREET ANTIGONISH NS B2G1W7
902-863-2578/ www.rkmacdonald.ca