
2026 HOME AND COMMUNITY CARE CLIENT EXPERIENCE SURVEY – REQUEST FOR PROPOSAL

1.0 Introduction

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 (see <http://www.hqa.ca>).

1.1 Project description

The project is an initiative of Health Quality Alberta to obtain feedback from home and community care clients about the quality of care and services they receive. This feedback is used to report on the current state of home and community care from the perspective of clients, and to provide stakeholders and providers of home and community care services with information that can be used to inform ongoing quality improvement efforts.

This feedback is captured through Health Quality Alberta's *Home and Community Care Client Experience Survey*. Health Quality Alberta is seeking a vendor to conduct a 3-stage mail survey (self-administered) of clients receiving home and community care in Alberta. The survey protocol includes the provision of web and phone-based data collection, and phone support, detailed in Section 3.

The full version of the survey includes approximately 65 closed-ended items, and four open-ended items (Appendix C and Appendix C-2). Health Quality Alberta may make minor modifications to the tools and supporting materials, but these will not add notably to page length or number of items.

The survey process, including receipt of final dataset, will take place from September 2026 to November 2026 and will involve approximately 20,000 to 30,000 potential respondents. The vendor is strongly encouraged to strive for a minimum 50 per cent response rate.

2.0 Project Deliverables

The objective of the project is to conduct a mail survey of home and community care clients according to the specified methodology section (Section 3), capture data from this survey, and generate data files. Other aspects of the broader study, such as related analysis and reporting, are not part of this RFP.

The following highlight what the vendor will be responsible for:

- 2.1 A web-based version of the survey, sent directly to clients with a valid email address, and include an option for clients to be mailed a paper survey. The web-based survey will mirror the paper survey in appearance and layout, to the extent possible, with one exception. It will also include Appendix B, C, and C-2. For further details see Section 3.
- 2.2 Paper survey packages for eligible clients, who do not have an email address, that will be delivered by direct mail. The survey package components are found in Section 3.

- 2.3 A brief report documenting printing and distribution of survey packages, response to questions that respondents have about the survey, detailed response disposition (Appendix H), and any coding issues.
- 2.4 A preliminary data file must be provided to Health Quality Alberta four weeks from when the survey is first in the field.
- 2.5 A survey administrative data file of all sampled records for documentation of the survey process. Required variables and disposition codes for this data can be found in Appendix H. This file must be provided to Health Quality Alberta within 2 weeks of closing in the field.
- 2.6 Brief weekly updates sent to Health Quality Alberta's Project Lead (via email) detailing the number of respondents for whom the protocol is complete (survey complete and non-response), for the past week and cumulative total.
- 2.7 A phone support option that respondents can utilize for support to fill out the survey, for general questions about the survey, and information about Health Quality Alberta. Health Quality Alberta will provide a fact sheet, a sample of which can be found in Appendix F.
- 2.8 An Excel data file of three open-ended survey questions (Appendix C: Question 26B, 43B, and Question 55B) must be provided for all records on a weekly basis, on Fridays before 5 p.m. Mountain Time, in addition to an Excel file compiling all records at the end of survey data collection for the questions. These Excel files must organize comments for each open-ended question in separate tabs. For further details see Section 3.
- 2.9 PDF scans of additional text comments written as a continuation of the open-ended survey questions (Appendix C: Question 26B, 43B, and Question 55B) that move outside of the text box, on the back of surveys, attached as letters, or similar, must be provided on a weekly basis, on Fridays before 5 p.m. Mountain Time. For further details see Section 3. These PDF scans are unrelated to "Concerns" in 2.10 below.
- 2.10 An additional data file for the fourth open-ended item "Concerns" (Appendix C-2) must be provided for all records on a weekly basis, on Fridays before 5 p.m. Mountain Time. For further details see Section 3.
- 2.11 A file containing all the names and complete contact information of survey participants to be delivered after survey close, to allow Health Quality Alberta to inform participants of report availability and findings.

3.0 METHODOLOGY

The materials in the appendices are considered part of the protocol the vendor will follow. The vendor is encouraged to provide feedback on project materials and the survey protocol for general improvements and suggested changes to increase response rate. Health Quality Alberta is open to alternate processes that expedite timelines and/or decrease costs. In outlining the proposed protocol, the vendor must clearly specify their processes, methods, workflow, tasks, data collection methodology, and process to protect data. Health Quality Alberta and the vendor will collaborate to ensure agreement on protocols and communication materials prior to the start of surveying. Health Quality Alberta will have final approval of all external communication materials.

Health Quality Alberta must be immediately informed of any errors in executing the survey protocol and any breaches of privacy and confidentiality.

3.1 Sample description

- 3.1.1 The projected number of clients included in the initial sample (to be included in the survey process) is between 20,000 and 30,000.
- 3.1.2 Health Quality Alberta will provide the survey sample dataset with contact information to the vendor by July 17, 2026.
- 3.1.3 Final sample size will be determined just prior to survey rollout. A cost adjustment table must be provided by the vendor to specify exact costs should sample size be increased or decreased.

3.2 Survey tools

The survey forms and materials provided have been designed and formatted according to the requirements of the population being surveyed. This includes use of 14-point font and generous “white space”. This requires a longer survey form, but one which is better suited for completion by members of this population. As such, substantive changes to formatting are not allowed, and any changes must be approved by Health Quality Alberta.

- 3.2.1 The initial survey instruments and mailing materials are provided in Appendix B and Appendix C.
- 3.2.2 Health Quality Alberta may make minor modifications to the tools and supporting materials, but these will not add notably to length or number of items.
- 3.2.3 The final survey instrument, of approximately 65 items, will be provided to the successful vendor by July 30, 2026 (Appendix C).
- 3.2.4 Final print proofs must be approved by Health Quality Alberta. The survey forms must be serialized with a unique identifier (excluding the letter O and the number 0), printed single-sided, and optimized for data capture.
- 3.2.5 Final web-based survey must be approved by Health Quality Alberta. The first question in the online survey must be: “Are you [CLIENT NAME]” Yes/No
 - a. IF YES = proceed with survey
 - b. IF NO = ask for email address of [client] and repeat with new email address. If no email address of client, trigger physical mail protocol.

3.3 Survey Protocol

The protocol utilizes a primarily mail mode protocol using 3 mail/email stages (modified Dillman protocol), with an option of fourth stage follow-up phone contact.¹

¹ The fourth stage phone contact may be dropped or modified from current protocol based on budget considerations.

We anticipate a data collection timeframe of September 8, 2026, to October 27, 2026. Data collection timeline may extend past October 27th if surveys continue to be received after this date. The decision to extend data collection timeline will be determined by Health Quality Alberta’s Project Lead. The project is anticipated to be completed 2 weeks after survey closes, once Health Quality Alberta receives the final dataset.

General components (calendar days):

Day	Stage	Paper	Web-based
Day 0	Stage 0	Pre-survey rollout	Pre-survey rollout for clients without a complete address and obtained email address
Day 1	Stage 1	Mailing of questionnaire and cover letter (via mail and OPTIONAL email and phone)	1 st email of survey
Day 14	Stage 2	Reminder letter mailout	Reminder email
Day 28	Stage 3	Final mailing of questionnaire and new cover letter	Final reminder email

Projected dates for the above can be found in Appendix A.

3.3.1 Stage 0: Pre-survey rollout

- a. Vendor will perform data cleaning of contact list provided by Health Quality Alberta (estimated to be approximately 5% of sample). This involves:
 - For contacts without a complete physical address but with a phone number, the vendor will follow up via telephone with clients and:
 - i) Obtain a complete email address. If obtained, proceed with 3.3.1b. If there is no email address:
 - ii) Obtain complete mailing address.
 - Other procedures for identification of correct mailing address that do not rely on phone number may be considered (e.g., reverse address lookup, postal code search, etc.).
 - Up to four phone attempts (or as per suggestion of vendor) are to be made to contact clients to obtain a new email or physical address or correct the current one, over varying days and times.
 - If contacting by phone, the vendor must leave only one generic voicemail, and must follow the voicemail script outlined in Appendix E.
 - If no contact is made on these attempts the client’s disposition is coded as “Invalid phone number” (Appendix H), and a survey will not be sent to these clients. These clients are regarded as having completed the protocol.

- If a contact requests to no longer be contacted for any reason, related to or unrelated to the current survey, this will be coded as “Remove from contact list.”
 - All corrected and/or obtained contact information must be included in the delivery of the administrative dataset detailed in Section 2.5.
- b. The web-based survey will use Health Quality Alberta’s logo. Eligible clients with an email address captured via 3.3.1a will be sent the web-based survey directly. The email will come from a custom email address that contains HQA (e.g., @hqasurveys.ca) and will be addressed with the respondent’s name. Those who are mailed a paper survey also have the option to complete the survey online using a link and unique Survey ID provided by the vendor in the printed cover letter in the survey package (Appendix B).
- c. Survey packages will include the following:
- Introductory cover letter (Appendix B) and survey questionnaire (Appendix C and C-2) will be provided by Health Quality Alberta in electronic format and must be printed by the vendor according to Health Quality Alberta standards.
 - Cover letter (Appendix B) and the first page of the survey tool (Appendix C) to be printed in colour. All other materials are to be printed in black and white.
 - Each sampled respondent must have a unique Survey ID (excluding the number 0 and the letter O), to be tracked throughout the entire process which links all survey data (including comments) with all required administrative data.
 - Cover letters for survey mailings (both stages if needed) must be addressed to the clients and include the date of printing.
 - Cover letters must provide the option to complete the survey online using a link and unique Survey ID and by telephone. It is estimated that of all completed surveys less than 10 per cent will be via web and less than 2 per cent will be via telephone.
 - Survey return envelope must be Business Reply Mail with pre-address to vendor so there is no cost to the respondent for mailing, and mail charges only apply if the survey is returned.
 - Full survey package (all mailings) must use a full-size plain white envelope with a return address but not marked with any information referencing the content or reason for survey (e.g. no indication of the survey being about home care).
 - The vendor is encouraged to provide suggestions on design of survey packages and/or envelope to encourage participation.
- 3.3.2 Stage 1: Initial mailing: First email and physical mailing of full survey package which includes survey link, Survey ID access code, and telephone option.

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- 3.3.3 Stage 2: Reminder: First email reminder and remainder letter mailing and “invalid address” correction
- a. The email reminder will contain the same unique survey link to access the web-based survey and a telephone number for completion by phone.
 - b. The reminder letter (Appendix D) will be addressed similarly to the first mailing and include survey link, Survey ID access code, and telephone number. The reminder letter will be provided by Health Quality Alberta in electronic format and must be printed by the vendor according to Health Quality Alberta’s standards. These letters must be delivered concealed in a generic non-descript envelope.
 - c. Clients whose mail returned as invalid address or undeliverable will be contacted by telephone (if available) to obtain a new mailing address or email (preferred) following the protocol in 3.3.1.
 - If a new physical address (or email address) is obtained, a new survey package will be sent to the client, and the client’s disposition to be changed to “Resent”.
 - d. A preliminary data file must be provided to Health Quality Alberta following completion of Stage 2.
- 3.3.4 Stage 3: Final email reminder and mailing of full survey package.
- 3.3.5 Additional Phone Support
- a. The vendor is to provide a no-charge phone number to respond to basic questions from potential respondents (e.g., simple clarification about meaning of items, instructions or procedures). See Appendix F for a sample fact sheet.
 - b. Voicemails are to be checked at least once a day, and inquiries responded to by the following business day.
 - c. Establish a procedure to triage and refer more complex questions to the designated Health Quality Alberta’s Project Lead if required.
 - d. Any significant concerns or interactions with respondents regarding the survey process or other serious matters must be communicated directly to Health Quality Alberta, as soon as possible.
- 3.3.6 Record level tracking and documentation of survey process and dispositions
- a. The survey process must be documented with the variables provided in Appendix H (as a minimum).
 - b. Events such as return of survey materials or email bounce-backs, and current disposition of respondent must be kept up to date such that the date of return is documented accurately and responders are not emailed or mailed redundant material. Record dispositions must be up to date prior to each stage of the process.
 - c. Health Quality Alberta must be immediately informed of any errors in executing the survey protocol.

3.3.7 Data Capture (scanning or data entry)

- a. For capture of mail survey data, either double entry for manual data entry, or scanned data capture with optical character recognition of closed-ended responses and verification step for ambiguous responses is acceptable. Preference is that scanned forms be used.
- b. Coding for capture of data from paper forms and web forms must be identical. The data must be combined into a single data file and must be identified with a “source” variable to identify the modality of how the survey data was collected.
- c. The vendor should generate variable names, which should reflect question number and, where possible, should be identical between the full self-administered survey and web version.
- d. The generated variable names and response choice coding will be presented to and approved by Health Quality Alberta prior to the start of surveying.
- e. There are four open-ended comments comprised in the survey package: three open-ended survey questions (Appendix C: Question 26B, 43B, and 55B), and one open-ended item “Concerns” (Appendix C-2). The vendor must provide raw verbatim comments and anonymize the comments of *each* of the three open-ended survey questions and provide raw verbatim comments only for Concerns. In all cases open-ended comments must be typed (no optical character recognition). See Section 3.3.8 below for further instructions. For the anonymization guide, see Appendix G.

3.3.8 Data files

- a. A full record level data file representing the full survey administration process must be provided to Health Quality Alberta within 1 week of closing the field. This may be provided as an Excel file. All field names and codes must be labeled or annotated.
- b. The survey data files must be provided as an Excel file, with full labels for all variables and values.
- c. An Excel data file of three open-ended survey questions (Appendix C: Question 26B, 43B, and Question 55B) must be provided for all records on a weekly basis, before 5 p.m. Mountain Time Friday, in addition to an Excel file compiling all records at the end of data collection. These Excel files must organize comments for each open-ended question in separate Excel tabs. Each question’s tab must include the Survey ID number and question number for all comments (typed, not optical character recognition). The files must also not contain duplicate entries. Approximately 10 to 14 per cent of all returned surveys are expected to contain content for each open-ended response. We expect a cumulative 3,500 comments for a respondent size of 10,000 (assuming a sample size of 20,000 with a 50% response rate). The average expected length of each comment is 17 to 31 words. The expected minimum number of comments per week will be negotiated between Health Quality Alberta and the vendor ongoingly and as data is available (e.g., 350 comments). Text comments in each open-ended question’s tab must be captured in the following ways:

- Raw verbatim comments.
 - Anonymized comments: Each comment to be edited using a predefined anonymization guide (Appendix G) by removing key words or phrases. Expected task time: 3 to 4 minutes per open ended comment.
- d. PDF scans of additional text comments written as a continuation of the open-ended survey questions (Appendix C: Question 26B, 43B, and Question 55B) that move outside of the text box, on the back of surveys, attached as letters (e.g., comments may say “see attached”), or similar. All PDF scans must contain a Survey ID number in the file name and be provided on a weekly basis, before 5 p.m. Mountain Time Friday. These PDF scans are unrelated to “Concerns” responses outlined below.
- e. An additional data file for the fourth open-ended item “Concerns” (Appendix C-2) must be provided for all records on a weekly basis (before 5 p.m. Mountain Time Friday) and must include relevant variables as indicated by Health Quality Alberta. In addition, additional text comments written as a continuation of this open-ended item that move outside the text box (Appendix C-2), on the back of surveys, attached as letters (e.g., comments within this item may say “see attached”), or similar, must also be captured. Approximately 30 per cent of all returned surveys are expected to contain a response to this item. Text comments for this item are to be captured verbatim.
- f. A final cleaned data file must be provided according to Health Quality Alberta’s secure data transfer requirements, within 2 weeks of closing in field.
- g. A final data file of each participating client’s name and complete contact information (i.e., email address, mailing address, phone number).

3.4 Survey sample breakdown

The project is expected to capture approximately 20,000 to 30,000 potential respondents. The response is 50 per cent for an expected return survey size of approximately 10,000 to 15,000 for data capture.

Sample breakdown:

Initial eligible sample	N = 20,000	N = 25,000	N = 30,000
Number likely needing address look-up and/or phone follow-up (5%)	1,000	1,250	1,500
Number of Respondents; 50% response rate	10,000	12,500	15,000
Number likely needing address look-up and/or phone follow-up due to “Return-to-Sender (but not refusal)” or “Invalid Address” (5%)	1,000	1,250	1,500
Paper based completions (88% of completed surveys)	8,800	11,000	13,200
Phone-based completions (2% of completed surveys)	200	250	300

Web-based completions (10% of completed surveys)	1,000	1,250	1,500
Estimated cumulative number of open-ended survey comments	3,500	4,375	5,250
Concerns comments (30% of respondents)	3,000	3,750	4,500

4.0 Fee Proposal

The quotation shall include:

- 4.1 Total fees, including a detailed breakdown of professional fees, staff hours for each component of the project, per unit material costs, postage, and other expenses for the:
 - project deliverables listed in Section 2.0, and
 - survey methodology detailed in Section 3.0.
- 4.2 A proposed payment schedule with each payment attached to a specific deliverable.
- 4.3 The cost for the projected sample of 20,000; 25,000; and 30,000 surveys. The quotation must provide details on how costs will be adjusted to reflect the actual number of respondents included in the survey process. Costs should be provided by survey modality for a range of sample sizes and presented in table format.

5.0 Proposal Format

- 5.1 Vendor understanding of the requirements for the *Home and Community Care Client Experience Survey* project.
- 5.2 Project approach and methodology including a **detailed approach** to be used including processes, methods, workflow, tasks, data collection methodology, and process to protect data. The proposal must also detail anonymization approach and protocol.
- 5.3 Vendor's relevant experience to include previous related projects (including response rates), deliverables, and timeframes.
 - 5.3.1 References – a list of three references of clients who can attest to the vendor's ability to complete the required work.
- 5.4 Engagement team includes a description of the personnel assigned, including resumes, availability, qualifications, responsibilities, and an estimate of hours by activity for each individual. This includes demonstrated capacity for data capture of survey items, especially the four open-ended items. Include the structure of the team for the project.
- 5.5 Detailed fee proposal as noted above.

6.0 Deadline for Submission

- 6.1 All submissions shall be firm proposals and may not be withdrawn for a period of sixty (60) days following the last day to accept proposals. Proposals and documents submitted by the vendor will remain the property of Health Quality Alberta and will not be returned.
- 6.2 Acceptance/Rejection of Responses:
- 6.2.1 Health Quality Alberta reserves the right to cancel this RFP at any time and to reissue it for any reason without incurring liability and with no vendor having any claim against Health Quality Alberta as a consequence.
- 6.2.2 Health Quality Alberta reserves the right to reject any or all proposals; the lowest free proposal will not necessarily be awarded a contract.
- 6.2.5 All vendors submitting proposals will be advised of the contract award.
- 6.3 Evaluation
- Health Quality Alberta will evaluate all proposals that are submitted by the deadline.
- Evaluation criteria will include:
- 6.3.1 Vendor experience, capability, and capacity
- Survey experience in the past three (3) years.
 - Best practice/current thinking.
 - Capacity to do the work.
- 6.3.2 Project Team
- Overall experience of team members.
 - Experience specific to this type of project.
 - Ability to complete project on time and meet deliverables.
- 6.3.3 Methodology
- Overall methodology, scope, and tools.
 - Understanding of the project requirements
- 6.3.4 Vendor privacy policies and procedures and ability to comply with the Province of Alberta privacy legislation (i.e., *Health Information Act*, and *Access to Information Act (ATIA)* and *the Protection of Privacy Act (POPA)*).
- 6.3.5 Fee Proposal as outlined in Section 4.0.
- 6.3.6 References as outlined in Section 5.3.1
- 6.4 Any and all addenda to this proposal will be issued in writing and sent to all vendors having received documents from Health Quality Alberta prior to the closing deadline.
- 6.5 The selected vendor will be required to enter into a contract with Health Quality Alberta.

6.6 Closing of Proposal:

- 6.6.1 Vendors may not submit new price proposals after the specified deadline.
- 6.6.2 Amendments to submitted proposals must be received in writing prior to the deadline date.
- 6.6.3 All addenda issued during the time of the Request, and in closing, the addenda will become part of the contract along with the response to the proposal.

6.7 Interviews

Vendors may be required to attend an interview to discuss the responses to the Request for Proposal. Health Quality Alberta will notify the selected vendors for an interview if required.

6.8 Deadline for Submission

Vendors are to deliver their responses **no later than June 15, 2026, by 4:00 pm MDT** by email to Dianne Schaeffer at Dianne.Schaeffer@hqa.ca.

Note: It is the responsibility of the vendor to confirm receipt of emailed materials.

- 6.8.1 All proposals received after this time will be rejected. Each proposal shall show the full legal name and business address of the vendor, including its street address if it differs from the mailing address and shall be signed with the signature of the person/persons authorized to bind the vendor and shall be dated.
 - 6.8.2 All costs/expenses related to submission of the proposal will be the sole responsibility of the vendor submitting the proposal. Each response must be duly signed and sealed and will be deemed irrevocable for 60 days after the deadline date. Fax copies will not be accepted.
- 6.9 All proposals must be clearly marked "Health Quality Alberta Home and Community Care Client Experience Survey 2026 Request for Proposal".
 - 6.10 Vendors must identify any terms and conditions of this RFP with which they are unable to comply. It will be assumed that the vendor accepts all terms and conditions unless otherwise noted and that all terms and conditions will form part of the contract.

7.0 Confidentiality and use of Information

- 7.1 All proposals received are confidential and shall be treated as such. All documents submitted to Health Quality Alberta are subject to the protection and disclosure provisions of *Access to Information Act* (ATIA), the *Protection of Privacy Act* (POPA), and the *Health Information Act* (HIA). While these Acts allow a person a right of access to records in Health Quality Alberta's custody or control, it also prohibits Health Quality Alberta from disclosing personal or business information where disclosure would be harmful to business interests or would be an unreasonable invasion of personal privacy. Applicants are encouraged to identify what portions of their submissions are confidential and what harm could reasonably be expected from its disclosure.
- 7.2 The Acts named above can be obtained through the Alberta Queen's Printer Bookstore or website: <http://www.qp.alberta.ca>

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- 7.3 The selected vendor is required to manage identifiable health information in compliance with the HIA, ATIA, and the POPA, as an agent under contract with Health Quality Alberta. Specific confidentiality and privacy requirements are included in Health Quality Alberta's contract. These requirements will apply to all sub-contractors, and all sub-contractors engaged by the vendor must be identified clearly to Health Quality Alberta.
 - 7.4 All disclosures of personal and/or health information and survey data to a location other than the principal location of the vendor must be disclosed to Health Quality Alberta in detail in the proposal and will require Health Quality Alberta's approval prior to transfer of data.
 - 7.5 The records stipulated in this Agreement as being required to be maintained or submitted by the vendor may be subject to the protection and access provisions of the HIA, ATIA, and POPA. Should Health Quality Alberta receive a request for any of these records, it would be the vendor's responsibility to provide the records, at their expense, to Health Quality Alberta within five (5) calendar days from official notification by Health Quality Alberta.

The purpose for the collection of personal information required to be provided in the RFP submission is to enable Health Quality Alberta to ensure the accuracy and reliability of the submission. Any questions about the collection of your personal information should be directed to Megan Courtney, Executive Director, Internal Operations at 403.355.4530 or email megan.courtney@hqa.ca.

8.0 Professional Liability Insurance

- 8.1 The vendor shall, at its own expense and without limiting its liabilities herein, insure its operations under a contract of General Liability Insurance, in accordance with the Alberta Insurance Act, in an amount not less than \$2,000,000.00 inclusive per occurrence, insuring against bodily injury, personal injury, and property damage including loss of use thereof and shall provide evidence of such insurance to Health Quality Alberta upon request.
- 8.2 Throughout the term of this Agreement the vendor shall maintain professional liability insurance in an amount of not less than \$2,000,000.00 and shall provide evidence of such insurance to Health Quality Alberta upon request.
- 8.3 The vendor shall maintain automobile liability insurance on all vehicles owned, operated or licensed in the name of the vendor in an amount not less than \$2,000,000.00 and the vendor shall provide evidence of such insurance to Health Quality Alberta upon request.

9.0 Clarifications

- 9.1 Clarifications regarding this RFP can be requested by email to: Seema King, Lead-Survey Projects (seema.king@hqa.ca). Please include "Home Care RFP" in the title line.

APPENDIX A: PROJECTED TIMELINES

June 15, 2026	RFP Response must be received by email at Health Quality Alberta offices by 4:00PM MDT
June 30, 2026	Successful vendor will be selected and notified Unsuccessful vendors will be notified.
July 17, 2026	Contact information/Data sent to vendor
July 31, 2026	Survey materials provided to vendor
September 8, 2026	Stage 1: Expected date for first mailout
September 22, 2026	Stage 2: Mailing initiated, submit preliminary data file to Health Quality Alberta
October 6, 2026	Stage 3: Final Mailing initiated
October 27, 2026	Survey protocol complete, all data captured (conditional on HEALTH QUALITY ALBERTA approval)
November 13, 2026	Methodology report and dispositions submitted to Health Quality Alberta

APPENDIX B: DRAFT/SAMPLE COVER LETTER

«SURVEYID»

<<CLIENTNAME»

«ADDRESS»

«CITY» «PROV» «PCODE»

Dear «FIRSTNAME»,

We'd like to invite you to take part in a confidential survey about **your experiences with home and community care services**.

Who is conducting the survey

This survey is led by **Health Quality Alberta**, in collaboration with partners involved in home and community care, such as Assisted Living Alberta and the Ministry of Assisted Living and Social Services. 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. The collection of personal information is authorized by the *Protection of Privacy Act*, s. 4(c), the *Health Information Act* ss. 20(a) and (b), and the *Health Quality Council of Alberta Act* s. 3(d).

You are receiving this invitation because you received care between November 2025-May 2026. This may have included services in your home or lodge, at a community clinic, or through a program such as adult day services. Care might have been provided by a nurse, health care aide, social worker, occupational therapist, physiotherapist, or others. These services may be regular, for a short time, or just once. Some examples of services are wound care, physiotherapy or help with daily activities (e.g. dressing, eating, bathing). Services can also help with medications or getting medical supplies, equipment or technology.

About the survey

- It takes about 30 minutes to complete.
- You can **skip any questions** that don't apply to you or that you prefer not to answer.
- It's completely **voluntary**. Your care and services will not be affected in any way if you choose to participate, or not.
- **There is no cost to you.** You can:
 - Complete the survey online at «**LINK**» using access code «**PIN**»
 - Return the paper survey using the **pre-paid envelope**
 - Complete it by phone by calling **<toll-free number>**

Your privacy

Your responses will be kept **confidential**. We combine responses from many people to report overall results, and no individual answers will be shared. These combined responses may be inputted into secure computer-based tools to identify patterns and support the generation of content, as well as to inform decisions, recommendations or predictions.

In rare situations, if you share information that suggests someone may be at risk of serious harm (for example, abuse or safety concerns), we may need to notify appropriate supports so help can be provided.

Why your feedback matters

Your feedback is very important. It helps us understand what is working well and where care and services can be improved for people across Alberta. This survey builds on what we learned from previous surveys, including our 2024 Home Care Client Experience Survey (results available at: homecare.hqa.ca). We publish findings on our website and share them with health system partners and leaders to support better care and services.

Need help or have questions?

To help manage the survey process, we have engaged [vendor]. They are under contract to Health Quality Alberta to follow the Health Quality Alberta's confidentiality procedures and the Alberta health information privacy legislation. If you have questions or need help with the survey, please contact: **<Vendor name>**, phone: **<toll-free number>**, email: **<email address>**

We want to give you every opportunity to participate in this survey. If we don't receive anything from you within 14 days, we will follow up with a reminder notice.

We hope you'll take part and share your experience. Your input makes a real difference.

Sincerely,

Executive Director
Health Quality Alberta


Note for family members:

If you received this survey for someone who has passed away, please accept our sincere condolences. You may simply discard this survey and any follow-up reminders. If you would like to be removed from future mailings, you can contact us using the information above.

APPENDIX C: SURVEY

DRAFT 2024 Alberta Home Care Client Experience Survey

Instructions

- **You are receiving this invitation because you received care between <date>.** This may have included services in your home (or lodge), at a community clinic, or through a program such as adult day services. Care might have been provided by a nurse, health care aide, social worker, occupational therapist, physiotherapist, or others. These services may be regularly, for a short time, or just once.
- This survey asks about the home and community care services you receive from Assisted Living Alberta (previously known as Alberta Health Services) or agencies contracted by them. This excludes private services that you may be paying out of pocket for.
- If you have client directed or self-managed home care, you are still eligible to take this survey.
- 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. Please DO NOT get help filling the survey out from home and community care staff.
- You can:
 - Complete this survey online at [\[survey website\]](#) using access code <>.
 - Return the paper survey using the pre-paid envelope
 - Complete it by phone calling <toll free number>.
- If you have questions or need help with the survey, please contact: **<Vendor name>**, phone: **<toll-free number>**, email: **<email address>**
- 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 not all questions will apply to everyone. You are free to **skip any questions that you don't want to answer or that are not relevant to you.**

Your feedback is very important for planning and improving home and community 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

COMPASSION²

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

COMPASSION³

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

³ These questions are from the Sinclair Compassion Questionnaire which is protected by copyright and cannot be reproduced, adapted, published or distributed in whole or in part. To obtain the Sinclair

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

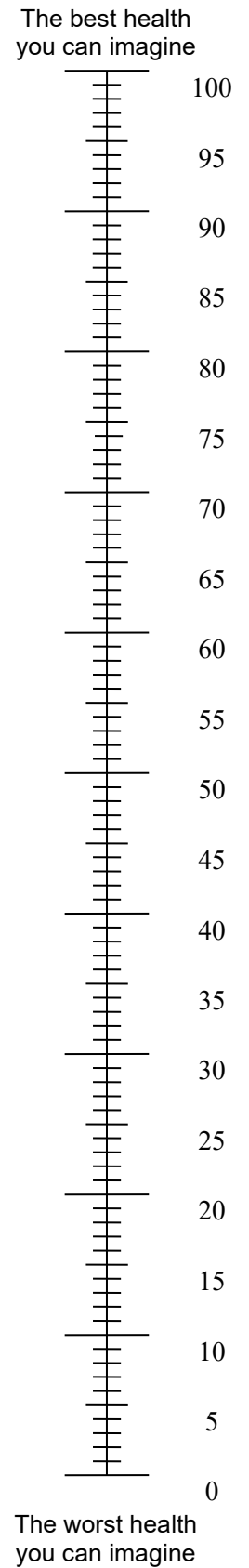
ANXIETY / DEPRESSION

- 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 =



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
⁰⁶ 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
- Dialing 2-1-1 can help you find the right community and social services. You can speak to an Information & Referral Specialist, or search the online community resource directory <https://ab.211.ca/>, or chat online with them.

APPENDIX C-2: CONCERNS PAGE

If you have concerns that have not yet been resolved related to a specific personal healthcare experience, we encourage you to contact your case manager directly or Patient Relations Department:

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

Mail: c/o Patient Relations, 10030-107 Street, Edmonton Alberta T5J E34

On-line: <https://www.albertahealthservices.ca/about/patientfeedback.aspx>

If you prefer, Health Quality Alberta can submit your concern to Assisted Living Alberta, Alberta's new provincial assisted living agency responsible for Home and Community Care, on your behalf. A representative of Assisted Living Alberta *may* contact you to discuss the information below, *and/or* share your concerns and contact information with your care provider.

Contact Information and Concern

By filling out the information below, **you consent to Health Quality Alberta sharing this information with Assisted Living Alberta**. All other survey responses will remain confidential.

Full name:

Phone number:

Please write down your concern below in detail.

If you have previously submitted this concern to the Patient Relations Department, please check here: →

Please note that Assisted Living Alberta cannot follow up without your contact information and sufficient detail provided about your concern.

APPENDIX D: REMINDER LETTER (Example only)

«SURVEYID»

<<CLIENTNAME»

«ADDRESS»

«CITY» «PROV» «PCODE»

Dear <First name>,

Recently, Health Quality Alberta sent you a survey. If you have already completed and returned it to us, please accept our sincere thanks. If not, please do so at your earliest convenience.

Your participation is entirely voluntary. The survey was sent to selected individuals, so it is extremely important that you complete it. The information collected will assist home care in AB to identify areas for improvement.

If by some chance, you did not receive the survey or it was misplaced, please call <vendor> and another package will be sent to you. If you prefer, you may complete the survey online at <web address> using the survey access code <code>.

Sincerely,

APPENDIX E: SAMPLE/DRAFT Phone Call Script

If voicemail:

Hello, this is a message for [Client Name]. My name is [Name] and I'm calling on behalf of the Health Quality Alberta to conduct a survey with you. Health Quality Alberta is the provincial agency responsible for engaging with Albertans on their experience and satisfaction with patient safety, person-centred care and health service quality. To participate, please call me at ###-###-####. I will be calling you back to follow up.

If phone is answered:

Hi, may I please speak with <<NAME>>

No (not available):

My name is <<SURVEYOR NAME>> and I'm calling from <VENDOR> on behalf of the Health Quality Alberta, about a survey.

Is there a time when <<Name >> would be available?

Yes – BOOK TIME FOR CALL

NO – EXPLORE REASONS, CODE DISPOSITION. (APPENDIX H)

Yes >> (<<NAME>> is available to talk now)

My name is <<SURVEYOR NAME>> and I'm calling from <VENDOR> on behalf of Health Quality Alberta.

Health Quality Alberta is an independent agency with a legislated mandate to improve the quality and safety of healthcare in Alberta. Health Quality Alberta is currently conducting a survey in collaboration with Alberta Health Services and the Ministry of Assisted Living and Social Services.

We recently [emailed/mailed] you a questionnaire about the quality of care and services received from home and community care. Do you recall receiving this survey?

Yes ->

This is just a reminder to complete the survey. The information you might provide is important and will be used to help improve home care services. Your participation is entirely voluntary. Do you think that you will be able to complete the survey and send it back to us?

Yes >>

Thank you - that is sincerely appreciated. If you have questions, please feel free to call the help number provided with the survey cover letter, which is [number]. You will not receive any further reminders. Thank you very much for your time

No (DOES NOT REMEMBER GETTING SURVEY)->

OK, we can re-send you the survey. Would you prefer to receive the survey via email? Your email address will only be used for this purpose.

Yes, consent to providing email address (record information below)

Name: _____

EMAIL Address: _____

RECORD SURVEY ID: _____

No (I will not be able to complete the survey via email or refuse to give email or don't know email address)

Would you prefer to receive the survey in the mail? May I ask for your current address so that we can mail that survey package out to you again?

Yes, consent to providing mailing address (record information below)

Name: _____

Address: _____

RECORD SURVEY ID: _____

No (I will not be able to complete the survey via email or mail, or refuse to give email or address)

Would you prefer to do this survey over the phone?

Yes – do survey over the phone

No (I will not be able to complete the survey via email or mail, or refuse to give email or address)

That is fine, we understand.

Is there any particular reason for your decision? (Record)

If Respondent says “don’t have Home Care,” probe if they have ever received it before to fit into one of the Ineligible codes below.

CODE DISPOSITION:

1. Agreed to complete and mail the survey
2. Refusal – eligible but does not want to complete the survey
3. Ineligible – deceased
4. Ineligible– not receiving enough service (receive services less frequently than weekly)
5. Ineligible – applied but did not receive service
6. Ineligible – previously received Home Care - Family/Friends now provide care
7. Ineligible – previously received Home Care – moved to supported/facilitated living
8. Ineligible – previously received Home Care – now have private care
9. Ineligible – previously received Home Care – no longer requires Home Care
10. Ineligible – Don’t have Home Care – no other reason given
11. Ineligible – Have never received Home Care

If asked additional information:

The survey takes about 15 minutes to fill out. There is a postage-paid envelope to return your questionnaire. **Your participation is entirely voluntary.** Your answers are strictly confidential and you will not be identified as an individual in reports of the results. Your services will not be affected if you don’t fill out the questionnaire, however your feedback is very important and we sincerely hope you will participate.

If you find it difficult to complete the questionnaire on your own, please feel free to get help from family or a friend. However, we ask that you complete it **without** help from home and community care staff. We can also help with answering any questions you have at [number]. Results will be available in 2027 on Health Quality Alberta’s website www.hqa.ca or you can request a copy by calling [number]. **Thank you in advance for your participation!**

APPENDIX F: SAMPLE/DRAFT FACT SHEET On Call Q & A (SAMPLE ONLY; WILL BE MODIFIED)

Please answer calls “Alberta Home and Community Care Client Survey, NAME speaking”. Below are *general* questions from respondents and suggested responses. For questions about specific items, do your best to help them with meaning by re-phrasing. Please record the questions that come to you (general or specific), and your responses. If a question comes up that you cannot answer – please let the person know that you will check with the survey leads and call them back with an answer – then contact Seema at HEALTH QUALITY ALBERTA for an ‘official’ answer.

1. How did you get my/our name?

Alberta Health Services gave Health Quality Alberta your name as a client of home and community care services for the purpose of conducting the survey. Our company [VENDOR NAME] is conducting the survey for the Health Quality Alberta under contract. Your name will be kept strictly confidential by Health Quality Alberta. Your individual responses will never be seen by home and community care staff or supervisors. Health Quality Alberta will combine all of the responses into general reports for health system partners so they can plan and improve services.

2. I’ve never heard of Health Quality Alberta – how can I be sure this is not a scam?

Health Quality Alberta is set up under the Health Quality Council of Alberta Act and has been doing similar surveys for many years in Alberta, such as in Long Term Care settings and emergency rooms. If you want to confirm that the survey is legitimate you can phone HEALTH QUALITY ALBERTA’s main office at [number]. You can also find out more about Health Quality Alberta on their website www.hqa.ca

3. Who is <VENDOR NAME>? Why do you have my contact information about home and community care?

Our company [VENDOR NAME] has been contracted to manage the survey of home and community care clients for Health Quality Alberta. The contract requires that we comply with Alberta’s privacy of health information laws. Health Quality Alberta is working in collaboration with Alberta Health Services and the Ministry of Assisted Living and Social Services in sponsoring this survey. The information collected is strictly confidential and will be used to improve the home and community care services you receive. It will not be possible to identify you as an individual.

Health Quality Alberta is set up under the Health Quality Council of Alberta Act and has a provincial mandate to collect feedback information from Albertans about their healthcare. If you want to confirm that the survey is legitimate you can phone HEALTH QUALITY ALBERTA’s main office at 403-297-8162. You can also find out more about Health Quality Alberta on their website www.hqa.ca

4. I don’t currently get home and community care services.

Probe a bit to make sure they aren’t misunderstanding and if confirmed that they aren’t getting any services from home and community care, document in the survey management database, and tell them they don’t need to do anything more. Let them know that a reminder mailing may have already been sent but they can just disregard that.

5. I'm getting almost no [or very infrequent] services from home and community care. Do I still fill it out?

Let them know that if they receive any kind of services within the past 6 months, we would still like to hear about their experience through the survey. If they continue to refuse because of little to no services, mark as refusal.

6. I no longer receive home and community care – am I still supposed to fill this out?

If you were receiving services within the past 6 months we would still like to hear about your experiences during that time. If it was longer ago than that – document in the survey management database and tell them they don't need to do anything more. Let them know that a reminder card or second package may already have been mailed and that they can just disregard that when it arrives.

7. The person you mailed this to has died.

I'm very sorry for your loss. Please tell me the number on the front page of the questionnaire and I will make a note of this – there is nothing more you need to do. Let them know that a reminder card [or second package] may already have been mailed and that they can just disregard that. Thanks very much for letting us know and once again, my condolences on your loss.

8. The person you sent this to can't complete it and I'm not comfortable helping. What should I do?

That's fine - please tell me the number on the front page of the questionnaire and I will make a note of this. Let them know that a reminder card [or second package] may already have been mailed and that they can just disregard that.

9. The person you sent this to is in hospital/too sick to complete.

I'm sorry to hear that Please tell me the number on the front page of the questionnaire and I will make a note of this – there is nothing more you need to do. Let them know that a reminder card [or second package] may already have been mailed and that they can just disregard that. I hope he/she will be feeling better soon. Thank you for letting us know.

10. My eyesight is too poor to read the questionnaire OR I am unable to write etc.

It's OK to have a family member or friend help you with it. We would prefer you didn't involve home and community care staff in helping you to complete the survey however. Do you have someone to help you?

[If client seems unsure, offer to complete the survey over the phone]

11. We/I got the postcard but never received the original questionnaire.

Oh that's too bad, but not to worry – I can send you another copy right away. Let me take down your current address and I will check it against what we had before.

Two home and community care clients in the same household

12. We got two surveys, do you want both of them back? Can we do one together?

You should complete the surveys individually, reflecting the experience of one individual. If you choose not to complete the second survey, you should complete one survey about the services for one specific individual (not combining together).

13. We got one survey, but two of us get home and community care services.

Should we both answer the survey?

No - the survey should be answered for the person to whom it was addressed. Not everybody receiving home and community care will be receiving a survey, as there are over 70,000 home and community care recipients in Alberta, and not all have been selected.

APPENDIX G: Anonymization Guide

Anonymize	Find-and-replace with	Example	Example Anonymized
Dates, year, month, day	[date]	On March 15 of last year, I had an operation.	On [date], I had an operation.
Number (i.e., 1,2,3,4) of days, years, months	[#]	I have lived here for 10 years.	I have lived here for [#] years.
Names of people	[Name]	George helps me.	[Name] helps me.
Reference to a specific time (e.g., 8:00 a.m.)	[time]	It was 9:30 p.m. at night before I got my bath.	It was [time] at night before I got my bath.
Names of geographic locations (e.g., town, city, province)	[location]	I live in Calgary but my family lives in Kelowna, British Columbia.	I live in [location] but my family lives in [location]
Anonymize	Manually replace with	Example	Example Anonymized
Referring to a client (e.g., he, she, his, her, aunt, uncle, mom, dad, sister, brother, friend, etc.)	[the client]	My mom doesn't get enough baths at Bethany. Her hair is greasy.	[The client] doesn't get enough baths at [the site]. [The client's] hair is greasy.
		My dad has a nurse visit him twice a week to help him take his medications, but mom helps him with baths.	[The client] has a nurse visit [the client] twice a week to help [the client] take [the client's] medications, but [family member] helps [the client] with baths.
Referring to a relative who is not a client (e.g., he, she, his, her, aunt, uncle, mom, dad, sister, brother, etc.)	[the family member]	I am my mother's daughter and her primary caregiver outside of home care. I help her with meals and bathing.	I am [the client's] [family member] and [the client's] primary caregiver outside of home care. I help [the client] with meals and bathing.
		My sister helps dad remember his medications.	My [family member] helps [the client] remember [the client's] medications.
Referring to a friend who is not a client (e.g., he, she, his, her, friend, etc.)	Leave as is [the friend]	When my friend visits, she helps me get my socks on. I need more help with this.	When my friend visits, [my friend] helps me get my socks on. I need more help with this.
Referring to a specified staff member (e.g., registered nurse or RN, LPN, aide or HCA, physiotherapist, case manager, manager, director, doctor). Replace all references to he, she, his, her	[the nurse], [the RN], [the LPN], [the aide], [the HCA], [the physiotherapist], [the case manager], [the manager], [the director], [the doctor]	The home care nurse is really good about visiting me. He likes to talk with me and ask me how my day is going.	The home care nurse is really good about visiting me. [The nurse] likes to talk with me and ask me how my day is going.
Referring to an unspecified staff member. Replace all references to he, she, his, her	[the staff member]	The staff member is always available to help. She answers my calls right away.	The staff member is always available to help. [The staff member] answers my calls right away.
Health conditions (e.g., diabetes, cancer, stroke, UTI's, dementia, Alzheimer's, etc.).	[a medical condition]	My mom has dementia and UTI's often.	[The client] has [a medical condition] and [a medical condition] often.
Medications (e.g., eye drops, insulin, B12 shot)	[a/the medication]	I don't think my brother gets his insulin shots on time.	I don't think [the client] gets [the client's] [medication] on time.

Reference to a medical procedure (e.g., catheter insertion, hip replacement, etc.)	[a medical procedure]	I take my aunt for a blood test regularly.	I take [the client] for [a medical procedure] regularly.
Reference to an injury	[injury] [broken bone]	My mom fell and broke her hip.	[The client] fell and broke [the client's] [bone].

Important items

- The vendor is encouraged to ask clarifying questions on the table above
- All anonymized words according to the table above must have brackets (i.e., [])
- All sentences are in sentence case and **lower case** only. **Exception: acronyms are kept in capital letters (e.g., HCA, LPN, RN, UTI, EMS)**
- All spelling errors must be corrected
- Where any of the above is unclear for a comment, highlight the comment and leave for Health Quality Alberta to address

APPENDIX H: Required Variables Record by Record Documentation Process.

Vendor may offer suggestions or alternatives to variable naming conventions.

Survey_ID	Unique client identifier consistent between all surveys and data
Mail1_dt	Date of first survey mailing
Disp1	Disposition at postcard mail date
Card_dt	Disposition at second survey mailing
Mail2_dt	Date of second survey mailing
Phone1	Date of phone attempt
Phone_C	Date of phone contact initiated by respondent
Mail3_dt	Date of third survey mailing, initiated by request via phone follow-up
Disp_F	Final disposition
Recv_dt	Date survey received
Comment	Comments by vendor

Disposition Codes

INVADR	Invalid address (mail returned; upon inability to obtain correct address)
INVPHON	Invalid phone number (upon inability to obtain); not in service; wrong number
LANG	Language or communication barrier
REF	Refused; Explicitly, or received return-to-sender with note
COMP_M	Completed by mail

COMP_W	Completed by web
PROT_C	Protocol complete
NEVER	Self-report never received home care (reported via phone follow-up or other means)
NOLONGER	Self-report no longer receiving home care (reported via phone follow-up or other means)
NOTYET	Self-reported as not yet receiving services (reported via phone follow-up or other means)
MOVED	Moved to DESIGNATED supportive living or long-term care
DECEASED	Deceased
OTH	Other disposition (must annotate)
OTH_TXT	Open text for other disposition