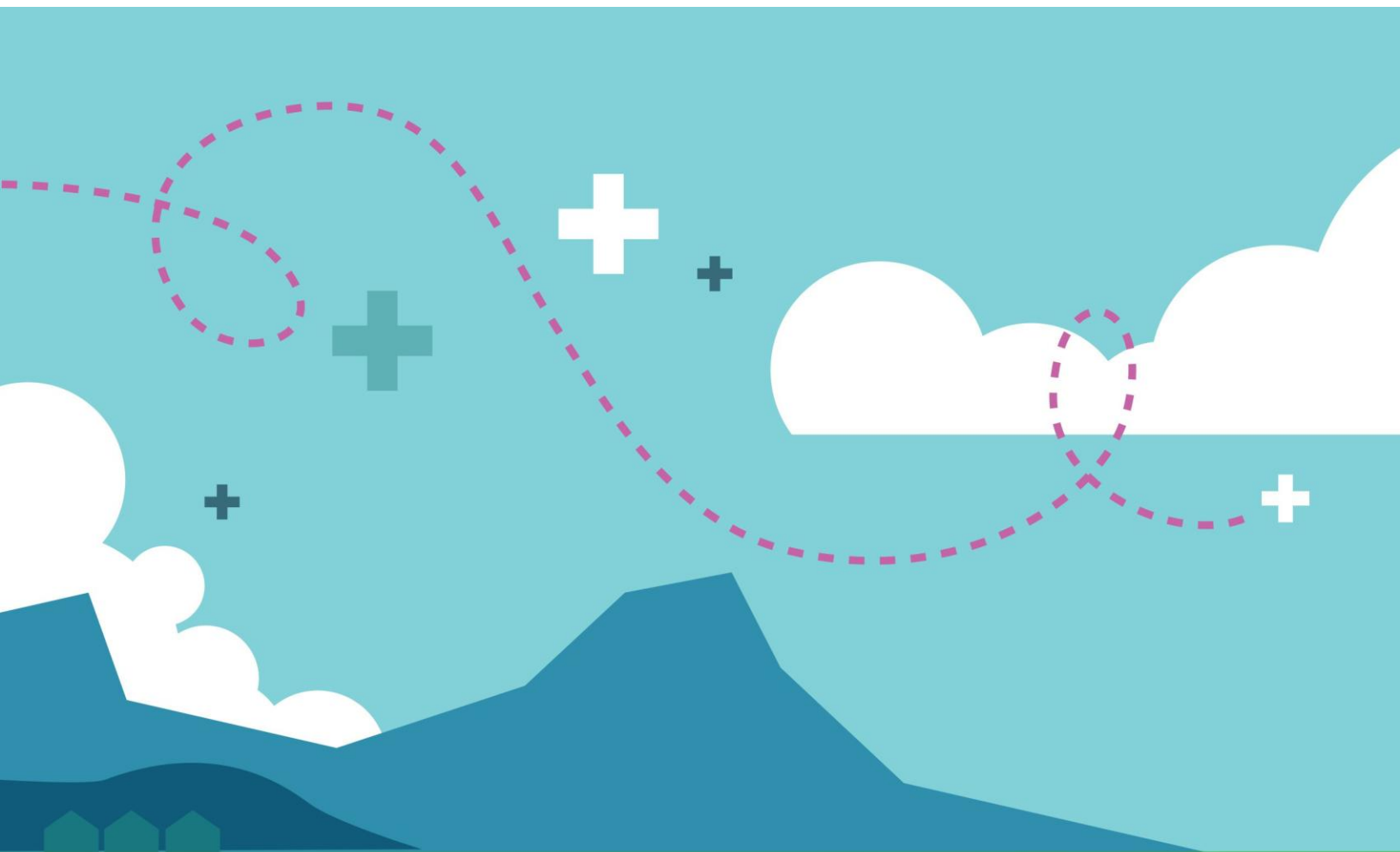




2024 ALBERTA HOME CARE CLIENT EXPERIENCE SURVEY

Appendices
June 2025

Improving Healthcare Together



Health Quality Alberta is a provincial agency that brings together patients, families, and our partners from across healthcare and academia to inspire improvement in patient safety, person-centred care, and health service quality. We assess and study the healthcare system, identify effective practices, and engage with Albertans to gather information about their experiences. Our responsibilities are outlined in the *Health Quality Council of Alberta Act*.

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APPENDIX I: COVER LETTERS AND SURVEY QUESTIONNAIRE

First mailing cover letter

Dear «FIRSTNAME»,

You are receiving this letter and survey because you are a current recipient of home care services. We are pleased to invite you to take part in a survey about your experience with the quality of care and services you receive. The survey is confidential and anonymous. To further protect your privacy, your answers will be combined with those of other home care clients in any reports we produce. Results will be shared with Alberta Health, Alberta Health Services, and home care provider organizations to help identify areas of success and opportunities for improvement. **Individual survey answers will not be shared with anyone.**

The survey is being conducted by the Health Quality Council of Alberta (HQCA) with support from Alberta Health Services, and Alberta Health. The HQCA is a provincial agency that brings together patients, families, and our partners from across healthcare and academia to inspire improvement in patient safety, person-centred care, and health service quality.

The survey should take about 15 minutes to complete. Your participation is entirely voluntary, and we hope you will participate. You can skip questions you cannot or prefer not to answer. Your services will not be affected in any way if you chose to participate or not. Once the survey report is published on our website, we will notify you by letter, about high-level findings from the survey and where to access the report on our website: www.hqca.ca.

We want to give you every opportunity to participate. If we don't receive anything from you within 14 days, we will send you a reminder notice. You are welcome to get help to complete the questionnaire from a family member, a friend, or from us at the HQCA. However, we ask that you do not ask home care staff for help with the survey.

To manage the survey process, we have engaged the services of PRA Inc. They are under contract to the HQCA to follow the HQCA's confidentiality procedures and the Government of Alberta privacy legislation. If you would like more information about the survey or have questions on how to complete the survey, please call PRA Inc. at 1-888-877-6744 (toll free) or email berg@pra.ca.

Please note that in accordance with the Alberta Protection for Persons in Care Act, if through your survey response you indicate that you have or are currently experiencing abuse by a service provider, we must report this abuse to the appropriate authorities.

Thank you in advance for your participation.

Sincerely,



Charlene McBrien-Morrison, Chief Executive Officer
Health Quality Council of Alberta

Second mailing cover letter

Dear «FIRSTNAME»,

A few months ago, the Health Quality Council of Alberta (HQCA) sent you a survey about your experiences with home care services. If you already completed and returned it to us, please accept our sincere thanks. If you did not complete and return the survey, we invite you to take part. It's important we hear from as many Albertans as possible to better understand experiences with the quality of home care services being provided in the province.

What is home care?

Home care (now referred to as home and community care) is publicly funded personal and healthcare services that help clients to live safely and independently in their own homes or communities. It can be provided in a private residence (including a lodge), at a community clinic, or at an adult day program. Depending on a person's needs, their care team may include a nurse, personal care staff (sometimes called health care aides), social worker, occupational therapist, physiotherapist, and others. Services may be received regularly, or for a brief duration, such as post-surgery. Some home care services might include:

- Professional services (treatments such as care for your wounds, physiotherapy)
- Personal care services (services such as help with dressing, eating, bathing)
- Medication management
- Linking clients with the most appropriate medical supplies or assistive equipment and technology

Clients receive home care services through Alberta Health Services (AHS), or a provider contracted to AHS. Some may receive services through self-managed care, or the client directed home care program.

You can learn more about more home care services here:

<https://www.albertahealthservices.ca/cc/Page15488.aspx>

Why have I been invited to take part in this survey?

The HQCA partnered with AHS to access the contact information of people who received home care within the past year. You have been invited to take part in this survey because the information from AHS indicates you are currently receiving or have received home care services. This survey encompasses a variety of questions about experiences with care and services. Some of these questions may not be relevant to your experience, as you may have only received home care services once or twice. If you choose to participate, you may answer the questions that do resonate for you.

Who is conducting the survey?

The Health Quality Council of Alberta (HQCA) is conducting this survey in collaboration with Alberta Health Services and Alberta Health. The HQCA is a provincial agency with a mandate to survey Albertans about their experience with the healthcare system. You can see past reports about home care services on our website: <https://hqca.ca/reports/alberta-home-care-client-experience-survey/>

To manage the survey process, we have engaged the services of PRA Inc. They are under contract to the HQCA to follow the HQCA's confidentiality procedures and the Government of Alberta privacy legislation. If you would like more information about the survey or have questions on how to complete the survey, please call PRA Inc. at 1-888-877-6744 (toll free) or email berg@pra.ca

How do I complete the survey?

The enclosed questionnaire should take about 15 minutes to complete. Please use the postage-paid envelope to return your questionnaire. Your participation is entirely voluntary, and we hope you will participate. Your answers are strictly confidential and you will not be identified in the results or any reports. Your services will not be affected in any way if you choose to participate or not. For convenience, you can complete the survey online at [link] using the following survey access code: [access code]

You are welcome to get help to complete the questionnaire from a family member, a friend, or from us at the HQCA. However, we ask that you do not ask home care staff for help with the survey.

Please note, that in accordance with the *Alberta Protection for Persons in Care Act*, if through your survey response you indicate that you have or are currently experiencing abuse by a service provider, we must report this abuse to the appropriate authorities.

Thank you in advance for your participation.

Sincerely,



Charlene McBrien-Morrison, Chief Executive Officer
Health Quality Council of Alberta

2024 Alberta Home Care Client Experience Survey

Instructions

- You have been selected for this survey because records show you are currently receiving home care services through Alberta's Home Care Program, or received services within the last 6 months.
- This survey asks questions about the home care services you receive from Alberta Health Services (AHS) professional or personal care services staff or the agency staff contracted by AHS to provide these services. This excludes private services that you may be paying out of pocket for, such as self-managed care or through the client directed home care invoicing program.
- It's fine to seek help from family or friends to complete the survey, but it is very important that the answers reflect YOUR own personal opinion as the home care client. Please DO NOT get help filling the survey out from home care staff.
- Please help us save on costs by completing the survey online:
 - Go to **survey.pra.ca/SE/1/homecare24** and enter the 8 character access code on the cover letter addressed to you.
- If you have any questions or need assistance in completing the survey you are welcome to call:
 - ✓ PRA Inc. at 1-888-877-6744 (toll free) and ask to speak to the Home Care Survey Manager
- For each question, please mark your choice with a blue or black pen by filling in the circle as shown here. →
- There are no right or wrong answers – just your views, and you are free to **skip any questions that you don't want to answer**.
- Your feedback is very important for planning and improving home care services in Alberta. *Thank-you!*



Becoming a Home Care Client

1. Before you started receiving home care services, how easy or difficult was it to get information about these services?

- ☐¹ Very difficult
☐² Somewhat difficult
☐³ Somewhat easy
☐⁴ Very easy
☐⁸ I don't remember

2. Did your home care services start as soon as you thought you needed it?

- ☐¹ Yes
☐⁰ No
☐⁸ I don't remember

Your Case Manager

Case manager refers to the person who is in charge of your services, that is – the person who performs your assessments, checks what you need, arranges for care, and makes sure things are going well for you.

3. Do you know who your case manager is?

- ☐¹ Yes
☐⁰ No – If no, go to question 7

4. When my case manager started, they introduced themselves and explained their role in my care.

- ☐¹ Yes
☐⁰ No
☐⁸ I don't know

5. In the last 12 months, I was able to reach my case manager when I needed them.

- ☐¹ Yes
☐² Partly
☐³ No
☐⁷ I did not need to reach them
☐⁸ I don't know

6. In the last 12 months, my case manager helped me get all the home care services that I needed.

- ☐¹ Yes
☐² Partly
☐³ No
☐⁷ I did not need this
☐⁸ I don't know

Planning Your Home Care Services

Care Plan refers to the written document prepared by your case manager that has the details about your needs and services.

Family or caregiver refers to your spouse, siblings, children, friend, or any person that helps you.

7. I was involved in making my Care Plan.

- ☐³ Yes, a lot
☐² Yes, a little
☐¹ No, not at all
☐⁷ No, I don't think I should be involved
☐⁸ I don't know

8. My family or caregiver was involved in making my Care Plan.

- ☐¹ Yes, a lot
- ☐² Yes, a little
- ☐³ No, staff didn't include them
- ☐⁴ No, I didn't want family involved
- ☐⁵ No, my family didn't want to be involved
- ☐⁶ No, my family was unable to be involved
- ☐⁷ I have no family available
- ☐⁸ I don't know

9. My Care Plan included...

- ☐³ Most of the things I needed
- ☐² Some of the things I needed
- ☐¹ Almost none of the things I needed
- ☐⁸ I don't know

10. In the last 12 months, home care provided...

- ☐³ Most of the things in my Care Plan
- ☐² Some of the things in my Care Plan
- ☐¹ Almost none of the things in my Care Plan
- ☐⁸ I don't know

11. In the last 12 months, my family doctor seemed to know about important details of my home care services.

- ☐¹ Yes, most of the time
- ☐² Yes, some of the time
- ☐³ No
- ☐⁴ I have not seen or spoken to my family doctor in the last 12 months
- ☐⁷ I don't have a family doctor
- ☐⁸ I don't know

12. If I wanted to change my home care services, I would talk to...

- ☐¹ My case manager
- ☐² Other home care staff
- ☐³ Family or friends
- ☐⁴ My family doctor
- ☐⁸ I don't know

Medications

13. In the last 12 months, did anyone on your care team discuss medications with you? (*select all that apply*)

- ☐¹ Yes, my case manager
- ☐² Yes, other home care staff
- ☐³ Yes, my community pharmacist
- ☐⁴ Yes, my family doctor
- ☐⁵ Yes, someone else
- ☐⁷ No one discussed my medications with me (If no one, please skip to Section A)
- ☐⁸ I don't know

14. In the last 12 months, home care staff talked with me about the purpose of my medications.

- ☐¹ Yes
- ☐² Partly
- ☐³ No
- ☐⁴ Someone else spoke to me about the purpose of my medications
- ☐⁷ I did not need this
- ☐⁸ I don't know

15. In the last 12 months, home care staff reviewed my medications.

- ☐¹ Yes
- ☐² Partly
- ☐³ No
- ☐⁴ Someone else reviewed my medications
- ☐⁷ I did not need this
- ☐⁸ I don't know

16. In the last 12 months, home care staff talked with me about when to take my medications.

- ☐¹ Yes
- ☐² Partly
- ☐³ No
- ☐⁴ Someone else talked with me about when to take my medications
- ☐⁷ I did not need this
- ☐⁸ I don't know

Section A: Home Care Professional Services

The next two sections ask about home care professional services and home care personal care services **separately**. As you answer each section, think only about each type of service, and staff for that section.

Section A Professional Care Services: Treatments such as care for your wounds, or physiotherapy, and typically provided by staff such as nurses, physical therapists, and occupational therapists.

Section B Personal Care Services: Services such as help with dressing, eating, bathing, and going to the bathroom. These services are typically provided by personal care staff (sometimes called health care aides).

***Professional services** refers to treatments such as care for your wounds, or physiotherapy, and typically provided by staff such as nurses, physical therapists, and occupational therapists.*

Please skip to Section B if you did not receive professional care services in last 6 months.

17. In the last 6 months, how do you feel about the number of different professional care staff you have had?

- ☐³ I'm very happy with the number I've had
- ☐² I'm OK with the number I've had
- ☐¹ I'm not happy at all with the number I've had
- ☐⁸ I don't know

18. In the last 6 months, professional home care services met my needs for managing my pain.

- ☐¹ Yes
- ☐² Partly
- ☐³ No
- ☐⁷ I did not need this
- ☐⁸ I don't know

19. In the last 6 months, professional home care services met my needs for setting up my home so I could move around safely.

- ☐¹ Yes
- ☐² Partly
- ☐³ No
- ☐⁷ I did not need this
- ☐⁸ I don't know

20. In the last 6 months, my professional home care staff made me feel safe.

- ☐¹ Yes
- ☐² Partly
- ☐³ No

☐⁸ I don't know

21. In the last 6 months, my professional home care staff gave me choices about how care was provided.

☐¹ Yes

☐² Partly

☐³ No

☐⁸ I don't know

22. In the last 6 months, how often did professional home care staff explain things in a way that was easy to understand?

☐¹ Never

☐² Sometimes

☐³ Usually

☐⁴ Always

23. In the last 6 months, how often did professional home care staff treat you with courtesy and respect?

☐¹ Never

☐² Sometimes

☐³ Usually

☐⁴ Always

24. In the last 6 months, how often did professional home care staff listen carefully to you?

☐¹ Never

☐² Sometimes

☐³ Usually

☐⁴ Always

25. In the last 6 months, how often did professional home care staff respect your ethnic and cultural needs?

☐¹ Never

☐² Sometimes

☐³ Usually

☐⁴ Always

☐⁷ I did not need this

26. Do you have any concerns about your professional care services?

☐⁰ No

☐¹ Yes (*If you wish, please describe your concerns in the box below*):

(Question 26B)

27. In the last 6 months, how often were you satisfied with the way your professional care services concerns were handled?

☐¹ Never

☐² Sometimes

☐³ Usually

☐⁴ Always

☐⁷ I did not have concerns

COMPASSION¹

In thinking about your professional care staff **over the past month**, please rate the following:

Note: “Not applicable” means you have not seen professional care staff **over the past month**.

28. I felt that my professional care staff were attentive to me.

- ☐¹ Strongly disagree
- ☐² Disagree
- ☐³ Neutral
- ☐⁴ Agree
- ☐⁵ Strongly agree
- ☐⁷ Not applicable

29. My professional care staff were very supportive when they talked with me.

- ☐¹ Strongly disagree
- ☐² Disagree
- ☐³ Neutral
- ☐⁴ Agree
- ☐⁵ Strongly agree
- ☐⁷ Not applicable

30. My professional care staff provided care in a gentle manner.

- ☐¹ Strongly disagree
- ☐² Disagree
- ☐³ Neutral
- ☐⁴ Agree
- ☐⁵ Strongly agree
- ☐⁷ Not applicable

31. My professional care staff saw me as a person and not just as a patient.

- ☐¹ Strongly disagree
- ☐² Disagree
- ☐³ Neutral
- ☐⁴ Agree
- ☐⁵ Strongly agree
- ☐⁷ Not applicable

32. My professional care staff had a warm presence.

- ☐¹ Strongly disagree
- ☐² Disagree
- ☐³ Neutral
- ☐⁴ Agree
- ☐⁵ Strongly agree
- ☐⁷ Not applicable

33. In the last 6 months, OVERALL, how would you rate your professional home care services?

(Please think about all professional staff together)

- ☐¹ Poor
- ☐² Fair
- ☐³ Good
- ☐⁴ Very good
- ☐⁵ Excellent

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Section B: Personal Care Services

Personal care services refers to things like help with dressing, eating, bathing, and going to the bathroom. These services are typically provided by personal care staff (sometimes called health care aides). Please answer for personal care services you get from home care, not for help you may get from family.

Please skip to Q51 if you did not receive personal care services in last 6 months.

34. In the last 6 months, how do you feel about the number of different personal care staff you have had?

- ☐³ I'm very happy with the number I've had
☐² I'm OK with the number I've had
☐¹ I'm not happy at all with the number I've had
☐⁸ I don't know

35. In the last 6 months, I was notified when personal care staff could not come.

- ☐¹ Yes
☐² Partly
☐³ No
☐⁸ I don't know

36. In the last 6 months, personal care staff treated me with kindness even during difficult or embarrassing tasks.

- ☐¹ Yes
☐² Partly
☐³ No
☐⁸ I don't know

37. In the last 6 months, personal care staff encouraged me to do things for myself if I could.

- ☐¹ Yes
☐² Partly
☐³ No
☐⁸ I don't know

38. In the last 6 months, I was kept informed about when personal care staff would arrive.

- ☐¹ Yes
☐² Partly
☐³ No
☐⁸ I don't know

39. In the last 6 months, my personal care staff made me feel safe.

- ☐¹ Yes
☐² Partly
☐³ No
☐⁸ I don't know

40. In the last 6 months, how often did personal care staff listen carefully to you?

- ☐¹ Never
☐² Sometimes
☐³ Usually
☐⁴ Always

41. In the last 6 months, how often did personal care staff respect your ethnic and cultural needs?

- ☐¹ Never
☐² Sometimes
☐³ Usually
☐⁴ Always
☐⁷ I did not need this

42. In the last 6 months, how often did personal care staff explain things in a way that was easy to understand?

- ☐¹ Never
☐² Sometimes
☐³ Usually
☐⁴ Always

43. Do you have any concerns about your personal care services?

- ☐⁰ No
☐¹ Yes (*If you wish to, please describe your concerns in the box below*):

(Question 43B)

44. In the last 6 months, how often were you satisfied with the way your personal care service concerns were handled?

- ☐¹ Never
☐² Sometimes
☐³ Usually
☐⁴ Always
☐⁷ I did not have concerns

COMPASSION²

In thinking about your personal care staff over the past month, please rate the following:

Note: “Not applicable” means you have not seen personal care staff over the past month.

45. I felt that my personal care staff were attentive to me.

- ☐¹ Strongly disagree
☐² Disagree
☐³ Neutral
☐⁴ Agree
☐⁵ Strongly agree
☐⁷ Not applicable

46. My personal care staff were very supportive when they talked with me.

- ☐¹ Strongly disagree
☐² Disagree
☐³ Neutral
☐⁴ Agree
☐⁵ Strongly agree
☐⁷ Not applicable

47. My personal care staff provided care in a gentle manner.

- ☐¹ Strongly disagree
☐² Disagree
☐³ Neutral
☐⁴ Agree
☐⁵ Strongly agree
☐⁷ Not applicable

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48. My personal care staff saw me as a person and not just as a patient.

- ☐¹ Strongly disagree
- ☐² Disagree
- ☐³ Neutral
- ☐⁴ Agree
- ☐⁵ Strongly agree
- ☐⁷ Not applicable

49. My personal care staff had a warm presence.

- ☐¹ Strongly disagree
- ☐² Disagree
- ☐³ Neutral
- ☐⁴ Agree
- ☐⁵ Strongly agree
- ☐⁷ Not applicable

50. In the last 6 months, OVERALL, how would you rate your personal care services?

(Please think about all personal care staff together)

- ☐¹ Poor
- ☐² Fair
- ☐³ Good
- ☐⁴ Very good
- ☐⁵ Excellent

Additional care questions

51. In the last 6 months, OVERALL, how would you rate the quality of your home care services?

(including both professional and personal services, where 0 is the worst and 10 is the best)

- ☐⁰⁰ 0 (worst)
- ☐⁰¹ 1
- ☐⁰² 2
- ☐⁰³ 3
- ☐⁰⁴ 4
- ☐⁰⁵ 5
- ☐⁰⁶ 6
- ☐⁰⁷ 7
- ☐⁰⁸ 8
- ☐⁰⁹ 9
- ☐¹⁰ 10 (best)

52. Some people need equipment, such as wheelchairs or walkers, to help them. Other people need their equipment replaced or repaired. Have you asked your case manager for help with getting or fixing equipment?

- ☐¹ Yes
- ☐⁰ No – if no, go to question 54

53. Did your case manager work with you when you asked for help with getting or fixing equipment?

- ☐¹ Yes
- ☐² Partly
- ☐³ No
- ☐⁷ I did not need this
- ☐⁸ I don't know

54. Thinking of the home care services you received through a government home care program, did these services help you stay at home?

Note: By “stay at home” we mean that it enabled you to stay out of a hospital, nursing home, hospice, or supportive living facility. By government home care program we mean services arranged through Alberta Health Services.

- ☐¹ Yes
☐⁰ No
☐⁸ I don't know

Other Service Needs

*The next questions are about any other services that you may have needed that are **NOT** provided by a government home care program (e.g. Alberta Health Services home care), such as yard work or grocery delivery. These may be services you have to pay for, or services provided by family, friends, or volunteers for free.*

55. In the last 6 months, was there any service of any kind that you felt you needed but didn't get?

- ☐⁰ No – if no, go to the next page
☐¹ Yes (if you wish to, please describe in the box below):

(Question 55B)

56. In the last 6 months, did you try to get these services yourself in your community?

- ☐¹ Yes
☐⁰ No

57. In the last 6 months, did your case manager help you get these other types of services in your community?

- ☐¹ I needed services but my case manager didn't help me
☐² My case manager tried to help me but I still didn't get other services
☐³ Yes, I was helped by my case manager to get other services



Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems in walking about ☐ 1
- I have slight problems in walking about ☐ 2
- I have moderate problems in walking about ☐ 3
- I have severe problems in walking about ☐ 4
- I am unable to walk about ☐ 5

SELF-CARE

- I have no problems washing or dressing myself ☐ 1
- I have slight problems washing or dressing myself ☐ 2
- I have moderate problems washing or dressing myself ☐ 3
- I have severe problems washing or dressing myself ☐ 4
- I am unable to wash or dress myself ☐ 5

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities ☐ 1
- I have slight problems doing my usual activities ☐ 2
- I have moderate problems doing my usual activities ☐ 3
- I have severe problems doing my usual activities ☐ 4
- I am unable to do my usual activities ☐ 5

PAIN / DISCOMFORT

- I have no pain or discomfort ☐ 1
- I have slight pain or discomfort ☐ 2
- I have moderate pain or discomfort ☐ 3
- I have severe pain or discomfort ☐ 4
- I have extreme pain or discomfort ☐ 5

ANXIETY / DEPRESSION

- I am not anxious or depressed ☐ 1
- I am slightly anxious or depressed ☐ 2
- I am moderately anxious or depressed ☐ 3
- I am severely anxious or depressed ☐ 4
- I am extremely anxious or depressed ☐ 5



We would like to know how good or bad your health is TODAY.

This scale is numbered from 0 to 100.

100 means the best health you can imagine.

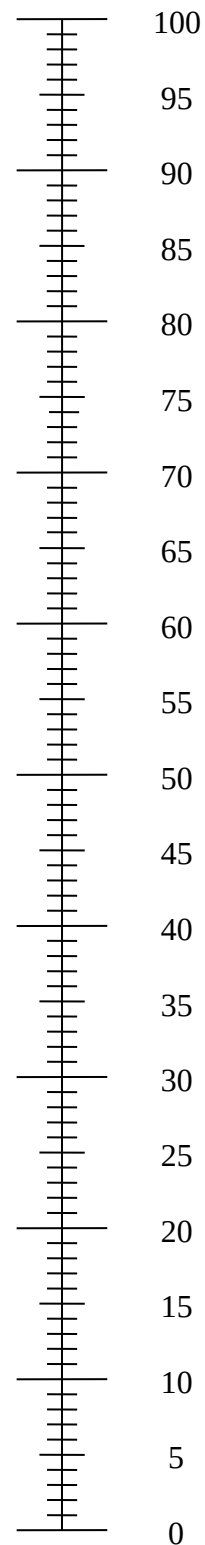
0 means the worst health you can imagine.

Mark an X on the scale to indicate how your health is TODAY.

Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health
you can imagine



The worst health
you can imagine

About you

The next questions are about you. Remember, you do not have to answer all questions. You can skip any you prefer not to answer.

58. Which of the following best describes your gender identity?

- ☐¹ Man
- ☐² Woman
- ☐³ Non-binary
- ☐⁴ Transgender
- ☐⁵ I prefer to self describe

Please tell us how you self-describe:

59. What is the highest level of education you have completed?

- ☐¹ Grade school or some high school
- ☐² Completed high school
- ☐³ Post-secondary technical school (including trade school)
- ☐⁴ Some university or college
- ☐⁵ Completed college diploma
- ☐⁶ Completed university degree
- ☐⁷ Post-graduate degree (Masters or PhD)

60. Were you born in Canada?

- ☐¹ Yes
- ☐⁰ No

If no, how many years have you lived in Canada?

61. We know that people of different races do not have significantly different genetics, but our race can play a role in how we are treated by different individuals and institutions. Which race category best describes you?

- ☐¹ Black
- ☐² East/Southeast Asian
- ☐³ Indigenous (First Nations, Metis, Inuit)
- ☐⁴ Latino
- ☐⁵ Middle Eastern
- ☐⁶ South Asian
- ☐⁷ White
- ☐⁸ Another race category

If another race, how would you describe your race?

62. Which of the following categories best describes the total annual income, before taxes, of all members of your household?

- ☐⁰¹ Less than \$25,000
- ☐⁰² \$25,000 to just under \$50,000
- ☐⁰³ \$50,000 to just under \$75,000
- ☐⁰⁴ \$75,000 to just under \$100,000
- ☐⁰⁵ \$100,000 to just under \$150,000
- ☐⁰⁶ \$150,000 to just under \$200,000
- ☐⁰⁷ \$200,000 or more
- ☐⁷⁷ Not applicable
- ☐⁹⁹ Prefer not to answer

63. Which of the following best describes your financial situation?

- ☐⁶ Very comfortable
☐⁵ Comfortable
☐⁴ Modestly comfortable
☐³ Tight
☐² Very tight
☐¹ Poor

64. Did someone help you complete this survey? *(select all that apply)*

- ☐¹ No
☐² Yes, my spouse
☐³ Yes, another family member
☐⁴ Yes, home care staff
☐⁵ Yes, someone else

65. If yes, how did that person help you?
(please select all that apply)

- ☐⁰¹ Read the questions to me
☐⁰² Wrote down the answers I gave
☐⁰³ Answered the questions for me
☐⁰⁴ Talked with me about what my answer should be
☐⁰⁵ Translated the questions into my language
☐⁶⁶ Helped in another way *(please describe how they helped in the box below):*

Please return your completed survey in the postage-paid envelope. Results will be available on the HQCA website. Thank you very much for your feedback. It will be used to make home care services in Alberta better!

Thank you for completing this survey. Your opinions are important to us. We understand the topics covered in the survey questions may have caused you

distress when reflecting on your experiences. If you feel overwhelmed or distressed, we encourage to use these free and non-judgmental resources:

- Alberta Mental Health Help Line:
1 (877) 303-2642
- Distress Line (Edmonton and area): (780) 482-4357
- Distress Centre (Calgary and area): (403) 266-4357
- Distress Line of South Western Alberta: (403) 327-7905
- First Nations and Inuit Hope for Wellness Help Line:
1 (855) 242-3310
- Rural Distress Line:
1 (800) 232-7288
- 211 can help you find the right community and social services. You can dial 2-1-1 to speak to an Information & Referral Specialist, or search the online community resource directory <https://ab.211.ca/>, or chat online with them.

If you have concerns that have not yet been resolved, related to a specific personal healthcare experience, or that hasn't been included elsewhere in this survey, you should contact your case manager or facility administrator directly. Or you can contact the Alberta Health Services Patient Relations Department at:

Phone: 1-855-550-2555; Fax: 1-877-871-4340

Mail: Alberta Health Services Patient Relations, Suite 300 Seventh Street
Plaza, 10030-107 Street, Edmonton Alberta T5J E34

On-line at: <https://albertahealthservices.ca/about/Page12832.aspx>

If you would like the HQCA to submit your concern to Alberta Health Services on your behalf for further investigation, please check here: → ☐

If you check the box above and provide your contact information and concerns, the HQCA will share this information with Alberta Health Services. Depending on the nature of the concern, the information recorded on this page may be further investigated. This may involve 1) contacting you using the information below, and/or 2) sharing your concerns and contact information with your care provider and/or AHS Patient Relations Department.

Please note that all other survey responses will remain confidential.

Full name:

Phone number:

Please write down your concern below. Please note that AHS cannot follow up with concerns without sufficient detail or contact information provided.

If you have previously submitted this concern to Alberta Health Services, please check here: → ☐

APPENDIX II: SURVEY PROCESS, SAMPLING, AND RESPONSE RATES

Privacy, confidentiality, and ethical considerations

Health Quality Alberta is a provincial custodian and follows the *Health Information Act* (HIA) to ensure the privacy and protection of the health information it collects. Eligible respondents were provided information about the survey's purpose and process, were informed their participation was voluntary and that their information is confidential. Any person who declined to participate were removed from the survey process. Contact information was provided for individuals who had questions or concerns about the survey.

The Alberta Home Care Client Experience Survey

The survey population was expanded for the first time since Health Quality Alberta began surveying home and community care (formerly referred to as home care) clients in 2016. It now includes all clients aged 18 and older who are cognitively well and are acute, long-term supportive, maintenance, rehabilitation, and wellness clients. To be inclusive of the varying types of care and services clients receive, the survey questionnaire was amended following consultation of the literature, individuals accountable to home and community care in Alberta, and clients and family caregivers.

The survey was conducted by Health Quality Alberta in collaboration with Alberta Health Services (AHS) and Alberta Health (AH) – including members who are under the Ministry of Assisted Living and Social Services. The *2024 Alberta Home Care Client Experience Survey* is a 65-question self-reported experience survey, that covers a variety of topics about home and community care services in the following sections:

1. Becoming a home care client
2. Your case manager
3. Planning your home care services
4. Medications
5. Home care professional services
 - a. Professional care services
 - b. Compassion short form
6. Personal care services
 - a. Personal care services
 - b. Compassion short form
7. Additional care questions
 - a. Overall Rating of Home Care Services
 - b. Other questions

8. Other service needs
9. EQ-5D-5L which is a standardized measure of health status developed by the EuroQol Group that provides respondents the opportunity to self-report their health-related quality of life.³
10. About you

An evaluation of home and community care overall (i.e., Overall Care Rating) is included in the survey, an overall rating of professional care services and personal care services from *Poor* to *Excellent*, as well as a measure of whether home and community care enabled clients to stay at home. The survey also invited open-ended feedback about professional and personal care services, and unmet needs.

Survey protocol and sampling

The *2024 Alberta Home Care Client Experience Survey* was designed to be used with the largest proportion (approximately 88 per cent) of home and community care clients in Alberta. Specifically, cognitively well adults (18 years of age and older), **who are the following client types, as defined by AHS Seniors Health Provincial Home Care Service Guidelines (June 2012):**

- **Acute** – A client who needs immediate or urgent time-limited (within 3 months) interventions to improve or stabilize a medical or post-surgical condition.
- **Long-term supportive** – A client who is at significant risk of institutionalization due to unstable, chronic health conditions and/or living conditions(s) and/or personal resources.
- **Maintenance** – A client with stable chronic health conditions, living conditions and personal resources who requires ongoing support to remain at home.
- **Rehabilitation** – A client with a stable health condition that is expected to improve with a time-limited focus on functional rehabilitation. The rehabilitation plan specifies goals and expected duration of therapy.
- **Wellness** – A client who receives only professional service for a single unmet need and does not require case management by AHS Continuing Care. The client has a stable health condition(s), living arrangements and personal resources and is otherwise able to identify and manage his/her health needs. A wellness client is expected to require AHS Continuing Care services for longer than three months. In the Edmonton Zone, a wellness client does not require any case management services from a Home Living Case Manager, and has a single unmet need that can be provided by an AHS professional for longer than three months, or, one personal care service or program enrollment (i.e., weekly bath assist, pressure gradient stocking support, Adult Day Program (CHOICE is excluded), urinary catheter change, or Medication Assistance Program).⁴

Eligible clients were identified from a list of all acute, long-term supportive, maintenance, rehabilitation, and wellness home and community care clients in Alberta. Current clients (defined as receiving one or

³ Canada (English) © 2009 EuroQol Group EQ-5D™ is a trademark of the EuroQol Group

⁴ Note, for the Edmonton Zone, this definition is from the *Wellness Client: Home Living Completing Meditech Intervention Entries* (July 2024) AHS, Edmonton Zone Practice Development Team

more personal or professional care services between July 2023 and January 2024) were surveyed beginning April 2024.

To be eligible to participate, clients met the following criteria:

- At least one professional or personal care service between July 2023 and January 2024.
- Acute, long-term supportive, maintenance, rehabilitation, or wellness client.
- Received home and community care services in all settings with the exception of Continuing Care Home type A (formerly long-term care), type B (formerly designated supportive living), or type C (formerly hospice), or a mental health home or shelter.
- Age 18 or older as of January 2024.
- Cognitive Performance Scale score of 0 and 1 (intact to borderline intact cognition).
- Valid mailing address
 - Existing postal code
 - No “care of” in address line
 - Address in Alberta

A three-stage mailing protocol was used to maximize response rate:

- Initial mailing of questionnaire packages (April 3, 2024)
- Postcard reminders to all non-respondents (May 17, 2024)
- Re-mailing of the questionnaire package with a modified cover letter to all non-respondents (June 25, 2024)
 - The modified cover letter added more explanation about the home and community care program. This was in response to the high volume of phone calls received during the survey period from eligible respondents, who initially were unsure they had received home and community care and could participate in the survey, until the program and its scope were described to them.

To obtain a valid address and reason for non-response, non-respondents and individuals whose survey packages contained an invalid address were contacted by phone.

Sampling and survey response rates

There were 36,550 individuals in Alberta who received home and community care identified as eligible to participate in the survey. This survey’s sampling technique was designed to ensure results were representative of the Alberta population receiving home and community care. Acute, long-term supportive, and maintenance clients were randomly sampled at eight large home and community care type 1 teams (those with more than 1,000 clients). Due to small zone-specific sample sizes, all eligible rehabilitation and wellness clients were surveyed. All clients of small home and community care type 1 teams (those with fewer than 1,000 clients) were surveyed to ensure sufficient sample size for reporting. In total, 27,808 clients were sampled.

Survey packages were mailed by Health Quality Alberta to eligible home and community care clients beginning April 15, 2024, using a modified Dillman Protocol. The complete survey package was initially mailed, followed by a postcard reminder, and a second survey package with modifications, including a definition of home and community care. Non-respondents were contacted by phone up to eight times in an attempt to obtain a valid address, reasons for non-response, or to conduct the survey over the phone. The survey was closed September 3, 2024. For an overview of the sampling frame, see **Figure 1**.

10,690 of a possible 27,808 clients responded to the survey, representing a 38 per cent response rate.

Table 1: Response rate by AHS zone

	Alberta (N = 27,808)	Calgary (N = 7,674)	Edmonton (N = 5,371)	Central (N = 7,896)	North (N = 3,849)	South (N = 3,018)
	%	%	%	%	%	%
Response rate	38	34	42	40	37	41

Note: Response rates by AHS zone ranged from a low of 34 per cent to a high of 42 per cent respectively.

Table 2: Response rate by client type

	Alberta (N = 27,808)	Acute (N = 6,499)	Long-term supportive (N = 5,089)	Maintenance (N = 9,642)	Rehabilitation (N = 516)	Wellness (N = 6,062)
	%	%	%	%	%	%
Response rate	38	34	38	42	33	40

Note: Response rates by client type ranged from a low of 33 per cent to a high of 42 per cent respectively.

Table 3: Response rate by geography

	Alberta (N = 27,766)	Metropolitan (N = 14,262)	Urban (N = 3,311)	Rural (N = 10,193)
	%	%	%	%
Response rate	38	37	42	40

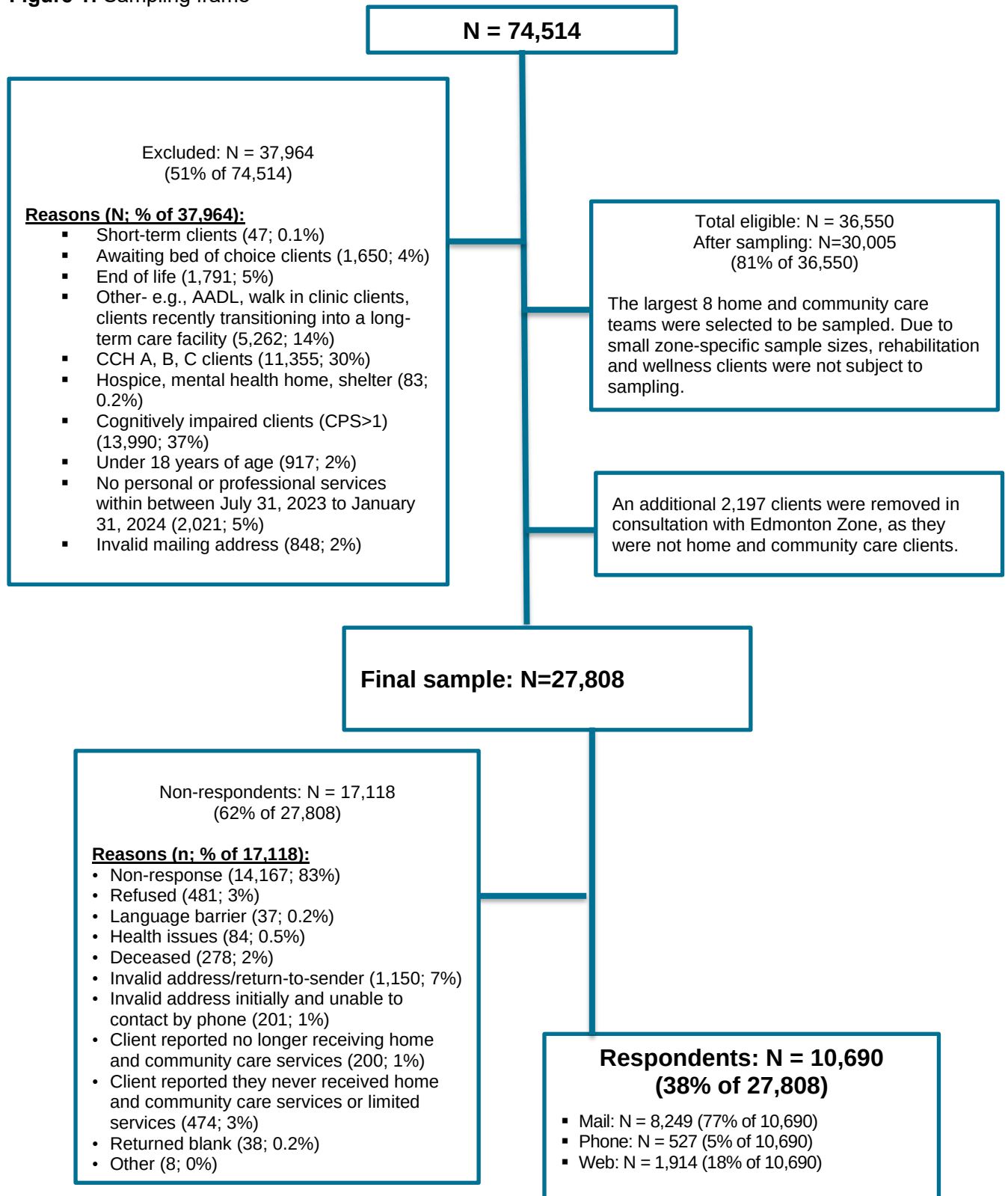
Note: Response rates by geography ranged from a low of 37 percent to a high of 41 per cent respectively.

Table 4: Response rate by age group

	Alberta (N = 27,808)	18-64 (N = 6,287)	65+ (N = 21,521)
	%	%	%
Response rate	38	24	43

Note: Response rates for clients aged 18 to 64 is 24 per cent and for clients aged 65 and older is 43 per cent, respectively.

Figure 1: Sampling frame



APPENDIX III: QUANTITATIVE METHODS

Data cleaning

Clients who answered fewer than 5 questions were classified as non-respondents and excluded from the analysis. This threshold was set to minimize the influence of incomplete responses, which may lack sufficient information to accurately reflect the client's experience or contribute meaningfully to aggregate results. Survey questions were analyzed and reported in their corresponding sections or topics they represent. Sections pertaining to professional and personal care services were defined for clients and clients were requested to skip irrelevant sections (i.e., professional, or personal care services). Skip pattern errors were identified using administrative data. If a client completed the section for professional or personal care service, but administrative data indicated they had not received the respective service within the six months preceding their completion of the survey, their responses to that section were removed.

Modeling

Survey questions were analyzed to understand their influence on the key outcome of client experience—Overall Care Rating (Q51). These questions were examined individually or as part of a latent theme, related to the same theme. Other outcomes of client experience included ratings of professional and personal care services (Q33 and Q50 respectively), and whether clients perceived that home care helped them to stay at home (Q54). These three outcomes were first examined in relation to Overall Care Rating, and then their associations with the drivers of the Overall Care Rating.

Reporting Overall Care Rating and drivers

The purpose of the *2024 Alberta Home Care Client Experience Survey* was to understand overall client experience of home and community care. The Overall Care Rating (Q51) asks clients, *Overall, how would you rate the quality of your home care services?* on a scale from 0 (*Worst*) to 10 (*Best*), and is the outcome measure that most comprehensively covers clients' overall experience in the survey.

How the Overall Care Rating results are displayed

Responses to the Overall Care Rating (Q51), captured on a 0-10 scale, were generally positive. On average, clients rated their overall experience of home and community care 8.4 out of 10. However, when you look at the full distribution of responses from 0 to 10 you can see that a single average score hides many respondents who respond less positively. To provide a more complete picture, and more accurately show the range of responses, response options to Q51 are combined into three categories:

- 0-4 responses classified as Unacceptable overall experience
- 5-8 responses classified as Mediocre overall experience
- 9-10 responses classified as a Great overall experience

Selection of drivers of overall client experience with home and community care

Each client was unique in the type of services they received, which influenced how they rated their overall experience. For example, clients who only received personal care services reflected on these services when rating their overall experience with home and community care. Also, not all questions

were applicable to all clients. For example, questions about personal care services did not apply to clients who received only professional care services.

Grouping clients by type of service

To address these differences in how clients responded to the survey, clients were grouped together by the type of services they received:

- Clients who only received professional care services
- Clients who only received personal care services
- Clients who received both professional and personal care services

Results were analyzed according to these groupings, to determine what drives (or most influences) overall client experience of home and community care.

Determining drivers based on the type of service clients received

We examined potential drivers (a driver represents a topic or theme) that may influence the Overall Care Rating for each group. **Table 5** shows which are relevant:

Table 5: Potential drivers by the type of service clients received

Potential drivers	Professional care only	Personal care only	Both types of care
Experience with care planning and case management	✓	✓	✓
Medication	✓	✓	✓
Experience with professional care services	✓		✓
Experience of passionate care of professional care staff	✓		✓
Experience with personal care services		✓	✓
Experience of passionate care of personal care staff		✓	✓
Unmet needs	✓	✓	✓

Each potential driver was included in the model to determine whether it had a strong relationship with client's overall experience with home and community care, as measured by the Overall Care Rating. Drivers, that have a strong influence on clients' overall experience, were then ranked to indicate their relative importance within each group.

Survey findings were organized into drivers of client experience, which were informed by survey question analysis and modeling results. Drivers by type of service clients received are presented in order of priority in **Table 6**. By comparing ranked drivers across the three client groups, we identified both common and group-specific drivers.

Table 6: Drivers of overall care experience by the type of service clients received

Type of service clients received	Drivers
Clients who received both professional and personal care services	Experience with Personal Care Services
	Experience of Compassionate Care Provided by Personal Care Staff
	Unmet Needs
	Experience with Care Planning and Case Management
Clients who received personal care services only	Experience with Personal Care Services
	Experience of Compassionate Care Provided by Personal Care Staff
	Experience with Care Planning and Case Management
Clients who received professional care services only	Experience with Professional Care Services
	Experience of Compassionate Care Provided by Professional Care Staff
	Unmet Needs

Development of composite scores

For reporting purposes, scores were developed for each driver. These average scores summarize questions that reflect a similar theme. The following sections of the questionnaire were considered for composite scores:

- Care planning and case management
- Professional care services
- Compassion – professional care services
- Personal care services
- Compassion – personal care services

These scores were not used in the analysis itself. Instead, the Overall Care Rating was modeled using Structural Equation Modeling (SEM). In this model, each potential driver was treated as a hidden measure (a latent variable⁵) that is based on related survey questions. While using these hidden measures helped us get more precise results, they can be hard to interpret on their own. To address this, we created summary scores for each driver, which are easy-to-read summaries of the same concepts that the latent variables represent.

Missing data

To develop the composite scores, clients were included in the factor analysis if they had no more than two questions without a valid response. The “N-2” criteria was also used in the *2018 Alberta Seniors Home Care Client Experience Survey*. Respondents with the minimum number of valid responses were included in the generation of composite scores. As a result, respondents who had at least eight valid responses for the ten professional care services items (N=4,241), eight valid responses for the ten personal care services (N=4,592) items, and two valid responses for the four care planning and case management (N=9,929) items were included in the generation of composite scores. Among respondents

⁵ A latent variable is an unobserved theme or construct that is inferred from multiple related survey items.

who met the N-2 criteria, we filled in any missing responses using multiple imputation. For the purposes of imputation, missing was regarded as true missing and non-valid response.

Factor analysis and Structural Equation Modeling

To calculate composite scores, survey questions were first transformed to a standardized 0 to 100 scale, where higher scores represented a more positive experience, and a lower score represented a more negative experience. For example, for frequency-based questions, responses were scaled so that 100=*Always*, 66.67=*Usually*, 33.33=*Sometimes*, 0=*Never*. Responses such as *I don't know*, or other non-relevant answers were treated as missing. A factor analysis was then conducted to validate whether items within each section measured a single underlying theme.

Due to missing values, factor analysis was conducted using the Expectation-Maximization algorithm which computes maximum likelihood estimations. It was confirmed that all ten professional care services questions (Q17-25 and Q27) loaded onto one single factor and all ten personal care services questions (Q34-42 and Q44) loaded onto one single factor. Questions 5-6, and questions 9-10 in the care planning and case management section loaded onto a single factor. Questions that loaded onto a single factor had a factor loading of 0.3 or higher and were retained for the composite score calculation. Items below this threshold were excluded, as they did not sufficiently contribute to the theme.⁶

Following the factor analysis, a structural equation model was constructed to confirm the factor structure and generate weights for computing the composite scores. Model fit was assessed using goodness-of-fit statistics post-estimation. Among respondents who met the N-2 criteria, a multiple imputation procedure was performed to estimate their missing values. Values across the imputations were averaged to obtain a single value. The average value for each question was then weighted based on the structural equation modeling coefficients so that questions that relate more strongly to the theme would be weighted slightly more than other questions within the same theme. The summary measures were then calculated by summing the individual scaled and weighted question scores, and dividing it by the number of items in the section. This yielded an average score out of 100 for each section.

Compassion

Clients were asked five survey questions that comprise the Sinclair Compassion Questionnaire-Short Form (SCQ-SF). The Sinclair Compassion Questionnaire-Short Form (SCQ-SF) is a patient reported compassion scale that has undergone rigorous psychometric testing^{7,8} and has been linked to enhanced quality care ratings and improved patient experience. See the [compassion measure website](#) here and access [more information here](#). To access resources and training pertaining to compassion, [click here](#).

⁶ Questions that were excluded from composite score calculation were included in the model as single questions for the analytics of overall care experience.

⁷ Sinclair S, Hack TF, MacInnis CC. The COMPASS Research Team, et al. Development and validation of a patient-reported measure of compassion in healthcare: the Sinclair Compassion Questionnaire (SCQ). *BMJ Open* 2021; 11: e045988. Doi:10.1136/bmjopen-2020-045988

⁸ Boss, H., MacInnis, C., Simon, R. et al. What role does compassion have on quality care ratings? A regression analysis and validation of the SCQ in emergency department patients. *BMC Emerg Med* 24, 124 (2024). <https://doi.org/10.1186/s12873-024-01040-8>

The SCQ-SF was included in **Section A: Home Care Professional Services** (Q28-32), and **Section B: Personal Care Services** (Q45-49) of the survey questionnaire. Questions in each section were combined and summarized into a single score from 1 to 5, resulting in two Compassion scores: Compassion – professional care services and Compassion – personal care services, with higher scores indicating a greater experience of compassion.

To calculate the compassion scores, responses were first scaled so that 5=*Strongly agree*, 4=*Agree*, 3=*Neutral*, 2=*Disagree*, 1=*Strongly disagree*. Response of *Not applicable* were treated as missing. Each compassion score was created for all respondents who answered a minimum of three of the five questions. A total of 6,016 clients were included in the professional care compassion score, and 5,647 clients in the personal care compassion score. For those included in the calculation, missing values were estimated through multiple imputation. To create the overall score, all individual items were summed and then a single mean score was calculated.

Historical comparison

Survey results for long-term supportive and maintenance clients aged 65 and older were compared between the 2018 and 2024 surveys. Only questions that remained identical in wording and response options across both years were included in the comparison. The following survey questions were compared: Q3, Q4, Q7, Q10, Q18, Q19, Q21, Q33, Q34, Q35, Q36, Q37, Q38, Q50, Q51, Q52, Q53, and Q57.

The comparison process involved two steps. First, a chi-square test was used to examine whether there were any statistically significant differences in the overall distribution of responses between the 2018 and 2024 survey years. For questions with more than two response options, a second step was conducted: first, responses were dichotomized into top-box (most favourable response(s)) and bottom-box (least favourable response(s)) categories. Then, separate chi-square tests were performed on these dichotomized variables to determine whether there were significant differences in the proportion of top-box and bottom-box responses between the 2018 and 2024 survey years. A historical difference was considered statistically significant at $p < 0.01$. Only when the p-value was less than 0.01 for both the top-box and the bottom-box comparisons was the question considered to show a statistically significant difference between the 2018 and 2024 survey years.

Statistically significant differences

Logistic regression was used to test for differences. For questions with more than two response options, responses were dichotomized into top-box (most favourable) and bottom-box (least favourable) categories. Chi-square tests were performed on these dichotomized variables to determine whether there were significant differences in the proportion of top-box and bottom-box responses across geographic location (metropolitan, urban, rural), AHS zone, age (younger and older than aged 65), and client type (acute, long-term supportive, maintenance, rehabilitation, and wellness). A statistically significant difference was considered at a $p < 0.01$. For top-box and bottom-box responses, a statistically significant difference was identified when there was a statistically significant difference in both dichotomizations.

APPENDIX IV: MODELING

Model building steps

A structural equation model was developed to identify the factors that influence the Overall Care Rating. Separate analyses were conducted for clients who received only professional care services, only personal care services, or both types of services. Different models were tested and refined based on fit indices. Variables were selected from client characteristics and specific survey questions to examine their relationship with the Overall Care Rating. The selection process was informed by survey data, literature, and stakeholder consultations. To ensure the analyses were representative, weights were applied to adjust for both sampling and nonresponse. Full Information Maximum Likelihood estimation was used to handle missing data, which makes use of all available data to produce more accurate estimates.

Drivers of the Overall Care Rating

The drivers were examined for their relationship with the Overall Care Rating. Each driver is described in **Table 7**.

Table 7: Description of each driver of the Overall Care Rating

Driver	Questions	Examples of topics in questions
Experience with Personal Care Services	Questions 34 thru 42 and Question 44	Client's experience with the number of personal care staff they had, experience communicating with personal care staff, scheduling, safety, and respect.
Compassionate Care Provided by Personal Care Staff	Questions 45 thru 49	Personal care staff attentiveness, gentle manor of care, personal care staff having a warm presence.
Unmet Needs	Questions 55 thru 57	Any service not provided by a government home care program, and included services clients may have paid for or were provided by family, friends, or volunteers. Unmet needs were calculated as a proportion of clients who reported having unmet needs—specifically, those who answered <i>Yes</i> to Question 55 and <i>No</i> to Q56 or Q57.
Experience with Care Planning and Case Management	Questions 5, 6, 9 and 10	Ability to reach the case manager when needed, case manager's effectiveness in arranging needed services, care plan coverage of needed services, and whether home care delivery aligned with the care plan.
Experience with Professional Care Services	Questions 17 thru 25, and Question 27	Client's experience with the number of professional care staff they had, experience communicating with professional care staff, and whether professional care needs were met, safe, and respectful.
Experience of Compassionate Care Provided by Professional Care Staff	Questions 28 thru 32	Professional care staff attentiveness, gentle manor of care, professional care staff having a warm presence.

Using a similar approach to the factor analysis used to construct composite scores, survey questions were evaluated to ensure they loaded onto the respective themes. Questions with factor loadings below

0.3 were excluded to maintain validity. The validated themes were then incorporated into the final structural equation model, with Overall Care Rating as the primary outcome variable.

A range of demographic and service-related variables were also included in the analysis, such as gender, age, geographic location of the clients, AHS zone, cognitive functioning, client self-reported health status, frequency of receiving professional or personal care services, help with the survey, and survey modality.

Covariates that did not show a significant association with Overall Care Rating, had minimal effect size, or contributed little to model fit were excluded from the final model to improve parsimony and interpretability. In each of the three models—based on type of services clients received (i.e., clients who received professional care services only, personal care services only, or both professional and personal care services)—the final set of themes and variables explained at least 70% of the variance in Overall Care Rating.

Other outcome measures of client experience

Each driver of overall client experience of home and community care was further verified with the following outcomes:

1. Stay at home (Q54)
2. Professional care services overall rating (Q33)
3. Personal care services overall rating (Q50)

The results showed that stay at home (Q54) and the Overall Care Rating were significant predictors of each other. However, this association was weak and no longer statistically significant when drivers were included in the model.

While some of the same drivers (e.g., care planning and case management and unmet needs) associated with the Overall Care rating were also associated with the stay at home outcome measure, the associations were weaker, and they explained a lower amount of the variance (13 per cent) in stay at home. This confirms that while the survey is a good measure of overall client home and community care experience as measured by the Overall Care Rating, it includes fewer questions that directly explain what influences clients' ability to stay at home. It is recommended that a tailored survey be created if the intent is for stay at home to be an outcome measure of focus in the future.

Similarly, the professional care services overall rating and personal care services overall rating were both highly correlated with the Overall Care Rating, but did not form a single theme, and so could not be examined within the same model. The professional care services and personal care services overall rating were then tested against their related drivers within corresponding type of service clients received (e.g., people who received personal care or professional care). Drivers that were significantly associated with Overall Care Rating also showed significant associations with the professional care services overall rating (e.g., Experience with Professional Care Services and Experience of Compassionate Care Provided by Professional Care Staff), and the personal care services overall rating (e.g., Experience with Personal Care Services, Experience of Compassionate Care Provided by Personal Care Staff, and Unmet Needs). The related drivers explained 72% of the variance in the professional care services overall rating and 75% of the variance in the personal care services overall rating.

Opportunities to improve overall client experience with home and community care

To determine specific areas for improvement based on survey results, a methodology was developed to identify questions with the greatest potential to enhance overall client experience with home and community care (measured by the Overall Care Rating). The selection of questions was guided by two principles:

- The key outcome measure for improvement is the Overall Care Rating
- Selected questions needed to consider:
 - The strength of their relationship with the Overall Care Rating
 - The potential for improvement or room for improvement

In determining the potential or room for improvement, the goal is to improve the proportion of ratings in the highest categories (i.e., ratings of 9 or 10 out of 10).

Determining question strength and prioritization criteria

To prioritize questions provincially, four criteria were used. These are summarized in **Table 8** and described below in more detail.

Table 8: Prioritization criteria to determine questions for improvement

Criteria	Measured by:
1. Strength of the driver to the Overall Care Rating	Beta coefficient of latent variable (driver)
2. Strength of the question to the driver	Factor loading of the question to the driver (latent variable)
3. Potential room for improvement	$(100 - [\text{top-box score}]) / 100$
4. Question quality	Discrimination criteria from Item Response Theory (IRT) analyses

Strength of the Driver to the Overall Care Rating

The first consideration in determining opportunities for improvement was the strength of each driver's influence on the Overall Care Rating. This was assessed using the beta coefficient of the driver (latent variable), where higher beta values indicated a stronger relationship with the Overall Care Rating.

Strength of the question to the driver

Within each driver, individual survey questions were evaluated based on how well they represented the underlying theme. This was measured using factor loadings—statistical indicators of how strongly each question related to its latent theme. Questions with higher factor loadings were considered more representative of the driver, and therefore, more impactful.

Potential room for improvement

The potential room for improvement was calculated by subtracting each question's top-box score (the percentage of respondents choosing the most positive answer) from 100, then dividing the result by

100. This provided a standardized value showing how much room there was for improvement for each question.

To incorporate both the strength of the relationship of each question with the Overall Care Rating, while also considering the driver it is a part of, the driver's beta coefficient was multiplied by the factor loading of each question. This product was then combined with the score of room for improvement to obtain a final prioritization score where larger numbers indicate higher priority for improvement.

Question quality

While not included in how the survey questions were ordered, the final consideration in selecting questions for improvement was the quality of the question as indicated by the discrimination criteria from IRT analyses. Any questions with a discrimination of <1.35 were considered low-performing questions. They were excluded from determining questions for improvement and are presented at the bottom of the table with the ^ after the top-box score. All the survey questions that were found to have a relationship with the Overall Care Rating are presented in order of importance according to this prioritization process by the type of service clients received in **Table 9**.

From these ordered lists, we selected the top 12 survey questions which were used to generate the opportunities for improvement, provincially. These questions either belong to a stronger driver for one or more groups of the type of services clients receive, are more strongly associated with the driver, or have low top-box scores.

Table 9: Survey questions in order of priority by type of service clients received

Client who received both types of services			
Driver	Question	Top-box score	Bottom-box score
Experience with Personal Care Services	Q34. In the last 6 months, how do you feel about the number of different personal care staff you have had?	38% Very happy	10% Not happy
Experience with Personal Care Services	Q40. In the last 6 months, how often did personal care staff listen carefully to you?	51% Always	2% Never
Experience with Personal Care Services	Q42. In the last 6 months, how often did personal care staff explain things in a way that was easy to understand?	51% Always	5% Never
Experience with Personal Care Services	Q44. In the last 6 months, how often were you satisfied with the way your personal care service concerns were handled?	49% Always	3% Never
Experience with Personal Care Services	Q38. In the last 6 months, I was kept informed about when personal care staff would arrive.	59% Yes	15% No
Experience of Compassionate Care Provided by Personal Care Staff	Q46. My personal care staff were very supportive when they talked with me.	39% Strongly agree	1% Strongly disagree
Experience with Personal Care Services	Q35. In the last 6 months, I was notified when personal care staff could not come.	61% Yes	20% No

Experience of Compassionate Care Provided by Personal Care Staff	Q49. My personal care staff had a warm presence.	40% Strongly agree	1% Strongly disagree
Experience of Compassionate Care Provided by Personal Care Staff	Q45. I felt that my personal care staff were attentive to me.	41% Strongly agree	2% Strongly disagree
Experience of Compassionate Care Provided by Personal Care Staff	Q47. My personal care staff provided care in a gentle manner.	42% Strongly agree	1% Strongly disagree
Experience of Compassionate Care Provided by Personal Care Staff	Q48. My personal care staff saw me as a person and not just as a patient.	43% Strongly agree	1% Strongly disagree
Experience with Personal Care Services	Q39. In the last 6 months, my personal care staff made me feel safe.	87% Yes	2% No
Experience with Personal Care Services	Q36. In the last 6 months, personal care staff treated me with kindness even during difficult or embarrassing tasks.	89% Yes	1% No
Experience with Personal Care Services	Q41. In the last 6 months, how often did personal care staff respect your ethnic and cultural needs?	71% Always	3% Never
Experience with Care Planning and Case Management	Q9. My care plan included (most/some/almost none) of the things I needed.	76% Most	2% Almost none
Experience with Care Planning and Case Management	Q10. In the last 12 months, home care provided (most/some/almost none) of the things in my care plan.	78% Most	3% Almost none
Experience with Care Planning and Case Management	Q5. In the last 12 months, I was able to reach my case manager when I needed them.	80% Yes	4% No
Experience with Care Planning and Case Management	Q6. In the last 12 months, my case manager helped me get all the home care services that I needed.	81% Yes	4% No
Experience with Personal Care Services	Q37. In the last 6 months, personal care staff encouraged me to do things for myself if I could.	62% Yes^	18% No^
Client who only received professional care services			
Driver	Question	Top-box score	Bottom-box score
Experience with Professional Care Services	Q22. How often did professional home care staff explain things in a way that was easy to understand?	60% Very happy	5% Not happy
Experience with Professional Care Services	Q17. How do you feel about the number of different professional care staff you have had?	57% Always	5% Never
Experience with Professional Care Services	Q24. How often did professional home care staff listen carefully to you?	71% Always	1% Never
Experience with Professional Care Services	Q21. In the last 6 months, my professional home care staff gave me choices about how care was provided.	62% Yes	18% No

Experience with Professional Care Services	Q27. In the last 6 months, how often were you satisfied with the way your professional care services concerns were handled?	66% Always	2% Never
Experience with Professional Care Services	Q18. Did professional home care services meet your needs for managing your pain?	61% Yes	18% No
Experience of Compassionate Care Provided by Professional Care Staff	29. My professional care staff were very supportive when they talked with me.	52% Strongly agree	2% Strongly disagree
Experience of Compassionate Care Provided by Professional Care Staff	32. My professional care staff had a warm presence.	53% Strongly agree	1% Strongly disagree
Experience of Compassionate Care Provided by Professional Care Staff	31. My professional care staff saw me as a person and not just as a patient.	54% Strongly agree	1% Strongly disagree
Experience of Compassionate Care Provided by Professional Care Staff	28. I felt that my professional care staff were attentive to me.	53% Strongly agree	3% Strongly disagree
Experience of Compassionate Care Provided by Professional Care Staff	30. My professional care staff provided care in a gentle manner.	55% Strongly agree	2% Strongly disagree
Experience with Professional Care Services	Q20. In the last 6 months, my professional home care staff made me feel safe.	83% Yes	6% No
Experience with Professional Care Services	Q23. In the last 6 months, how often did professional home care staff treat you with courtesy and respect?	88% Always	1% Never
Experience with Professional Care Services	Q25. In the last 6 months, how often did professional home care staff respect your ethnic and cultural needs?	82% Always	4% Never
Experience with Professional Care Services	Q19. Did professional home care services meet your needs for setting up your home so you could move around safely?	56% Yes^	27% No^
Clients who only received personal care services			
Driver	Question	Top-box score	Bottom-box score
Experience with Personal Care Services	Q34. In the last 6 months, how do you feel about the number of different personal care staff you have had?	41% Very happy	11% Not happy
Experience with Personal Care Services	Q40. In the last 6 months, how often did personal care staff listen carefully to you?	52% Always	1% Never
Experience with Personal Care Services	Q42. In the last 6 months, how often did personal care staff explain things in a way that was easy to understand?	50% Always	7% Never
Experience with Personal Care Services	Q44. In the last 6 months, how often were you satisfied with the way your personal care service concerns were handled?	49% Always	2% Never

Experience of Compassionate Care Provided by Personal Care Staff	Q46. My personal care staff were very supportive when they talked with me.	39% Strongly agree	1% Strongly disagree
Experience of Compassionate Care Provided by Personal Care Staff	Q49. My personal care staff had a warm presence.	43% Strongly agree	1% Strongly disagree
Experience of Compassionate Care Provided by Personal Care Staff	Q48. My personal care staff saw me as a person and not just as a patient.	41% Strongly agree	2% Strongly disagree
Experience of Compassionate Care Provided by Personal Care Staff	Q45. I felt that my personal care staff were attentive to me.	39% Strongly agree	2% Strongly disagree
Experience of Compassionate Care Provided by Personal Care Staff	Q47. My personal care staff provided care in a gentle manner.	43% Strongly agree	0% Strongly disagree
Experience with Personal Care Services	Q38. In the last 6 months, I was kept informed about when personal care staff would arrive.	62% Yes	15% No
Experience with Personal Care Services	Q35. In the last 6 months, I was notified when personal care staff could not come.	60% Yes	22% No
Experience with Personal Care Services	Q39. In the last 6 months, my personal care staff made me feel safe.	87% Yes	1% No
Experience with Personal Care Services	Q41. In the last 6 months, how often did personal care staff respect your ethnic and cultural needs?	72% Always	3% Never
Experience with Personal Care Services	Q36. In the last 6 months, personal care staff treated me with kindness even during difficult or embarrassing tasks.	89% Yes	2% No
Experience with Care Planning and Case Management	Q9. My care plan included (most/some/almost none) of the things I needed.	73% Most	1% Almost none
Experience with Care Planning and Case Management	Q10. In the last 12 months, home care provided (most/some/almost none) of the things in my care plan.	79% Most	2% Almost none
Experience with Care Planning and Case Management	Q6. In the last 12 months, my case manager helped me get all the home care services that I needed.	83% Yes	4% No
Experience with Care Planning and Case Management	Q5. In the last 12 months, I was able to reach my case manager when I needed them.	83% Yes	3% No
Experience with Personal Care Services	Q37. In the last 6 months, personal care staff encouraged me to do things for myself if I could.	63% Yes^	19% No^

APPENDIX V: Help with the survey

Questions 64 and 65 of the survey were used to evaluate whether help with the survey impacted results. Question 64 asked, *Did someone help you complete this survey?* Provincially, approximately 34 per cent of clients reported they received help. For most, this help was received from another family member other than a spouse.

Table 10: Provincial summary of responses for Q64

	Number of respondents
No	6,628
Yes, my spouse	1,205
Yes, another family member	1,761
Yes, home care staff	58
Yes, someone else	412

When clients answered that someone did help them, they answered Question 65, *If yes, how did that person help you?* Provincially, the top responses chosen were *Read the questions to me* and *Wrote down the answers I gave*.

Table 11: Provincial summary of responses for Q65

	Number of respondents
Read the questions to me	1,866
Wrote down the answers I gave	1,683
Answered the questions for me	643
Talked with me about what my answers should be	687
Translated the questions into my language	191

Significance of help and Overall Care Rating

Approximately **13 per cent** of clients reported they received significant help when completing the survey, in their response to Question 65. Significant help was defined as instances clients responded that someone else *Answered questions for me*, *Talked with me about what my answers should be*, or when facility or home and community care staff provided the help.

Table 12: Provincial summary of help in completing the survey

	Alberta N = 10,061
	%
No help	66
Some help	21
Significant help	13
Total	100

To determine if the overall experiences of clients differed relative to the type of help they received, the Overall Care Ratings of those who received significant help in completing the survey were compared to clients who reported they received some or no help. Clients who received some help or significant help were less likely to report a *Great* Overall Care Rating than clients who received no help. Clients who received some help were more likely to report an *Unacceptable* Overall Care Rating of 0-4 out of 10 than clients who received no help. Overall Care Ratings do not significantly differ between clients that received some help and those that received significant help.

Table 13: Overall care rating by type of help

	Great Overall Care Rating N = 9,242	Unacceptable Overall Care Rating N = 9,242
	%	%
No help	58	4
Some help	50	5
Significant help	49	4

Other outcome measures (e.g., stay at home, professional care service overall rating, and personal care service overall rating) and the six drivers of the Overall Care Rating were examined to determine if experience differed relative to the type of help clients received. Of these measures, only professional care service overall rating significantly differed by help status. Participants who received help were less likely to give a *Good* or *Excellent* rating and more likely to give a *Fair* rating for professional care services. No differences were observed with other outcomes.

As most of the key measures did not differ by whether clients received help completing the survey, the combined results can be trusted to provide a reliable and accurate reflection of clients' experiences. For more information on how this was addressed, see **Appendix IV**.

APPENDIX VI: COMMENTS ANALYSIS

The survey contained three open-ended questions:

- *Do you have any concerns about your professional care services? If you wish, please describe your concerns (Q26B)*
- *Do you have any concerns about your personal care services? If you wish, please describe your concerns (Q43B)*
- *In the last 6 months, was there any service of any kind that you felt you needed but didn't get? If you wish, please describe (Q55B)*

2,890 clients provided a comment. A breakdown of comments per question is provided in **Table 14**.

Table 14: Number of comments by question

	Q26B	Q43B	Q55B
Number of comments	N = 1,216	N = 1,107	N = 1,507

Comments were analyzed for themes by two analysts using NVivo 12, a qualitative data analysis software, and ensured validity. Common themes were identified across all open-ended questions. This suggests similar concerns underpin respondents' experiences regardless of whether clients receive either or both professional and personal care services. Therefore, the themes summarize findings as a whole. Of note, these themes may not accurately reflect rehabilitation clients' experiences as rehabilitation clients comprised only one per cent of respondents who provided a comment. Suggestions for improvement grounded in clients' comments that reflect clients' recommendations and the analysts' interpretations of clients' insights are integrated throughout the themes.

Themes were also analyzed for differences in how respondents described their experience, according to the following variables:

- Geographic location (metropolitan, urban, and rural)
- AHS zone
- Age (younger and older than age 65)
- Client type (acute, long-term supportive, maintenance, rehabilitation, and wellness)

A breakdown of the number of respondents who provided a comment by each variable is provided in **Tables 15** through **Table 18** below.

Most commenters were over the age of 65 (83 per cent), lived in metropolitan locations (56 per cent), in Edmonton (34 per cent) and Calgary (27 per cent) zones, and were long-term supportive (21 per cent) and maintenance (41 per cent) clients. Given a considerable proportion of comments came from these groups of clients, analysis focused on where there were notable differences when the content of the theme was described uniquely or distinctly. Where notable differences in client experience were identified, they are reported.

Table 15: Number of respondents who provided a comment by age group

	18-64	65+
Number of comments	N = 491	N = 2,399

Table 16: Number of respondents who provided a comment by AHS zone

	Calgary	Central	Edmonton	North	South
Number of comments	N = 773	N = 521	N = 969	N = 330	N = 297

Table 17: Number of respondents who provided a comment by client type

	Acute	Long-term supportive	Maintenance	Rehabilitation	Wellness
Number of comments	N = 511	N = 612	N = 1,180	N = 34	N = 553

Table 18: Number of respondents who provided a comment by geographic area

	Metropolitan	Urban	Rural
Number of comments	N = 1,616	N = 918	N = 356

Client reported unmet service needs

Clients' top three unmet service needs were determined by frequency of comments. Clients also voiced many needs within or outside of the scope of home and community care in their comments to any of the open-ended questions. A comprehensive list of all the needs clients specified, is provided in alphabetical order in **Table 19**. This list may be used by home and community care providers and decision-makers to inform present and future care and services that support clients' health and wellness and their ability to stay at home.

Table 19: Reported unmet needs in response to any of the survey open-ended questions

24-hour care and supervision
Access to and attending adult day or specialized programs
Additional help (i.e., more care, hours, services)
Assistance with shopping in general
Caring for pets including walking, feeding, and picking up or removing waste
Catheter care to address leaks and blockages
Companionship that offers socialization and community outings
Cultural needs
Diet and nutrition monitoring
Dressing assistance
Earwax removal
Evening care to help clients get ready for and into bed
Filling in forms, applications, and documents

Foot care to maintain foot health especially for clients living with diabetes
Funding for caregivers to compensate family and friends for their time and effort in helping clients stay at home
Getting the mail and reading emails
Haircuts, hair care, and facial grooming
Home assessment and modifications such as walk-in showers, grab bars, hospital beds, or lifts and ramps
Home repairs, maintenance, and modifications to improve accessibility, including financial assistance
Housekeeping that is thorough and frequent such as to clean floors and dust, including financial assistance
Housing and employment support
Laundry including washing, drying, and putting away clothing
Manage, remind, and especially accompany clients to appointments
Managing finances including banking and filing taxes
Meal assistance, preparation, and cooking of nutritious meals
Medical testing and monitoring such as blood and urine tests, and glucose and blood pressure monitoring
Medication reminders and administration
Mental health and addiction services for clients and family such as psychiatrists, psychologists, or counsellors
Mobility and transferring assistance such as getting to meals, in and out of bed, or support on outings
Obtaining and visiting a family doctor or nurse practitioner
Overnight care to provide support as needed and enhance safety of clients
Pain management such as support with medicated creams, medications, therapies and exercise
Peri-care including provision of sanitary techniques to minimize risk of infection
Picking up and delivering medications
Putting on and taking off compression stockings
Regular and thorough bathing assistance two to three times per week and clean-up of bathing area
Regular wellness check-ins, especially when ill
Respite and additional hours of care so caregivers can rest and tend to responsibilities knowing clients are safe
Shopping for and delivering food and necessities or providing financial assistance for grocery delivery
Skin care including putting lotion or cream on the body in a gentle manner
Specialty services including chiropractic, dentistry, optometry, and speech therapy
Support to access and financially purchase supplies such as incontinence products, urology and ostomy supplies and bandages
Therapies such as physical therapy, physiotherapy, massage therapy, and occupational therapy, including financial assistance
Timely and affordable access to and maintenance of mobility aids
Toileting assistance when needed
Transportation to medical appointments or financial coverage or assistance to cover the cost of travel
Trimming finger and toenails especially to maintain foot health
Utilize multidisciplinary teams to best address the needs of clients' living with complex medical conditions
Wound care including more time and supplies
Yard work and snow removal including financial assistance

APPENDIX VII: ENGAGEMENT WITH STRATEGIC HEALTH PARTNERS

Feedback was received through engagements and evaluations of the 2015 and 2018 *Alberta Seniors Home Care Client Experience Survey* to expand the scope of the survey to a broader group of home and community care clients. It was felt this would facilitate a broader understanding of the home and community care population in Alberta and help identify areas of success and opportunities to improve services.

We addressed this feedback in 2022-23 and engaged with a broad array of participants in the home and community care sector to affirm the expanded population, explore information needs, and refresh the survey to be relevant. This included conversations with system-level leaders, home and community care operations leadership, contracted home and community care providers, frontline home and community care staff, home and community care clients and family caregivers, Health Quality Alberta staff and leadership, and Health Quality Alberta's Patient and Family Advisors.

The results of the engagement affirmed the expanded scope, to include all adults aged 18 and older, who were acute, long-term supportive, maintenance, rehabilitation, and wellness clients. Further, the previous 2018 survey was refreshed to address information needs identified during engagement, and to ensure relevance to the expanded scope of clients. This included:

- Addition of new questions, such as questions relating to becoming a home and community care client.
- Revising the recall period to 6 months for some questions, making refinements to reflection periods as well as to response options to enhance clarity and to be more inclusive of clients' diverse experiences.
- Removal of questions if they were found to have limited utility (based on statistical analysis of previous survey iterations).

Though the scope of the survey has been expanded, we recognize there continues to be limitations. We are not surveying all types of home and community care clients. Further, the survey cannot provide in-depth information about the unique experiences of some clients, such as: short term, cognitively impaired, pediatric, and houseless clients. The survey also continues to be available only in English, limiting whom can participate. We continue to reflect on how to explore and better understand clients' diverse experiences, and to ensure the survey is responsive and inclusive.

KEY TERMS

Acute care client: A client who needs immediate or urgent time-limited (within 3 months) interventions to improve or stabilize a medical or post-surgical condition.

Average: The sum of scores, divided by the total number of scores. This is also known as a mean.

Bottom-box: A way to present the least favourable response(s) to a particular question.

Care meeting or care conference: The client, case manager, and/or families discuss the client's care needs and create a personal care plan to support the client's independence and wellness.

Care plan: Is an evolving written document created by a case manager and/or interdisciplinary team and client, and includes the client's assessed unmet healthcare needs, healthcare goals, and approved interventions.

Case manager: Is an Alberta Health Services health professional accountable for providing case management services. The case manager assesses client needs, determines service options, makes service recommendations and referrals, and monitors service delivery. The case manager is responsible for reassessment, waitlist and discharge of clients, and coordination of care transitions to other care settings.

Cognitive Performance Scale score (CPS): This is a measure of the presence and degree of cognitive impairment, assessed using the Resident Assessment Instrument – Minimum Data Set (RAI-MDS), which considers memory impairment, level of consciousness, and executive function. Scores range from 0 (cognitively intact) to 6 (very severe impairment).

Composite score: A single score that summarizes a series of questions or items which share a similar topic or theme.

Driver: In this report, they are a representation of a theme that influences the Overall Care Rating.

Home and community care: Publicly funded, prescribed health goods and services provided by a home and community care provider to an eligible person in their home or community, excluding facility-based care or supportive living services. It is governed by the legislated requirements and services as per the *Continuing Care Act* and Continuing Care Regulations.

Long-term supportive client: A client who is at significant risk of institutionalization due to unstable, chronic health conditions and/or living conditions(s) and/or personal resources.

Maintenance client: A client with stable chronic health conditions, living conditions, and personal resources who requires ongoing support to remain at home.

Metropolitan (Metro): Determined by using postal codes, a metro location is defined as the cities of Calgary and Edmonton. It also includes areas immediately surrounding Calgary and Edmonton, known as commuter communities and are metro influenced areas.

Personal care services: Often provided by staff such as health care aides, personal care services may include support with personal hygiene, dressing, toileting and incontinence management, and mobilizing and transferring.

Professional care services: Provided by professional staff, such as nurses and therapists, professional care services may include services such as assessment of health, treatments and procedures, and rehabilitation to enhance function.

Rehabilitation client: A client with a stable health condition that is expected to improve with a time-limited focus on functional rehabilitation. The rehabilitation plan specifies goals and expected duration of therapy.

Rural: Determined by using postal codes, a rural location is up to 200 kilometres from a metro or urban centre, and is populated by fewer than 10,000 people. Also included are large rural centres and surrounding areas that have populations of 10,000 to fewer than 25,000, and remote areas located more than 200 kilometers from a metro and urban centre.

Statistical significance: In this report, statistically significant means the probability of the event occurring by chance alone is less than or equal to one per cent ($p \leq 0.01$).

Top-box: A way to present the most favourable response(s) to a question.

Type 1 provider: The regional health authority provides home and community care directly to a client.

Type 2 provider: A provider who has an agreement with the regional health authority to deliver home and community care.

Urban: Determined by postal codes, a Urban centre is defined as a location populated by more than 25,000 people, but fewer than 500,000 people, as well as local surrounding geographic areas.

Wellness client: A client who receives only professional service for a single unmet need and does not require case management by AHS Continuing Care. The client has stable health condition(s), living arrangements and personal resources and is otherwise able to identify and manage their health needs. A wellness client is expected to require AHS Continuing Care services for longer than three months. In Edmonton Zone, a wellness client does not require any case management services from a Home Living Case Manager, and has a single unmet need that can be provided by an AHS professional for longer than three months, or, one personal care service or program enrollment (i.e., weekly bath assist, pressure gradient stocking support, Adult Day Program (CHOICE is excluded), urinary catheter change, or Medication Assistance Program.⁹

⁹ Note, for the Edmonton Zone, this definition is from the *Wellness Client: Home Living Completing Meditech Intervention Entries* (July 2024) AHS, Edmonton Zone Practice Development Team