



## **ALBERTA SENIORS HOME CARE CLIENT EXPERIENCE SURVEY**

### **Appendices**

November 2019

For cognitively well seniors who  
are long term supportive and  
maintenance clients

The Health Quality Council of Alberta is a provincial agency that pursues opportunities to improve patient safety and health service quality for Albertans. It gathers and analyzes information, monitors the healthcare system, and collaborates with Alberta Health, Alberta Health Services, health professions, academia, and other stakeholders to drive actionable improvements. Our responsibilities are set forth in the *Health Quality Council of Alberta Act*.

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## APPENDIX I: COVER LETTER AND SURVEY TOOL

September XX, 2018

Dear Recipient Name

You are receiving this letter and survey because you are a current recipient of home care services. Home care provides publicly funded personal and healthcare services for clients of all ages living in a private residence or other setting, such as a retirement residence. Home care helps people remain well, safe, and independent in their home for as long as possible.

We invite you to take part in a survey about the quality of care and services you receive from home care. The information that you, and other home care clients, provide will help identify areas of success and where there are opportunities for improvement. The survey is being conducted by the Health Quality Council of Alberta (HQCA) in collaboration with Alberta Health Services and Alberta Health. The HQCA is an independent agency with a mandate to survey Albertans about their experience with the healthcare system.

The enclosed questionnaire takes about 10 to 20 minutes to fill out. Please use the postage-paid envelope to return your questionnaire. **Your participation is entirely voluntary.** Your answers are strictly confidential and you will not be identified in the results or any reports. Your services will not be affected if you don't fill out the questionnaire. We sincerely hope you will participate as your feedback is very important.

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 to complete the survey.

To manage the survey process, we have engaged the services of [VENDOR]. They are under contract to the HQCA to follow the HQCA's confidentiality procedures. Individual responses are kept confidential and protected under Alberta's *Health Information Act*.

Thank you in advance for your participation.


Sincerely,

Charlene McBrien-Morrison, Executive Director  
Health Quality Council of Alberta



# 2018 Alberta Seniors Home Care Client Experience Survey

## Instructions

- 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 personal care services (not any private services that you may be paying out-of-pocket for).
- Please complete the survey **ONLY** if you currently receive at least one visit each week from home care. If you have less frequent visits than that, please make a note on the cover page and return it in the envelope provided, or call the number below to let us know.
- It's fine to seek help from family or friends, but for a few questions it is very important that the answer reflect **YOUR** own personal opinion. These are noted inside. Please do **NOT** get help filling the survey out from home care staff.
- 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.
- If you have any questions or need assistance in completing this 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
- Your feedback is very important for planning and improving home care services in Alberta. *Thank-you!*

## **Your Case Manager**

*By **Case Manager** we mean the person who is in charge of your services, that is – the person who checks what you need, arranges for care, and makes sure things are going well for you.*

**1. Do you know who your Case Manager is?**

- ☐ Yes
- ☐ No – If no, go to question 6

**2. When my last Case Manager started, they introduced themselves and explained their role in my care.**

- ☐ Yes
- ☐ No
- ☐ I don't know

**3. In the last year, I was able to reach my Case Manager when I needed her/him.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

**4. In the last year, my Case Manager helped me get all of the home care services that I needed.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

**5. In the last year, my Case Manager helped me get changes to my home care services.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I didn't need changes
- ☐ I don't know

6. In the last year, approximately how many different Case Managers have you had?

- ☐ Just one
- ☐ 2 or 3
- ☐ More than 3
- ☐ I don't know

## Planning Your Home Care Services

### ***Your Care Plan***

By **Care Plan** we mean the written document prepared by your Case Manager, that has the details about your needs and services.

By **Family** we mean your spouse, siblings, children or any other person you consider to be family.

7. In the last year, I was involved in making my Care Plan.

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

8. In the last year, my family was involved in making my Care Plan.

- ☐ Yes, a lot
- ☐ Yes, a little
- ☐ No, staff didn't include them
- ☐ No, I didn't want family involved
- ☐ No, my family was unable to be involved
- ☐ I have no family available
- ☐ I don't know

9. In the last year, my Care Plan included...

- ☐ Most of the things I needed
- ☐ Some of the things I needed
- ☐ Almost none of the things I needed
- ☐ I have not seen my Care Plan
- ☐ I don't know

**10. In the last year, home care provided...**

- ☐ **Most of the things in my Care Plan**
- ☐ **Some of the things in my Care Plan**
- ☐ **Almost none of the things in my Care Plan**
- ☐ **I don't know**

***Care Meetings***

**11. In the last year, I was part of a meeting with my Case Manager about my care.**

- ☐ **Yes**
- ☐ **No, I wasn't part of a meeting**
- ☐ **No, there was no meeting**
- ☐ **I don't know if there was a meeting**

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

- ☐ **Yes, most of the time**
- ☐ **Yes, some of the time**
- ☐ **No**
- ☐ **I don't know**
- ☐ **I don't have a family doctor**

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

- ☐ **My Case Manager**
- ☐ **Other home care staff**
- ☐ **Family or friends**
- ☐ **My family doctor**
- ☐ **I don't know**

## **Home Care Professional Services**

By **professional services** we mean treatments like care for your wounds, or physiotherapy, provided by professional staff like nurses, physical therapists and occupational therapists. If you did NOT get at least 3 visits for professional services, fill in this circle ○ and skip to Question 32.

**14. In the last year, professional home care services met my needs for managing my pain.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I did not need this
- ☐ I don't know

**15. In the last year, professional home care services met my needs for help with medical procedures (like wound care).**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I did not need this
- ☐ I don't know

**16. In the last year, professional home care services met my needs for help with therapy (like physiotherapy).**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I did not need this
- ☐ I don't know

**17. In the last year, professional home care services met my needs for setting up my home so I could move around safely.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I did not need this
- ☐ I don't know

**18. In the last year, professional home care services met my needs for setting up my home so I could do things independently.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I did not need this
- ☐ I don't know

***The next few questions are about your medications:***

**19. In the last year, professional home care staff talked with me about the purpose of my medications.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I did not need this
- ☐ I don't know

**20. In the last year, professional home care staff reviewed all of my medications.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I did not need this
- ☐ I don't know

**21. In the last year, professional home care staff talked with me about the side effects of my medications.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I did not need this
- ☐ I don't know

**22. In the last year, professional home care staff talked with me about when to take my medications.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I did not need this
- ☐ I don't know

***The next few questions (23 to 31) are about how your professional home care staff treated you. Please provide ONLY YOUR OWN OPINION for these questions.***

**23. In the last year, my professional home care staff explained things in a way that was easy to understand.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

**24. In the last year, my professional home care staff knew what kind of care I needed and how to provide it.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

**25. In the last year, my professional home care staff treated me with courtesy and respect.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

**26. In the last year, my professional home care staff treated me as gently as possible when providing care.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

**27. In the last year, my professional home care staff gave me choices about how care was provided.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

**28. In the last year, my professional home care staff listened carefully to my wishes and needs.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

**29. In the last year, my professional home care staff made me feel safe and that my belongings were safe.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

**30. Do you have any concerns about your professional home care services?**

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

**31. OVERALL, how would you rate your professional home care services?**  
*(please think about all professional staff together)*

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent



## **Personal Care Services**

*By **personal care services** we mean things like help with dressing, eating, bathing and going to the bathroom. These services are provided by personal care staff (also called Health Care Aides). Please answer for personal care services you get from home care, not for help you may get from family. If you did NOT get at least 3 visits for personal services, fill in this circle ○ and skip to Question 49.*

**32. In the last year, how do you feel about the number of different personal care staff you have had?**

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

**33. In the last year, personal care staff met my needs for help with showering or bathing.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I did not need this
- ☐ I don't know

**34. In the last year, personal care staff met my needs for help with getting dressed.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I did not need this
- ☐ I don't know

**35. In the last year, personal care staff met my needs for help with using the bathroom.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I did not need this
- ☐ I don't know

**36. In the last year, personal care staff met my needs for help with eating.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I did not need this
- ☐ I don't know

**37. In the last year, personal care staff met my needs for help with taking medications.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I did not need this
- ☐ I don't know

***The next few questions (38-48) are about how your personal care staff treated you. Please provide ONLY YOUR OWN OPINION for these questions.***

**38. In the last year, personal care staff let me know when they could not come.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

**39. In the last year, personal care staff knew what kind of care I needed and how to provide it.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

**40. In the last year, personal care staff treated me with kindness even during difficult or embarrassing tasks.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

**41. In the last year, personal care staff listened carefully to my wishes and needs.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

**42. In the last year, personal care staff encouraged me to do things for myself if I could.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

**43. In the last year, personal care staff kept me informed about when they would arrive.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

**44. In the last year, personal care staff explained things in a way that was easy to understand.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

**45. In the last year, personal care staff treated me as gently as possible when providing care.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

**46. In the last year, personal care staff made me feel safe and that my belongings were safe.**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know

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

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

**48. OVERALL, how would you rate your personal care services?**  
*(please think about all personal care staff together)*

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

## **Other Service Needs**

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

**49. In the last year, was there any service of any kind that you felt you needed but didn't get?**

- ☐ No – if No, go to question 51
- ☐ Yes: *(if you wish please describe in the box below)*

**50. In the last year, did your Case Manager help you get these other types of services in your community?**

- ☐ I needed services but my Case Manager didn't help me
- ☐ My Case Manager tried to help me but I still didn't get other services
- ☐ Yes, I was helped by my Case Manager to get other services

## **Your Overall Rating of Home Care Services and Other Questions**

**51. 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?**

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10

**52. Some people need to get 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?**

- ☐ Yes
- ☐ 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?**

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I did not need this
- ☐ 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.

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ I don't know

**55. Did someone help you complete this survey?**

- ☐ No
- ☐ Yes, my spouse
- ☐ Yes, another family member
- ☐ Yes, home care staff
- ☐ Yes, someone else (*please specify*) \_\_\_\_\_

**56. If Yes, how did that person help you? (*please mark all that apply*)**

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

*Please feel free to write any other comments you have about your home care services or this survey on the back of this page, and then return your completed survey in the postage-paid envelope. Results will be available on the HQCA website in Summer of 2019 or you can call 403-297-8162 then to request a copy by mail. **Thank you very much for your feedback. It will be used to make home care services in Alberta better!***

If you have concerns related to a specific personal healthcare experience you should contact your case manager 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, 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 follow-up, the information recorded on this page may be shared with your care provider who may involve the AHS Patient Relations Department to assist in addressing your concerns.

**However, all other survey responses will remain confidential.**

Full name:

Phone number:

Please write down your concern below.



## APPENDIX II: SURVEY PROCESS, METHODS, AND RESULTS

### Privacy, confidentiality, and ethical considerations

In accordance with the requirements of the *Health Information Act of Alberta* (HIA), an amendment to the Health Quality Council of Alberta's (HQCA) privacy impact assessment for patient experience surveys was submitted to, and accepted by, the Office of the Information and Privacy Commissioner of Alberta. This amendment covered the home care survey process, and use of RAI data in the context of home care.

As a provincial custodian, the HQCA follows the HIA to ensure the protection and privacy of the health information it collects. Potential respondents were informed of the survey's purpose and process, that participation was voluntary, and that their information would be confidential. Those respondents who declined to participate were removed from the survey process. A contact number was provided for those who had questions or concerns about the survey.

### The Alberta Seniors Home Care Client Experience Survey

Home care clients were surveyed using the HQCA's Alberta Seniors Home Care Client Experience Survey. The survey was developed by the HQCA and was conducted by the HQCA in collaboration with Alberta Health Services (AHS) and Alberta Health (AH). The Alberta Seniors Home Care Client Experience Survey is a 56-question self-reported assessment that covers various topics about home care services, represented by the following sections of the survey questionnaire:

1. Your Case Manager
2. Planning Your Home Care Services
  - a) Your Care Plan
  - b) Care Meetings
3. Home Care Professional Services
  - a) Professional Services
  - b) Medications
  - c) Treatment by Professional Services Staff
4. Personal Care Services
  - a) Personal Care Services
  - b) Treatment by Personal Care Services Staff
5. Other Service Needs
6. Your Overall Rating of Home Care Services and Other Questions

The survey includes an evaluation (i.e., Overall Care rating) of home care overall, in addition to an overall rating from *Poor* to *Excellent* for professional services and personal care services separately. Questions were also included soliciting feedback on concerns about services being received and unmet

needs. For more information on how the current questionnaire was modified based on stakeholder engagement, see **Appendix III**.

## Survey protocol and sampling

Home care clients are categorized by AHS into six main groups: acute, rehabilitation, long term supportive, end-of-life, maintenance, and wellness. Home care is a program that supports Albertans of all ages, but the Alberta Seniors Home Care Client Experience Survey was designed and developed to be used with cognitively able seniors (65+ years of age) who are long term supportive and maintenance clients. This type of home care client was chosen for the following reasons:

- The majority of home care clients are seniors and long term supportive and maintenance clients.
- This group was sufficiently homogenous to permit use of a single questionnaire tool.
- Younger populations, such as the pediatric population, typically have different needs and access different resources relative to the majority of home care clients.
- Based on cognitive testing, clients with lower cognitive performance (CPS score over 1) could not independently complete the survey in sufficient numbers to be reliably included in a self-administered survey process. However, to also capture the experiences of cognitively unwell clients, a project was conducted in parallel to the main survey that explored the experiences of cognitively unwell clients and their informal caregivers in depth. The results of the caregiver experience are available in a separate report and will be posted here when available:  
<https://hqca.ca/studies-and-reviews/>.

Eligible clients were identified from a list provided by AHS of all long term supportive and maintenance home care clients in Alberta. Current clients (defined as receiving services any time during the period of April to June 2018) were identified and included, with data collection beginning October 2018.

Clients were included according to the following criteria:

- At least 60 days of service as of September 30, 2018
- Long term supportive and maintenance clients
- Received home care services in all settings with the exception of long-term care, designated supportive living, and hospice
- Age 65 or older as of September 30, 2018
- Cognitive Performance Scale score 0 and 1 (intact to borderline intact cognition)
- Receiving on average of at least one service visit per week of any kind (i.e., professional services or personal care services)
- Valid mailing address
  - Existing postal code
  - No “care of” in address line
  - Address in Alberta

The following three-stage mailing protocol was used to ensure a maximum response rate:

- Initial mailing of questionnaire packages.
- Postcard reminders to all non-respondents.
- Re-mailing of the questionnaire package with a modified cover letter to all non-respondents.

Non-respondents and survey packages with invalid addresses were followed-up by phone, up to eight times, in an attempt to obtain a valid address and reason for non-response.

## Data collection results

13,752 clients met the above criteria and were sent a survey (**Figure 1**). An additional 1,945 clients were excluded from eligibility based on the following criteria (n, %):

- Invalid mailing address and phone number (1,088, 56%)
- Invalid address initially and unable to contact by phone (330, 17%)
- Client moved (269, 14%)
- Client reported no longer receiving home care services (247, 13%)
- Client reported she/he had never received home care services (11, 1%)

There are several reasons for inconsistencies between what clients reported and the administrative database:

1. Administrative database quality issues due to inconsistent data capture, coding, and the complexity of consolidating information from multiple independent data systems;
2. Clients may not know that they were receiving services from home care, especially if they live in a congregate living setting; and
3. Memory recall.

The HQCA mailed surveys to all eligible home care clients from October 2018 to March 2019 using a modified Dillman Protocol. The full survey package was mailed starting on Oct. 15, 2018, followed by a postcard reminder, and mailing of a second full survey package. Non-respondents and survey packages with invalid addresses were followed-up 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. Data collection was completed on March 15, 2019. For a breakdown of the sampling frame, see **Figure 1**.

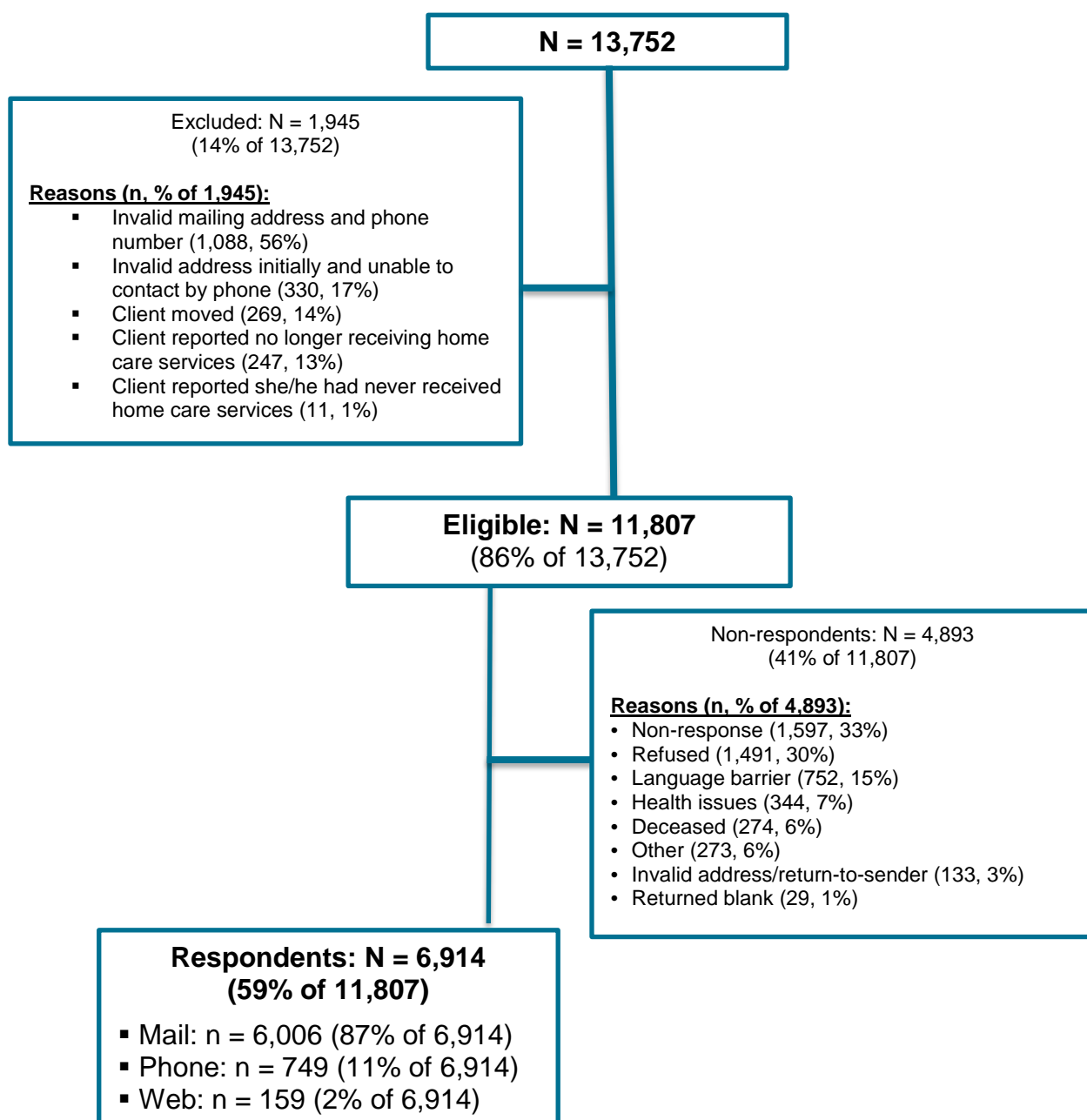
**6,914** clients out of a possible 11,807 responded to the survey provincially, representing 59 per cent of all responders.

AHS zone-specific response rates ranged from a low of 54 per cent in the Calgary Zone and a high of 64 per cent in the Central Zone (**Table 1**).

**Table 1:** Response rate by AHS zone

Response Rate						
	Alberta (N = 11,807)	Calgary (N = 3,320)	Edmonton (N = 4,257)	Central (N = 1,814)	North (N = 1,058)	South (N = 1,358)
	%	%	%	%	%	%
Respondents	59	54	58	64	57	63

**Figure 1:** Study flowchart



## Selection and order of drivers of client experience

Survey findings were organized into drivers of client experience, which were informed by survey findings (survey question analysis and modeling results, as well as the analysis of client comments). These drivers were shown to impact a client's reported overall experience of home care, as measured by the Overall Care rating, both personal and professional services ratings, and supporting clients to stay at home, and/or were a significant topic discussed in client comments. Five drivers were identified and are presented in order of priority in **Table 2**.

**Table 2:** Drivers of home care client experience

Driver	Reason for ordering
<b>1. Relational Care</b>	<p>Relational Care refers to how clients felt they were treated by home care staff and the interpersonal relationships they have with them.</p> <p><u>Survey findings:</u> Based on statistical models, how clients were treated by staff had the strongest relationship with all ratings of overall home care client experience.</p> <p><u>Client comments:</u> Relational Care topics were most discussed by clients and were present in all areas of client experience. Clients voiced that the more positive their interpersonal relationship with staff, including being treated as a person with respect and dignity, the more positive their overall experience.</p>
<b>2. Client Needs and Expectations</b>	<p><u>Survey findings:</u> Based on statistical models, having home care services needs met was strongly associated with overall home care client experience.</p> <p><u>Client comments:</u> Client needs was a frequently discussed topic, specifically relating to home care services that did not meet their expectations or services they felt they needed but did not get. Clients made it clear that having their needs met, regardless of home care scope, strongly impacted their overall experience of home care.</p>
<b>3. Care Planning and Case Management</b>	<p><u>Survey findings:</u> Based on statistical models, care planning and case management were strongly related to overall home care client experience.</p> <p><u>Client comments:</u> Available and responsive case managers who follow up regularly were reported to be important by clients in identifying, obtaining, and receiving consistent home care services they need to stay at home. Clients had more positive experiences when their care plan was followed consistently by all home care staff; thus, meeting their needs.</p>
<b>4. Scheduling</b>	<p><u>Client comments:</u> This driver was determined as an area of importance by clients through the large volume of comments and the substantial impact scheduling had on their daily lives, their care, and thus overall experience. Important aspects of scheduling included being notified about visits, delays or changes, and who would arrive; staff attending and being punctual for scheduled visits; and having enough time to complete care.</p>
<b>5. Information Sharing and Communication Processes</b>	<p><u>Client comments:</u> Clients voiced overwhelming support for the importance of this driver solely identified from the volume of their comments. For a large number of clients, the process of communicating and sharing information was a significant area of concern. Clients wanted reciprocal, responsive, and clear communication from all home care staff.</p>

## Quantitative methods

### Top box reporting

Research supports a “top box” approach in presenting only the most favourable response(s) for a question in order to identify client-driven improvement opportunities.<sup>1</sup> In this report, the “top box/top 2 box” approach simplifies reporting, identifies areas of success, and provides a goal to work towards.

### Data cleaning

Questions from the survey were analyzed and reported in sections corresponding to the topics they represent. For questions specifically related to either professional or personal care services, clients were first asked to indicate and skip the following section if they did not receive at least three visits of that service. Skipping errors occurred whereby clients indicated receiving less than three visits but still completed the section. In these cases, results were excluded only if both the client’s report and administrative data indicated they received less than three visits. For professional services 14 responses were excluded; while nine responses were excluded for personal care services.

### Development of composites

Two sections of the questionnaire were considered for composites: Treatment by Professional Services Staff (*Questions 23-29*) and Treatment by Personal Care Services Staff (*Questions 38-46*) which referred to the interpersonal relationships between clients and staff. The associated questions were analyzed using Factor Analysis and Structural Equation Modeling.

### Missing data

For the two survey sections related to treatment by professional services staff and treatment by personal care services staff, clients were included in factor analysis and subsequent calculation of composite variables if they had no more than two questions without a valid response. This “N-2” criteria was used in the previous iteration of the Alberta Seniors Home Care Client Experience Survey as well as the HQCA’s Designated Supportive Living Surveys. As a result, respondents who had at least five valid responses for the seven professional services items (N = 4,590) and seven valid responses for the nine personal care services (N = 5,578) items were included in the generation of composite scores. By question, in the professional services set the highest percentage of missing responses was 11 per cent while in the personal care services set the percentage was 7 per cent. For the purposes of imputation, missing was regarded as true missing and non-valid responses.

### Factor analysis and structural equation model

A confirmatory factor analysis was conducted to determine whether questions within each treatment by staff section (either professional or personal care services) were a part of a single construct, or single theme. There were seven items related to Treatment by Professional Services Staff (*Questions 23-29*) and nine items that related to Treatment by Personal Care Services Staff (*Questions 38-46*). The original response options were converted to a 100-point scale (i.e., 100 = Yes, 50 = Partly, 0 = No). For the purposes of the analysis responses of “I Don’t Know” were recoded to missing. Due to missing values, the

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<sup>1</sup> For more information see: Garver M. Customer-driven improvement model: best practices in identifying improvement opportunities. *Industrial Marketing Management*. 2003 Jul;32(6):455-466.

Expectation-Maximization (EM) algorithm was used for the factor analysis which computes maximum likelihood estimates. It was confirmed that all seven professional services items loaded onto a single factor and all nine personal care services items loaded onto a single factor.

A structural equation model (SEM) was then constructed using maximum likelihood estimation to confirm the results of the factor analysis and generate weights. Model fit was assessed using goodness-of-fit statistics post-estimation. Among responders 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 SEM coefficients so that questions that related more strongly to the construct would be weighted more heavily. The summary measures were calculated by taking the sum of individual weighted items and dividing by the total number of items creating an average score on a 0 to 100 scale, where 0 was the least positive response and 100 was the most positive response.

## Modeling

Overall client experience was defined as the Overall Care rating, individual ratings of professional and personal care services, and supporting clients to stay at home. Several questions were explored to determine their impact relative to the overall care ratings. These questions were examined individually or as part of a construct, related to the same theme. For more details on modeling see **Appendix VII**.

## Statistically significant differences

Differences across geographic area (metro, urban, rural) were tested using either logistic or linear regression depending on the variable of interest. Questions with more than two response options were dichotomized to their top box responses. Differences across survey year were tested for all province-wide results. Means were tested using a t-test and categorical responses were tested using a chi-square tests. A difference was considered statistically significant at  $p < 0.01$ . Both top-box and bottom-box dichotomizations were tested and only when both were statistically significant was it considered a statistically significant difference.

## Qualitative methods

Clients were asked three open-ended questions to understand their experiences with home care:

1. Question 30: Do you have any concerns about your professional home care services?
2. Question 47: Do you have any concerns about your personal care services?
3. Question 49: In the last year, was there any service of any kind that you felt you needed but didn't get? (...please describe)

In addition to the three questions above, clients were able to provide further comments they had about their home care services at the end of the survey.

**2,348** of the total 6,914 respondents provided a comment, representing 34 per cent of all respondents. Clients provided **3,528 comments**. The number of comments included were:

- ▶ 896 (Question 30)      ▶ 1,025 (Question 49)
- ▶ 1,023 (Question 47)      ▶ 584 (Additional)

Within each question, an initial analysis of comments determined that themes and subthemes provided by clients were consistent with those identified in the *2015 Alberta Home Care Client Experience Survey*. Based on this, a codebook was designed and updated to guide analysis, shown in **Table 3**.

Before the start of analysis, coding consistency was tested within each question using the codebook, and analysis began using NVivo 10, a qualitative data analysis software. To ensure high coding agreement, multiple analysts reviewed the coding until comment coding was finished and analysis was deemed 'complete.'

Client comments were analyzed for themes. When contents of a theme revealed a strong influence on whether clients had positive or negative experiences, it indicated that the theme was a driver of client experience. Drivers were identified through a combination of survey findings and support from these themes, or from the themes alone.

Further, comments were classified as an area of success or opportunity for improvement when clients clearly conveyed they were satisfied or dissatisfied with their home care services or provided a suggestion for how their services could improve or change.

To determine differences in client experience by geographic area and zone, the proportion of comments for each theme in each geographic area or zone was calculated. If differences in proportions were found, the content of these comments were analyzed in further detail to determine if these differences were meaningful. When differences were found they were reported.

**Table 3:** Guidelines used to code comments

<b>Affordability</b>		
<b>Case Manager</b>		
Availability of case manager	Communication with case manager	Supervision of staff
Case manager help getting services	Continuity of case manager	
<b>Communication</b>		
Communication between client and staff	Contact information of staff	General communication
Communication between family, staff, providers	Communication with office, provider, organization	Information about services
Communication between staff and providers	Expressing and resolving concerns	Language barrier
<b>Equipment and supplies</b>		
Hearing aids	Medical supplies	Safety equipment
Incontinence supplies	Mobility aids	
<b>Funding and continuation of service</b>		
<b>Help with care and services</b>		
Client pays for services	Family and friend helps or pays	Volunteers
Companion services	Government support (disability/veterans)	
Could not get help	Organization	
<b>Household help</b>		
General shopping	Grounds keeping	Housekeeping
Grocery shopping (or delivery)	Home maintenance	Laundry



**Table 3:** Guidelines used to code comments – *continued*

<b>Other services</b>		
Accommodation	Hairdresser	Outings
Banking	Legal assistance	Pets
Computer	Lifting (objects)	Policies and procedures
Day program	Mail	Transitions
Documents and documentation	Managing appointments	Voice lessons
<b>Personal care</b>		
Bathing	Emotional and social support	Oral hygiene
Behaviour management of client	Funding and continuation of service	Quality of care
Care plan	Grooming (shaving and hair cutting)	Self-managed care
Cleanup after bathing	Infection control	Skin care
Communication assistance – speech	Laundry (when soiled)	Toileting and maintaining continence
Compression stockings assistance	Meals and help eating	Transferring
Consistent delivery of care	Medication reminders	
Dressing	Nail care	
<b>Professional care</b>		
Blood glucose testing	Infection control	Quality of care
Blood pressure check	Medication	Respiratory care
Blood testing	Mental health	Self-managed care
Care plan	Mobility (exercise or walking)	Therapies (PT, OT, RT, MT)
Consistent delivery of care	Oral suctioning	Tube feeding
Dental care (dentist or dentures)	Ostomy care	Urinary catheter care
Feeling ill	Pain management	Wound care
Foot care	Physician	
Hospice care	Post-hospital and surgical care	
<b>Provision of care</b>		
Care plan (general)	Infection control (general)	
Consistent delivery of care (general)	Quality of home care (general)	
<b>Quality of provider or organization</b>		
<b>Respite</b>		
<b>Safety and security</b>		
Concern for security of personal possessions	Rough treatment or harm	
Privacy	Sense of personal safety	
<b>Scheduling</b>		
Communication about scheduling	General scheduling	Scheduling co-ordinator
Enough time or rushed	Preference, punctuality, attendance	
<b>Self-managed care</b>		
<b>Staff</b>		
Choice of staff	Personal care management staff	Staffing levels (also workload)
Continuity of staff	Professional care management staff	Staff interpersonal skills
Perceived competency, training, being informed	Qualities of staff	Supervisor or management (general)
<b>Transportation</b>		
Accessibility (timing, location, and disability)	Cost	Mall and shopping
Availability (bus or taxi)	Grocery store	Medical appointments (doctors and specialists)

## APPENDIX III: STAKEHOLDER ENGAGEMENT

In preparation for the 2018-19 survey, the HQCA set out to listen to and learn from stakeholders, understand their needs, and provide information about the survey initiative. To maximize the impact and value of the 2018 questionnaire, protocol, and report structure, a comprehensive stakeholder engagement and participation plan was undertaken. The HQCA sought feedback on:

- Usefulness of the questionnaire
- Data aggregation
- Report design
- Communication plan and strategies

### Stakeholders

Over three months, the HQCA organized or was invited to 17 meetings to engage stakeholders. In total, approximately 650 people were invited to participate in these meetings and provide their feedback. As a result, 200 people participated in the process.

Six main stakeholder groups were identified and were approached from June to September, 2018 to participate in the process:

1. Alberta Health (AH) – Continuing Care Branch
2. AHS Provincial Continuing Care
3. AHS Zone Directors and associated AHS Zone Home Care leadership
4. Case management groups
5. Home care contracted provider organizations
6. HQCA Patient and Family Advisory Committee

The HQCA met with these groups either in-person or by teleconference, leveraging existing meetings where possible. The meetings varied in length from 30 to 90 minutes.

### What we learned

Common themes emerged for all stakeholder groups:

- Awareness of the survey and the results should be improved.
- The survey scope does not represent all of home care.
- The results should be at a level where client feedback is most actionable.
- Survey results must remain comparable to the 2015 survey.
- More information about clients' unmet needs.
- Reports should be easier to read.

## Improvements implemented

In response to the stakeholder feedback, the following key improvements were implemented:

- Improve the HQCA engagement strategy and communication efforts, including a full communication plan, to bring both awareness to the survey and to the results, when published. As recommended by stakeholders, communication strategies will be robust, inclusive, and multi-directional, with communications coming from both home care AHS Zone leadership and the HQCA.
- Change the title of the survey, to acknowledge the survey population more explicitly.
- Commit to having conversations addressing how best to represent home care as a whole, including the actions needed to accomplish this goal (e.g., targeting other home care client groups).
- Capture the experiences of cognitively unwell clients through an interview project with clients and their live-in caregivers.
- Continue to work with AHS Zone leaders and contracted providers to determine the most appropriate level of reporting, to ensure results are in a format that maximizes the value the report has to stakeholders and ease in identifying opportunities for improvement.
- The questionnaire was largely unchanged, with the addition of some key questions that were identified by stakeholders that align with current strategic priorities and/or were common to many stakeholder groups. The most commonly referenced question for addition was whether home care enabled or supported the client to stay in their home. As a response, the HQCA added this question to the questionnaire.
- Report on the top unmet client needs provincially, and more thorough zone comparison.
- Make reports shorter, benchmarking or comparing with the previous survey, and reporting at the provider level.

## APPENDIX IV: RESPONDENT CHARACTERISTICS

**Table 4:** Zone and survey year summary of respondent characteristics

<b>Cognitive Performance Scale (CPS)</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	6,914	7,171	1,808	2,028	2,488	2,486	1,161	1,019	600	774	857	864
% CPS 0	74	75	74	75	74	75	74	76	70	73	73	75
% CPS 1	26	25	26	25	26	25	26	24	30	27	27	25
<b>Gender</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	6,914	7,171	1,808	2,028	2,488	2,486	1,161	1,019	600	774	857	864
% Female	71	72	72	72	69	73	70	75	71	67	73	72
% Male	29	28	28	28	31	27	30	25	29	33	27	28
<b>Average age</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	6,914	7,171	1,808	2,028	2,488	2,486	1,161	1,019	600	774	857	864
Average	83	84	82	83	83	84	83	84	83	84	83	84

## APPENDIX V: QUESTION-LEVEL RESULTS BY AHS ZONE AND SURVEY YEAR

While there were differences observed between the five AHS zones (Calgary, Edmonton, Central, North, and South), these differences were largely explained by geographic area and therefore classification as metro, urban, and rural was shown to have a stronger impact on ratings of client experience. Results in the body of the report were therefore presented by geographic area; however, question-level results by AHS zone and survey year are presented here. Results from the 2015 survey are presented alongside the 2018 results. The 2015 results are not included if the question was new to the 2018 survey or the 2018 version of the question was modified enough to potentially change question meaning.

Based on client comments, clients' experiences and needs were talked about differently for each of the zones:

- North Zone clients expressed concerns about the interpersonal skills of staff, and the continuity of, communication with and help from their case manager in getting services. Their unmet needs were nail care, mobility and hearing equipment, and general transportation.
- Edmonton Zone clients expressed concerns about home care staff attending their visits, such as with staff arriving too early, too late, or not showing up, especially in regards to correct timing of medications. In addition, clients commented more about this for weekends and holidays when regular staff were absent. Clients felt they needed home maintenance, meal assistance, grooming, therapies, wound care, nail care, and incontinence supplies.
- Central Zone clients provided comments about staff who are kind, considerate, wonderful, and excellent. Clients expressed concerns about not having enough staff to meet the demand for care and services and needing more information about available services. Their unmet needs were medication administration, foot care, accessibility and cost of transportation especially to medical appointments, and safety equipment.
- Calgary Zone clients had mixed experiences with continuity of staff, expressing concerns when their regular staff were absent or rotated away. Clients were concerned with communication with them as a client, such as with staff introductions and about scheduling, language difficulties, expressing and resolving concerns, and availability of their case manager. These clients said they needed grocery and general shopping assistance, mobility assistance, and nail care.
- South Zone clients most commented concerns were about home care staffs' knowledge of their needs and needing additional training especially with non-regular staff, feeling rushed in their care, communication between all providers involved in their care, their choice of staff, and their care plan. Clients felt they needed help with housekeeping, grounds keeping, laundry, bathing, and availability or transportation, and transportation to malls or shopping areas.

## Overall measures

**Table 5: Does home care help clients stay at home by AHS zone**

<b>Q54: Thinking of the home care services you received through a government home care program, did these services help you stay at home?</b>						
	<b>Alberta</b>	<b>Calgary</b>	<b>Edmonton</b>	<b>Central</b>	<b>North</b>	<b>South</b>
<b>Year</b>	<b>2018</b>	<b>2018</b>	<b>2018</b>	<b>2018</b>	<b>2018</b>	<b>2018</b>
<b>N</b>	6,091	1,663	2,180	985	499	764
% Yes	77	82	77	72	71	77
% No	11	9	11	14	14	12
% Not sure	12	9	12	14	16	11
<b>Total</b>	100	100	100	100	100	100

**Table 6: Overall care ratings by AHS zone and survey year**

<b>Q51: 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?</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	6,558	6,647	1,734	1,902	2,346	2,292	1,092	930	570	716	816	807
Average	8.3	8.1	8.3	8.1	8.1	7.8	8.6	8.3	8.6	8.3	8.6	8.4
<b>Q31: OVERALL, how would you rate your professional home care services?</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	4,878	4,137	1,238	1,139	1,734	1,414	833	591	450	496	623	497
% Excellent	28	26	28	26	22	20	33	29	34	29	32	33
% Very good	37	36	39	36	36	36	39	37	34	37	39	38
% Good	26	28	25	29	30	32	23	26	23	25	22	23
% Fair	8	8	7	8	10	10	5	6	7	8	6	5
% Poor	1	2	1	1	2	3	≤1	2	1	1	≤1	1
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q48: OVERALL, how would you rate your personal care services?</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	5,961	5,689	1,576	1,672	2,145	1,993	991	766	508	554	741	704
% Excellent	26	25	26	25	22	21	31	27	33	29	28	31
% Very good	40	38	40	37	39	38	41	39	38	39	43	39
% Good	26	30	27	31	30	32	23	30	22	26	23	25
% Fair	7	7	7	7	8	8	4	4	6	6	5	5
% Poor	1	1	1	≤1	1	2	≤1	1	≤1	≤1	≤1	≤1
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100

Note: Percentages may not always add to 100 per cent due to rounding.

## Case manager questions

To accurately capture a client's experience with their case manager, responses of *I don't know* and *I didn't need changes* were excluded from the calculation of percentages.

No comparisons by survey year are presented, except for Question 6, due to questionnaire changes making them incomparable.

**Table 7:** Case manager questions Q1 to Q5, Q49, Q50, Q52, and Q53 by AHS zone

<b>Q1: Do you know who your case manager is?</b>						
	<b>Alberta (N = 6,601)</b>	<b>Calgary (N = 1,749)</b>	<b>Edmonton (N = 2,377)</b>	<b>Central (N = 1,090)</b>	<b>North (N = 567)</b>	<b>South (N = 818)</b>
	%	%	%	%	%	%
Yes	82	88	82	76	76	82
No	18	12	18	24	24	18
<b>Total</b>	100	100	100	100	100	100
<b>Q2: When my last case manager started, they introduced themselves and explained their role in my care. (Among those who answered YES to Q1)</b>						
	<b>Alberta (N = 5,139)</b>	<b>Calgary (N = 1,473)</b>	<b>Edmonton (N = 1,829)</b>	<b>Central (N = 777)</b>	<b>North (N = 407)</b>	<b>South (N = 653)</b>
	%	%	%	%	%	%
Yes	95	96	94	94	95	95
No	5	4	6	6	5	5
<b>Total</b>	100	100	100	100	100	100
<b>Q3: In the last year, I was able to reach my case manager when I needed her/him. (Among those who answered YES to Q1)</b>						
	<b>Alberta (N = 5,120)</b>	<b>Calgary (N = 1,446)</b>	<b>Edmonton (N = 1,854)</b>	<b>Central (N = 784)</b>	<b>North (N = 402)</b>	<b>South (N = 634)</b>
	%	%	%	%	%	%
Yes	83	84	79	83	88	84
Partly	14	12	17	14	11	14
No	3	4	4	2	2	2
<b>Total</b>	100	100	100	100	100	100

Note: Percentages may not always add to 100 per cent due to rounding.

**Table 7:** Case manager questions Q1 to Q5, Q49, Q50, Q52 and Q53 by AHS zone - *continued*

<b>Q4:</b> In the last year, my case manager helped me get all of the home care services that I needed. (Among those who answered YES to Q1)						
	<b>Alberta (N = 5,267)</b>	<b>Calgary (N = 1,480)</b>	<b>Edmonton (N = 1,891)</b>	<b>Central (N = 814)</b>	<b>North (N = 423)</b>	<b>South (N = 659)</b>
	%	%	%	%	%	%
Yes	86	87	82	88	89	89
Partly	11	10	14	10	9	10
No	3	3	4	2	2	1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Q5:</b> In the least year, my case manager helped me get changes to my home care services. (Among those who answered YES to Q1)						
	<b>Alberta (N = 3,708)</b>	<b>Calgary (N = 1,048)</b>	<b>Edmonton (N = 1,349)</b>	<b>Central (N = 585)</b>	<b>North (N = 278)</b>	<b>South (N = 448)</b>
	%	%	%	%	%	%
Yes	80	81	75	83	83	83
Partly	12	12	14	10	10	12
No	8	7	11	7	7	5
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Q49:</b> In the last year, was there any service of any kind that you felt you needed but didn't get?						
	<b>Alberta (N = 6,303)</b>	<b>Calgary (N = 1,668)</b>	<b>Edmonton (N = 2,264)</b>	<b>Central (N = 1,044)</b>	<b>North (N = 540)</b>	<b>South (N = 787)</b>
	%	%	%	%	%	%
Yes	19	19	23	15	14	14
No	81	81	77	85	86	86
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>



**Table 7:** Case manager questions Q1 to Q5, Q49, Q50, Q52 and Q53 by AHS zone - *continued*

<b>Q50:</b> In the last year, did your case manager help you get these types of services in your community? (Among those who answered YES to Q49) <sup>2</sup>						
	Alberta (N = 849)	Calgary (N = 225)	Edmonton (N = 386)	Central (N = 110)	North (N = 46)	South (N = 82)
	%	%	%	%	%	%
Yes I was helped by my Case Manager to get other services	27	23	26	35	33	30
My Case Manager tried to help me but I still didn't get other services	33	37	33	32	24	34
I needed services but my Case Manager didn't help me	39	40	42	33	43	35
<b>Total</b>	100	100	100	100	100	100
<b>Q52:</b> Have you asked your case manager for help with getting or fixing equipment?						
	Alberta (N = 6,369)	Calgary (N = 1,687)	Edmonton (N = 2,282)	Central (N = 1,062)	North (N = 552)	South (N = 786)
	%	%	%	%	%	%
Yes	36	35	36	39	39	33
No	64	65	64	61	61	67
<b>Total</b>	100	100	100	100	100	100
<b>Q53:</b> Did your case manager work with you when you asked for help with getting or fixing equipment? (Among those who answered YES to Q52)						
	Alberta (N = 2,172)	Calgary (N = 551)	Edmonton (N = 784)	Central (N = 388)	North (N = 205)	South (N = 244)
	%	%	%	%	%	%
Yes	83	85	80	84	83	88
Partly	10	8	14	11	9	7
No	6	7	6	5	8	5
<b>Total</b>	100	100	100	100	100	100

Note: Percentages may not always add to 100 per cent due to rounding.

<sup>2</sup> Q50 only includes respondents who answered "Yes" to Q49: "In the last year, was there any service of any kind that you felt you needed but didn't get?"

**Table 8:** Case manager question 6 by AHS zones and survey year

Q6: In the last year, approximately how many different case managers have you had?												
	Alberta		Calgary		Edmonton		Central		North		South	
Year	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015
N	5,397	5,396	1,508	1,603	1,952	1,865	828	723	441	552	668	653
% Just one	63	65	64	66	64	64	61	65	65	65	60	64
% 2 or 3	33	31	34	31	33	33	33	29	29	27	36	29
% More than 3	3	4	2	3	2	3	6	7	6	8	4	7
Total	100	100	100	100	100	100	100	100	100	100	100	100

## Care plan and care meeting questions

To accurately capture a client's experience regarding their care plan and care meetings, responses such as *I don't know*, and *I have no family available* were excluded from the calculation of percentages.

**Table 9:** Care plan and care meeting questions Q7 to Q13

Q7: In the last year, I was involved in making my Care Plan												
	Alberta		Calgary		Edmonton		Central		North		South	
Year	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015
N	5,884	5,986	1,573	1,739	2,102	2,098	975	820	485	610	749	719
% Yes a lot	41	39	45	43	37	35	42	38	41	39	44	41
% Yes a little	39	39	39	38	40	40	40	39	35	38	38	39
% No not at all	18	19	15	17	21	22	16	20	21	20	15	17
% No, I don't think I should be involved	2	3	2	2	2	2	2	3	3	4	3	3
Total	100	100	100	100	100	100	100	100	100	100	100	100

Note: Percentages may not always add to 100 per cent due to rounding.

**Table 9: Care plan and care meeting questions Q7 to Q13 - continued**

<b>Q8: In the last year, my family was involved in making my Care Plan</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	5,688	5,762	1,520	1,652	2,041	1,992	961	811	481	609	685	698
% Yes a lot	36	34	37	35	39	36	32	31	34	33	33	31
% Yes a little	30	32	28	30	28	30	35	36	37	33	32	34
% No staff didn't include them	14	15	14	15	15	17	13	14	11	15	12	15
No, I didn't want family involved	9	10	11	11	8	8	8	9	7	11	11	10
No, my family was unable to be involved	11	9	10	9	11	10	12	10	11	7	12	10
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q9: In the last year, my Care Plan included...</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	6,245	6,348	1,664	1,826	2,236	2,195	1,045	884	530	674	770	769
% Most of the things I needed	69	67	71	70	64	64	74	70	68	66	74	70
% Some of the things I needed	17	18	17	17	19	20	15	16	12	16	14	15
% Almost none of the things I needed	2	2	1	2	2	2	1	1	2	2	1	2
% I have not seen my Care Plan	12	13	10	11	15	14	10	14	18	16	10	13
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100

Note: Percentages may not always add to 100 per cent due to rounding.

**Table 9: Care plan and care meeting questions Q7 to Q13 - continued**

<b>Q10: In the last year, home care provided...</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	5,628	5,701	1,532	1,661	1,966	1,971	967	793	458	598	705	678
% Most of the things in my Care Plan	79	76	79	78	75	73	82	79	78	77	82	77
% Some of the things in my Care Plan	19	21	19	20	22	24	16	18	18	20	15	20
% Almost none of the things in my Care Plan	3	3	2	2	3	3	2	3	3	3	3	3
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q11: In the last year, I was part of a meeting with my Case Manager about my care</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	6,551		1,744		2,358		1,087		550		812	
% Yes	63		73		61		55		50		67	
% No I wasn't part of the meeting	10		6		10		13		15		9	
% No there was no meeting	12	N/A	9	N/A	14	N/A	13	N/A	14	N/A	10	N/A
I don't know if there was a meeting	15		12		14		19		20		14	
<b>Total</b>	100		100		100		100		100		100	

Note: Percentages may not always add to 100 per cent due to rounding.

Different response categories are presented in 2018 for question 11, therefore the 2015 results are not presented here

**Table 9:** Care plan and care meeting questions Q7 to Q13 - *continued*

<b>Q12:</b> In the last year, my family doctor seemed to know about important details of my home care services												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	5,158	N/A	1,399	N/A	1,866	N/A	849	N/A	443	N/A	601	N/A
% Yes most of the time	48		46		45		50		57		52	
% Yes some of the time	26		25		27		28		24		26	
% No	25		28		27		21		17		21	
I don't have a family doctor	1		≤1		≤1		2		2		≤1	
<b>Total</b>	100		100		100		100		100		100	
<b>Q13:</b> If I wanted to change my home care services, I would talk to...												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	5,558	5,533	1,532	1,633	1,986	1,906	891	748	450	572	699	674
% My Case Manager	70	67	76	74	72	69	62	58	62	57	70	69
% Other Home Care staff	11	13	8	9	8	10	16	19	16	20	13	15
% Family or friends	11	11	9	9	11	12	12	12	12	12	9	8
% My family doctor	8	9	7	7	9	9	10	11	10	11	8	8
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100

Note: Percentages may not always add to 100 per cent due to rounding.

Different response categories are presented in 2018 for question 12, therefore the 2015 results are not presented here

## Professional care services questions

To accurately capture how often a client perceived their needs were met, responses of *I don't know* and *I did not need this service* were excluded from the calculation of percentages.

**Table 10:** Professional services Q14 to Q22

Q14: In the last year, professional home care services met my needs for managing my pain.												
	Alberta		Calgary		Edmonton		Central		North		South	
Year	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015
N	3,135	2,667	762	712	1,149	921	546	386	284	330	394	318
% Yes	52	54	48	52	50	47	57	58	62	66	53	62
% Partly	26	26	29	29	24	26	28	26	22	22	30	22
% No	22	20	24	20	26	26	15	16	17	12	17	15
Total	100	100	100	100	100	100	100	100	100	100	100	100
Q15: In the last year, professional home care services met my needs for help with medical procedures (like wound care).												
	Alberta		Calgary		Edmonton		Central		North		South	
Year	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015
N	3,080	Not asked in 2015	742	Not asked in 2015	1,104	Not asked in 2015	533	Not asked in 2015	297	Not asked in 2015	404	Not asked in 2015
% Yes	70		64		68		77		75		73	
% Partly	11		12		12		10		11		12	
% No	19		24		21		13		13		15	
Total	100		100		100		100		100		100	
Q16: In the last year, professional home care services met my needs for help with therapy (like physiotherapy).												
	Alberta		Calgary		Edmonton		Central		North		South	
Year	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015
N	2,618	Not asked in 2015	698	Not asked in 2015	976	Not asked in 2015	423	Not asked in 2015	202	Not asked in 2015	319	Not asked in 2015
% Yes	39		42		36		46		33		39	
% Partly	19		19		18		17		22		17	
% No	42		39		45		37		46		44	
Total	100		100		100		100		100		100	

Note: Percentages may not always add to 100 per cent due to rounding.

**Table 10: Professional services Q14 to Q22 - continued**

<b>Q17: In the last year, professional home care services met my needs for setting up my home so I could move around safely.</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	2,620	2,242	697	650	979	784	435	295	202	254	307	259
% Yes	47	49	48	54	44	43	51	50	50	52	47	50
% Partly	18	19	19	17	18	20	19	22	19	17	14	18
% No	35	32	33	29	39	37	30	28	31	31	38	32
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q18: In the last year, professional home care services met my needs for setting up my home so I could do things independently.</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	2,457	2,186	646	614	941	761	389	307	191	258	290	246
% Yes	39	41	40	43	36	37	47	43	45	46	37	41
% Partly	24	24	25	24	25	23	24	25	22	22	22	23
% No	36	36	35	34	40	40	29	32	34	31	41	35
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q19: In the last year, professional home care staff talked with me about the purpose of my medications</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	3,355	2,956	850	811	1,206	971	570	427	326	389	403	358
% Yes	38	42	38	43	30	33	43	43	52	59	44	48
% Partly	16	17	15	18	15	16	18	19	18	15	17	15
% No	46	41	46	39	55	51	39	38	30	26	39	37
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q20: In the last year, professional home care staff reviewed all of my medications.</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	<b>2015</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	3,508	2,999	898	849	1,212	976	596	422	349	379	453	373
% Yes	50	52	52	56	39	41	52	50	68	67	58	61
% Partly	10	11	12	12	10	12	10	12	8	9	10	12
% No	40	36	36	33	51	48	38	38	24	24	32	27
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100

Note: Percentages may not always add to 100 per cent due to rounding.

**Table 10:** Professional services Q14 to Q22 - *continued*

Q21: In the last year, professional home care staff talked with me about the side effects of my medications.												
	Alberta		Calgary		Edmonton		Central		North		South	
Year	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015
N	3,385	2,861	837	761	1,236	970	580	410	321	373	411	347
% Yes	21	25	21	27	16	18	22	24	31	38	28	31
% Partly	14	16	16	16	12	14	16	16	16	18	14	18
% No	65	59	63	58	73	69	63	60	53	44	59	51
Total	100	100	100	100	100	100	100	100	100	100	100	100
Q22: In the last year, professional home care staff talked with me about when to take my medications												
	Alberta		Calgary		Edmonton		Central		North		South	
Year	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015
N	3,012	2,678	734	708	1,094	915	530	387	276	349	378	319
% Yes	38	37	33	37	34	32	45	36	54	53	36	38
% Partly	10	12	12	14	10	10	8	11	9	13	12	13
% No	52	51	56	49	56	58	47	52	37	34	52	50
Total	100	100	100	100	100	100	100	100	100	100	100	100

Note: Percentages may not always add to 100 per cent due to rounding.

**Table 11:** Treatment by Professional Services Staff summary score (Q23 to 29) by AHS zone

	Alberta		Calgary		Edmonton		Central		North		South	
Year	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015
N	4,590	3,815	1,173	1,041	1,614	1,309	794	525	419	455	590	485
Average Score out of 100	86	87	85	87	83	84	89	89	89	89	89	89



**Table 12: Professional services Q23 to Q29**

To accurately capture how a client perceived they were treated by professional services staff, responses of *I don't know* were excluded from the calculation of percentages.

<b>Q23: In the last year, my professional home care staff explained things in a way that was easy to understand</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	4,534	3,804	1,150	1,036	1,595	1,291	793	537	418	466	578	474
% Yes	75	75	74	75	69	69	78	77	82	79	80	82
% Partly	15	15	15	14	18	18	14	13	12	14	12	12
% No	10	10	11	10	13	14	8	9	6	7	7	5
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q24: In the last year, my professional home care staff knew what kind of care I needed and how to provide it.</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	4,645	3,834	1,172	1,057	1,643	1,298	811	536	423	461	596	482
% Yes	76	76	74	75	71	73	80	79	83	78	79	80
% Partly	18	18	19	19	21	20	16	15	13	18	15	16
% No	6	6	7	6	8	7	4	6	4	5	6	5
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q25: In the last year, my professional home care staff treated me with courtesy and respect.</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	4,840	4,068	1,230	1,109	1,710	1,386	835	576	446	493	619	504
% Yes	93	92	92	93	91	90	94	93	94	94	95	92
% Partly	6	7	7	6	8	8	5	6	5	5	5	6
% No	≤1	1	≤1	≤1	1	1	≤1	2	≤1	1	≤1	2
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q26: In the last year, my professional home care staff treated me as gently as possible when providing care.</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	4,754	3,956	1,203	1,082	1,680	1,347	827	552	439	485	605	490
% Yes	92	91	93	93	89	89	94	94	94	92	92	92
% Partly	7	7	7	6	9	9	5	6	5	7	7	7
% No	1	1	≤1	1	1	2	1	≤1	1	1	≤1	2
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100

Note: Percentages may not always add to 100 per cent due to rounding.

**Table 12: Professional services Q23 to Q29**

<b>Q27: In the last year, my professional home care staff gave me choices about how care was provided.</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	4,208	3,495	1,073	945	1,470	1,208	731	484	382	424	552	434
% Yes	56	62	54	62	49	57	64	64	64	67	60	66
% Partly	22	19	21	20	24	19	21	19	19	19	21	19
% No	22	19	25	18	26	25	15	17	17	14	19	15
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q28: In the last year, my professional home care staff listened carefully to my wishes and needs.</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	4,571	3,778	1,177	1,037	1,596	1,282	792	532	415	461	591	466
% Yes	77	77	78	78	71	72	82	80	81	82	82	82
% Partly	17	17	16	17	21	20	15	16	14	13	14	13
% No	6	6	6	5	8	8	3	4	6	5	4	5
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q29: In the last year, my professional home care staff made me feel safe and that my belongings were safe.</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	4,561	3,728	1,155	1,011	1,619	1,283	787	519	410	455	590	460
% Yes	89	88	89	89	86	84	91	90	90	90	92	90
% Partly	7	7	6	7	8	10	6	7	6	5	5	7
% No	5	5	5	4	6	6	3	4	4	6	2	4
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100

Note: Percentages may not always add to 100 per cent due to rounding.

## Personal care services questions

To accurately capture how often a client perceived their needs were met, responses of *I don't know* and *I did not need this service* were excluded from the calculation of percentages.

**Table 13:** Personal care services Q32 to Q37

<b>Q32:</b> In the last year, how do you feel about the number of different personal care staff you have had?												
	Alberta		Calgary		Edmonton		Central		North		South	
Year	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015
N	5,748	5,485	1,535	1,617	2,056	1,920	953	743	488	521	716	684
% I'm very happy with the number I've had	42	44	41	44	42	39	45	51	46	52	40	47
% I'm OK with the number I've had	47	47	47	47	47	50	48	43	48	45	49	45
% I'm not happy at all with the number I've had	10	8	12	9	11	11	7	6	6	3	10	7
Total	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q33:</b> In the last year, personal care staff met my needs for help with showering or bathing.												
	Alberta		Calgary		Edmonton		Central		North		South	
Year	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015
N	4,976	5,006	1,361	1,503	1,790	1,771	818	671	400	447	607	614
% Yes	86	85	88	87	83	82	90	88	89	83	88	86
% Partly	8	9	8	8	11	11	5	8	7	10	8	8
% No	5	6	5	5	7	7	5	4	5	7	4	6
Total	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q34:</b> In the last year, personal care staff met my needs for help with getting dressed.												
	Alberta		Calgary		Edmonton		Central		North		South	
Year	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015
N	3,510	3,455	967	1,017	1,280	1,250	574	457	262	278	427	453
% Yes	62	57	66	60	62	56	60	54	53	45	62	61
% Partly	20	22	20	20	19	24	21	24	24	23	21	20
% No	17	21	14	20	19	19	18	23	23	32	18	19
Total	100	100	100	100	100	100	100	100	100	100	100	100

Note: Percentages may not always add to 100 per cent due to rounding.

**Table 13: Personal care services Q32 to Q37 - continued**

<b>Q35: In the last year, personal care staff met my needs for help with using the bathroom.</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	1,942	1,937	519	583	755	704	287	250	154	185	227	215
% Yes	37	30	44	36	35	31	32	21	31	26	33	27
% Partly	14	15	11	12	17	18	15	16	12	15	14	14
% No	49	55	45	52	48	51	53	64	57	58	53	59
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q36: In the last year, personal care staff met my needs for help with eating.</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	1,540	1,643	429	496	594	586	239	221	112	157	166	183
% Yes	20	15	24	18	21	17	16	9	11	10	18	10
% Partly	14	12	19	14	12	13	13	9	10	6	11	9
% No	66	73	57	68	67	70	71	82	79	84	70	80
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q37: In the last year, personal care staff met my needs for help with taking medications.</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	2,547	2,578	582	706	1,002	912	451	367	218	300	294	293
% Yes	50	44	43	38	52	47	52	44	57	55	51	37
% Partly	13	14	14	15	12	12	15	16	13	9	12	16
% No	37	42	43	47	36	40	33	40	29	36	37	46
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100

Note: Percentages may not always add to 100 per cent due to rounding.

**Table 14: Treatment by Personal Care Services Staff summary score (Q38 to Q46) by AHS zone**

	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	5,578	5,285	1,488	1,563	1,997	1,859	933	703	458	495	702	665
Average Score out of 100	88	89	88	89	86	87	91	91	91	91	89	90

**Table 15: Personal care services Q38 to Q46**

To accurately capture how a client perceived they were treated by personal care services staff, responses of *I don't know* were excluded from the calculation of percentages.

Q38: In the last year, personal care staff let me know when they could not come.												
	Alberta		Calgary		Edmonton		Central		North		South	
Year	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015
N	5,403	5,260	1,460	1,571	1,940	1,841	891	696	452	509	660	643
% Yes	69	72	69	73	66	68	75	75	77	76	68	73
% Partly	16	16	18	16	18	19	14	14	10	10	14	12
% No	14	12	13	11	15	13	11	11	13	14	17	15
Total	100	100	100	100	100	100	100	100	100	100	100	100
Q39: In the last year, personal care staff knew what kind of care I needed and how to provide it.												
	Alberta		Calgary		Edmonton		Central		North		South	
Year	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015
N	5,802	5,516	1,541	1,628	2,082	1,946	964	734	484	520	731	688
% Yes	81	81	79	81	78	77	85	84	86	83	83	86
% Partly	16	16	18	16	18	19	13	14	11	14	15	13
% No	3	3	3	3	4	4	2	2	2	3	2	1
Total	100	100	100	100	100	100	100	100	100	100	100	100
Q40: In the last year, personal care staff treated me with kindness even during difficult or embarrassing tasks.												
	Alberta		Calgary		Edmonton		Central		North		South	
Year	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015
N	5,764	5,502	1,520	1,621	2,072	1,925	960	737	484	525	728	694
% Yes	91	91	91	90	89	88	93	94	93	93	93	93
% Partly	7	8	7	8	8	10	6	5	4	5	6	6
% No	2	2	2	2	3	2	1	≤1	3	2	1	1
Total	100	100	100	100	100	100	100	100	100	100	100	100
Q41: In the last year, personal care staff listened carefully to my wishes and needs.												
	Alberta		Calgary		Edmonton		Central		North		South	
Year	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015	2018	2015
N	5,665	5,449	1,496	1,610	2,025	1,910	959	727	471	518	714	684
% Yes	80	81	80	81	76	77	84	82	83	86	83	85
% Partly	17	16	17	16	20	19	14	16	14	11	14	13
% No	3	3	3	3	3	3	2	2	3	3	2	3
Total	100	100	100	100	100	100	100	100	100	100	100	100

Note: Percentages may not always add to 100 per cent due to rounding.

**Table 15: Personal care services Q38 to Q46 - continued**

<b>Q42: In the last year, personal care staff encouraged me to do things for myself if I could.</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	5,439	5,240	1,435	1,534	1,942	1,812	910	720	461	510	691	664
% Yes	70	73	69	70	66	67	77	78	80	79	71	81
% Partly	15	14	16	15	17	17	12	13	11	10	15	9
% No	14	13	15	15	17	16	11	10	8	11	13	9
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q43: In the last year, personal care staff kept me informed about when they would arrive.</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	5,780	5,568	1,545	1,642	2,084	1,954	948	737	482	533	721	702
% Yes	69	70	70	71	66	68	72	69	74	73	69	70
% Partly	21	21	21	21	24	24	20	21	17	17	19	20
% No	10	9	9	9	11	9	8	9	9	10	12	10
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q44: In the last year, personal care staff explained things in a way that was easy to understand.</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	5,569	5,283	1,473	1,542	1,983	1,834	937	717	468	519	708	671
% Yes	82	81	82	80	79	77	87	83	85	86	87	86
% Partly	13	15	14	15	16	17	10	13	12	11	9	11
% No	4	5	4	5	6	6	3	4	3	3	4	3
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100
<b>Q45: In the last year, personal care staff treated me as gently as possible when providing care.</b>												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	5,857	5,560	1,546	1,633	2,113	1,959	974	747	494	527	730	694
% Yes	92	91	92	92	90	89	94	93	93	94	93	92
% Partly	7	7	6	6	9	9	5	6	6	5	6	7
% No	1	1	1	1	2	2	≤1	≤1	1	1	≤1	≤1
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100

Note: Percentages may not always add to 100 per cent due to rounding.

**Table 15:** Personal care services Q38 to Q46 - *continued*

<b>Q46:</b> In the last year, personal care staff made me feel safe and that my belongings were safe.												
	<b>Alberta</b>		<b>Calgary</b>		<b>Edmonton</b>		<b>Central</b>		<b>North</b>		<b>South</b>	
<b>Year</b>	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015	<b>2018</b>	2015
<b>N</b>	5,650	5,412	1,501	1,586	2,014	1,925	945	722	478	514	712	665
% Yes	92	91	93	91	90	90	93	93	92	93	94	92
% Partly	6	6	5	7	7	7	5	6	5	5	5	5
% No	2	2	3	2	3	3	2	2	2	2	2	3
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100

Note: Percentages may not always add to 100 per cent due to rounding.

## APPENDIX VI: HELP WITH THE SURVEY

Questions 55 and 56 of the questionnaire were used to evaluate whether help with the survey impacted results.

### Q55: Did someone help you complete this survey?

Nearly 40 per cent of respondents provincially had some form of help from another person, results ranged from a low of 33 per cent in the South Zone to a high of 41 per cent in the Edmonton Zone. The help primarily came from another family member other than a spouse.

**Table 16:** Zone summary of responses for Q55

	Alberta (N = 6,728)	Calgary (N = 1,766)	Edmonton (N = 2,425)	Central (N = 1,121)	North (N = 580)	South (N = 836)
	%	%	%	%	%	%
No	61	60	59	63	61	67
Yes, my spouse	8	9	8	7	6	8
Yes, another family member	24	24	27	22	24	20
Yes, Home Care staff	≤1	≤1	≤1	1	2	≤1
Yes, someone else/unspecified	6	6	6	6	8	3
<b>Total</b>	100	100	100	100	100	100

### Q56: If yes [to Q55], how did that person help you (please mark all that apply)

Provincially, the top two responses chosen were “Read the questions to me” and “Wrote down the answers I gave.”

**Table 17:** Provincial summary of responses for Q56

	Number of respondents in 2018
Read the questions to me	1,635
Wrote down the answers I gave	1,564
Answered the questions for me	525
Talked with me about what my answers should be	470
Translated the questions into my language	294



## Significance of help and Overall Care ratings

The significance of help was defined as any type of help that may not accurately reflect the experience of the client or potentially compromise the reported experience of the client. The criteria were defined as:

- No help
- Some help (Yes to help but does not fall into “significant help”)
- Significant help
  - Q56 “Answered the questions for me”
  - Q56 “Talked with me about what my answers should be”
  - Help from facility or home care staff (searched through comments in Q56)
- Approximately 14 per cent of respondents received significant help in completing the survey.

**Table 18:** Zone summary of help in completing the survey

	Alberta N = 6,732	Calgary N = 1,766	Edmonton N = 2,427	Central N = 1,122	North N = 580	South N = 837
	%	%	%	%	%	%
No help	62	61	59	64	62	68
Some help	24	24	26	24	25	21
Significant help	14	16	15	12	13	11
<b>Total</b>	100	100	100	100	100	100

Subsequently, Overall Care ratings were compared across the groups to determine if the overall experiences of clients differed relative to the type of help they received. Clients who received some form of help (*Some help* and *Significant help*) had significantly lower Overall Care ratings than clients who received *No help*. Overall Care ratings did not significantly differ between clients that received *Some help* and those that received *Significant help*. Across zones, *No help* was significantly higher than *Some help* in the Edmonton and South zones.

**Table 19:** Overall Care ratings by type of help

	Alberta N = 6,465	Calgary N = 1,712	Edmonton N = 2,318	Central N = 1,074	North N = 556	South N = 805
	Rating	Rating	Rating	Rating	Rating	Rating
No help	8.5	8.4	8.2	8.7	8.7	8.7
Some help	8.1	8.2	7.9	8.5	8.3	8.3
Significant help	8.3	8.2	8.1	8.4	8.6	8.6

## APPENDIX VII: MODELING SPECIFICS

### Model building steps

A structural equation model was constructed to determine which factors influence the overall measures of client experience, mainly the Overall Care rating. Models were compared and adjusted on various fit indices. Variables selected from client characteristics and select survey questions were included in the analysis to explore their relationship with overall client experience. The selection of included variables was based on the previous survey as well as literature and consultation with stakeholders.

### Drivers

The first three drivers were examined for their relationship with the Overall Care rating. The first driver, relational care, included how clients were treated by professional home care staff (*Questions 23-29*) and how they were treated by personal care staff (*Questions 32, 38-46*). The second driver was regarding client needs, specifically whether their professional (*Questions 14-22*) or personal (*Questions 33-37*) care needs were met. Finally, driver three included case management (*Questions 3-5, 6, 53*) and care planning (*Questions 7,9-10,12*) questions.

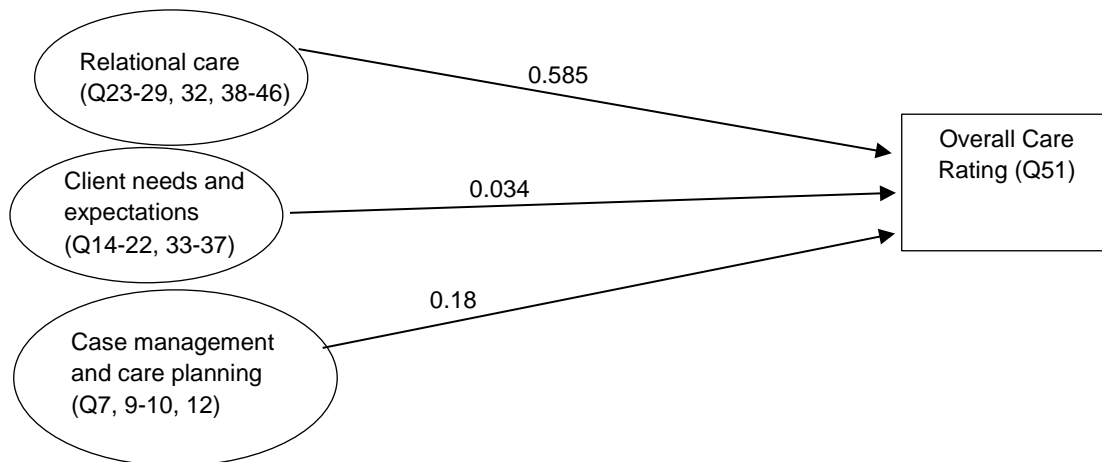
### Selection of final model

Similar to the factor analysis in generating composites, the questions were first examined to ensure all questions loaded onto their associated construct. Questions were excluded from the construct if the factor loading was less than 0.3. The individual constructs were then included in the final model with Overall Care rating as the outcome. Demographic covariates were also analyzed, including age, gender, geography, zone, CPS-scale, help with the survey, and service frequency of either professional or personal care services. Covariates that were excluded were not significantly associated with the Overall Care rating, had small coefficients, or did not contribute to R-squared or other model fit indices relative to other similar and correlated covariates. Mediation and Moderation effects were also explored. Overall, the included constructs and variables explained 49 per cent of the variance in the Overall Care ratings.

### Other outcomes

Each defined driver of client experience was further verified with other outcomes, such as (1) supporting clients to stay at home and (2) each of the professional and personal care services ratings as outcomes. These three variables were also examined for their relationship with the Overall Care rating. It was determined that the Overall Care rating and the individual professional and personal ratings did not form a single construct and could not be in the same model. Supporting clients to remain at home and the Overall Care rating were significant predictors of each other, however this association was weak. While most of the drivers and questions associated with the Overall Care rating were also associated with supporting clients to stay in their home, the associations were weaker and they explained a lower amount of the variance in supporting clients to stay in their homes.

**Figure 2: Final Model**



Model adjusted for: Age, gender, geography, and significant help with the survey.

## APPENDIX VIII: DETERMINING ACTIONS FOR IMPROVEMENT

In an effort to identify specific Actions for Improvement based on survey results, we determined a methodology that identifies questions which has the greatest potential improvements in overall client experience. For question identification, we worked on two principles:

- Outcome measure to be improved is the Overall Care Rating
- Selected questions would need to consider:
  - Strength of relationships to the Overall Care Rating, and
  - The potential for improvement or room for improvement.

### Outcome measure

Client's overall experience of home care is measured by the Overall Care Rating on a scale from 0 to 10 where 0 is the worst care possible and 10 is the best care possible. In determining actions for improvement the goal is therefore to improve this rating.

### Determining question strength and prioritization criteria

Four prioritization criteria were determined:

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

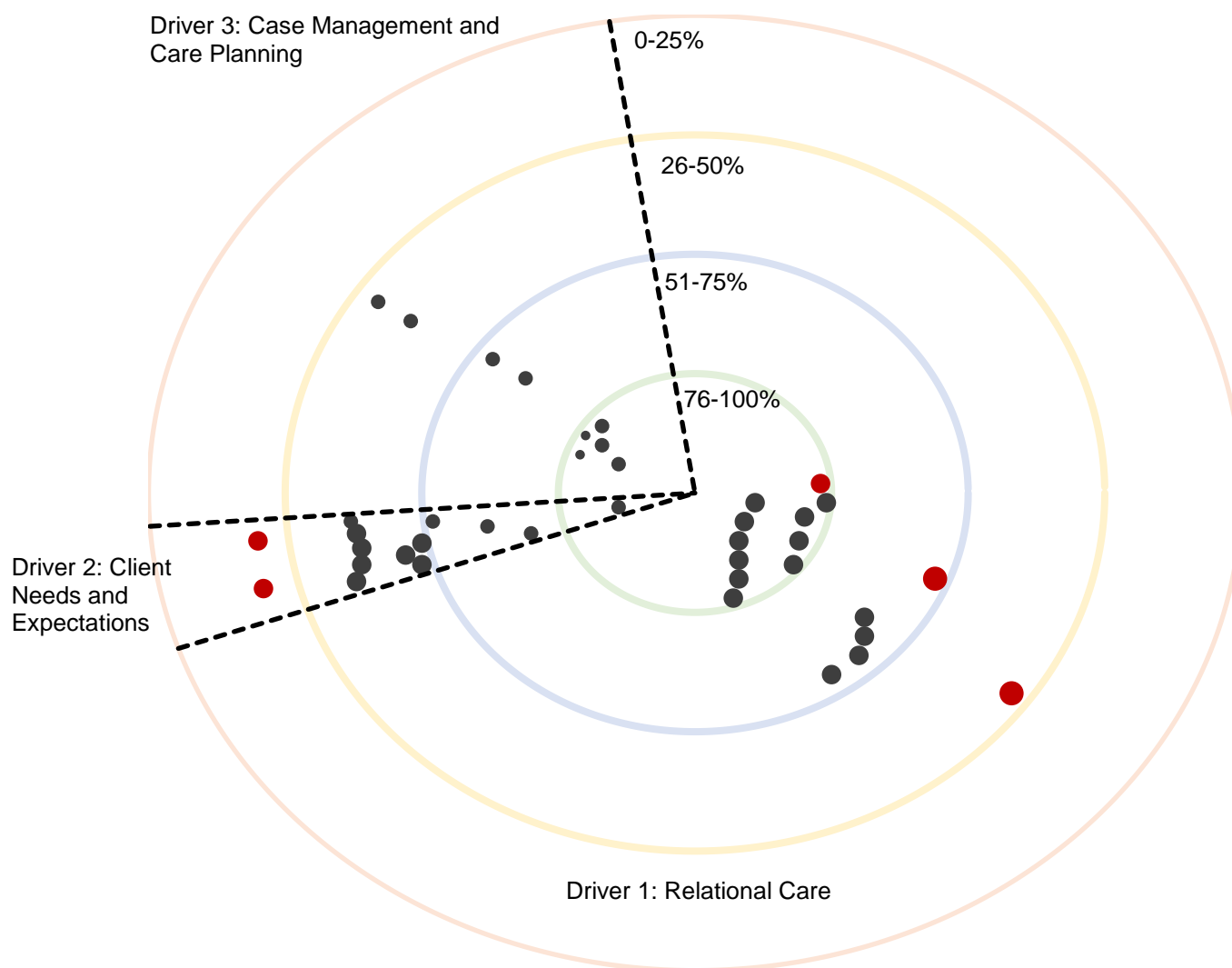
From statistical modeling, described in Appendix VII, there were three drivers that quantitatively influence the Overall Care Rating. Of these three Drivers, Relational Care has the strongest influence to the Overall Care Rating (measured by beta coefficients), followed by Case Management and Care Planning, and finally Client Needs and Expectations. To illustrate this, the Overall Care Rating is depicted as a pie chart, with the three drivers occupying a piece of the pie proportional to their beta coefficients (**Figure 3**). The strength of the driver is the first consideration in determining actions for improvement. However, in order to identify specific actions we need to look at the survey questions that make up each driver. When solely considering survey questions as part of each driver, two things were considered. First, we considered the relationship of the question with the driver. The relationship of the question with the driver is determined by their factor loading and is represented by the size of the dot in **Figure 3**, where the bigger the dot the stronger the relationship. Second, we considered the room for improvement in regards to the top-box score. This is visualized in **Figure 3** where the total pie is divided into rings representing quartiles of scores (i.e. 0-25%, 26-50%, 51-75%, and 76-100%). The most positive scores are towards the centre. Questions that appear in the outer rings based on their provincial

top-box score have the furthest distance to move towards the centre and therefore have more opportunity for improvement.

To take into account the strength of the relationship of each question with the Overall Care Rating, while also considering the Driver it is a part of, we multiplied the Driver's beta coefficient by the factor loading for each question. We then took the proportion for improvement for each question by subtracting the top-box score from 100 then dividing by 100. We added these two numbers to obtain a final prioritization score where larger numbers would get a higher priority.

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 related to the Overall Care Rating are presented in order of importance according to this prioritization process (**Table 20**). From this ordered list, we selected the top five survey questions which were used to generate the Actions for Improvement. As can be seen from **Figure 3**, the top five questions are highlighted in red and either belong to a stronger driver, are more strongly associated with the driver, or have low top-box scores.

**Figure 3:** Visual for prioritization of survey questions



**Table 20:** Survey questions in order of priority

Driver	Question	Top-Box Score
Relational Care	Q32: In the last year, how do you feel about the number of different personal care staff you have had?	42
Client Needs and Expectations	Q21: In the last year, professional home care staff talked with me about the side effects of my medications.	21
Relational Care	Q27: In the last year, my professional home care staff gave me choices about how care was provided.	56
Relational Care	Q28: In the last year, my professional home care staff listened carefully to my wishes and needs.	77
Client Needs and Expectations	Q19: In the last year, professional home care staff talked with me about the purpose of my medications	38
Client Needs and Expectations	Q22: In the last year, professional home care staff talked with me about when to take my medications	38
Client Needs and Expectations	Q18: In the last year, professional home care services met my needs for setting up my home so I could do things independently.	39
Relational Care	Q43: In the last year, personal care staff kept me informed about when they would arrive.	69
Relational Care	Q41: In the last year, personal care staff listened carefully to my wishes and needs.	80
Relational Care	Q24: In the last year, my professional home care staff knew what kind of care I needed and how to provide it.	76
Relational Care	Q23: In the last year, my professional home care staff explained things in a way that was easy to understand	75
Relational Care	Q38: In the last year, personal care staff let me know when they could not come.	69
Relational Care	Q39: In the last year, personal care staff knew what kind of care I needed and how to provide it.	81
Relational Care	Q44: In the last year, personal care staff explained things in a way that was easy to understand.	82
Client Needs and Expectations	Q17: In the last year, professional home care services met my needs for setting up my home so I could move around safely.	47
Client Needs and Expectations	Q20: In the last year, professional home care staff reviewed all of my medications.	50
Client Needs and Expectations	Q14: In the last year, professional home care services met my needs for managing my pain.	52

**Table 20:** Survey questions in order of priority - continued

Driver	Question	Top-Box Score
Relational Care	Q29: In the last year, my professional home care staff made me feel safe and that my belongings were safe.	89
Care Planning and Case Management	Q9: In the last year, my Care Plan included...	69
Relational Care	Q45: In the last year, personal care staff treated me as gently as possible when providing care.	92
Relational Care	Q40: In the last year, personal care staff treated me with kindness even during difficult or embarrassing tasks.	91
Relational Care	Q26: In the last year, my professional home care staff treated me as gently as possible when providing care.	92
Relational Care	Q25: In the last year, my professional home care staff treated me with courtesy and respect.	93
Relational Care	Q46: In the last year, personal care staff made me feel safe and that my belongings were safe.	92
Care Planning and Case Management	Q5: In the least year, my case manager helped me get changes to my home care services. (Among those who answered YES to Q1)	80
Client Needs and Expectations	Q15: In the last year, professional home care services met my needs for help with medical procedures (like wound care).	70
Care Planning and Case Management	Q10: In the last year, home care provided...	79
Care Planning and Case Management	Q4: In the last year, my case manager helped me get all of the home care services that I needed. (Among those who answered YES to Q1)	86
Care Planning and Case Management	Q3: In the last year, I was able to reach my case manager when I needed her/him. (Among those who answered YES to Q1)	83
Care Planning and Case Management	Q53: Did your case manager work with you when you asked for help with getting or fixing equipment? (Among those who answered YES to Q52)	83
Client Needs and Expectations	Q36: In the last year, personal care staff met my needs for help with eating.	20^
Client Needs and Expectations	Q35: In the last year, personal care staff met my needs for help with using the bathroom.	37^
Client Needs and Expectations	Q16: In the last year, professional home care services met my needs for help with therapy (like physiotherapy).	39^
Care Planning and Case Management	Q7: In the last year, I was involved in making my Care Plan	42^
Care Planning and Case Management	Q12: In the last year, my family doctor seemed to know about important details of my home care services	48^



**Table 20:** Survey questions in order of priority - continued

Driver	Question	Top-Box Score
Client Needs and Expectations	Q37: In the last year, personal care staff met my needs for help with taking medications.	50^
Client Needs and Expectations	Q34: In the last year, personal care staff met my needs for help with getting dressed.	62^
Care Planning and Case Management	Q6: In the last year, approximately how many different case managers have you had?	63^
Relational Care	Q42: In the last year, personal care staff encouraged me to do things for myself if I could.	70^
Client Needs and Expectations	Q33: In the last year, personal care staff met my needs for help with showering or bathing.	86^

## APPENDIX IX: EXPERIENCE OF COGNITIVELY UNWELL CLIENTS

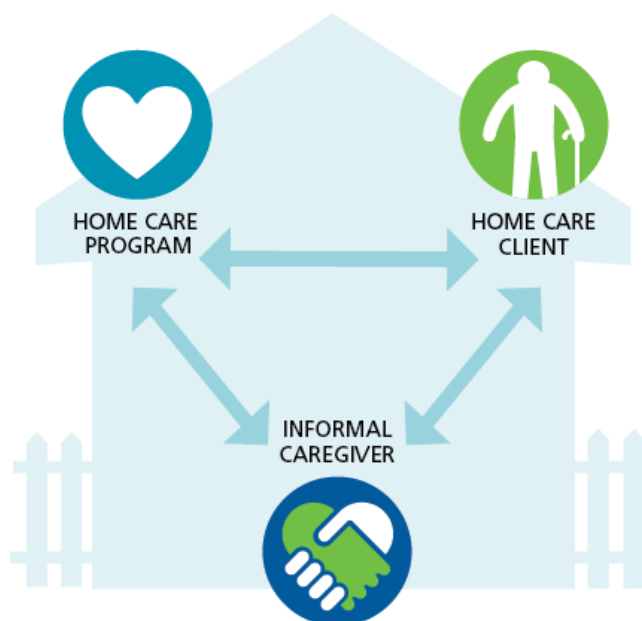
This section presents detailed findings of in-depth interviews conducted with cognitively unwell clients and expands on Section 3 of the Provincial Report: *Alberta Seniors Home Care Client Experience Survey*.

### Findings

#### Introduction

In 2018, the HQCA engaged stakeholders accountable for home care services in Alberta, to understand what information would assist their decisions regarding home care policies and funding. Participants included representatives from Alberta Health (AH), Alberta Health Services (AHS), and privately contracted home care provider organizations. Top of mind in these discussions were policies and priorities related to *Aging in the Right Place*,<sup>1</sup> the *Alberta Dementia Strategy*,<sup>2</sup> the federal government's national 10-year investment of \$11 billion into home care and mental health,<sup>3</sup> as well as Canadian Institute of Health Information (CIHI) indicators. Stakeholders identified a need to better understand whether home care enables clients to live at home, and how to support clients and their caregivers to ensure both remain living in their chosen communities as long as possible. Of particular interest were home care clients who were cognitively unwell and their caregivers, as these clients often require more support and resources. In synthesizing the literature and the findings of this project, the HQCA views quality home care as a co-produced program by interdependent partners collaborating to co-create and co-deliver care – illustrated in **Figure 4**.

**Figure 4:** Interdependencies between the home care client, informal caregiver, and the home care program



The relationship between the client and the home care program is summarized here. The focus of this section is to highlight the experiences of clients who are cognitively unwell, to identify areas that can be leveraged, and opportunities for improvement that will support clients and informal caregivers to live at home.

The HQCA conducted interviews between September and November of 2018 with seniors (aged 65 or older) who: are cognitively unwell<sup>4</sup>; are able to provide their informed consent to participate in an interview (defined as a cognitive performance score of 2 or 3 – mild to moderate intact), and are receiving long term supportive and/or maintenance home care services; and their informal caregivers who cohabitated with them in their private home.

A total of 54 face-to-face in-depth interviews were completed with 27 home care clients and 29 informal caregivers across Alberta, in both rural and urban geographic locations. Two types of interviews were conducted. The first involved speaking with clients and their informal caregivers together about the client's experiences with home care, and sought to answer four key questions:

- What are the home care experiences of clients who are cognitively unwell?
- What contributes to a more or less positive experience with home care?
- What enables clients to continue to live at home?
- What are the barriers to ensuring clients can continue to live at home?

A follow-up interview then took place with the informal caregiver about their experience of caregiving. Three key questions were the focus of this conversation, and included:

- What are the experiences of Albertans who provide informal care to cognitively unwell clients?
- What enables informal caregivers to continue to support clients to live at home?
- What are the barriers to continuing to support clients to live at home?

The results of the caregiver experience are available in a separate report and will be posted here when available: <https://hqca.ca/studies-and-reviews/>.

### *Who are the home care clients?*

The HQCA spoke with 27 Albertans who received home care services. Interviewees ranged in age from 50 to 93 years old, men and women, living in rural and urban locations across Alberta. They had diverse medical conditions and needs for support. Some were independent and did not need much help, while others were more dependent and required multiple home care visits per day.

Most of the clients received personal care services which included:

- Support with activities of daily living like bathing, grooming, incontinence management, dressing, meal preparation, compression stockings, and medications
- Walking and exercise
- Recreation and companionship
- Home safety assessment and equipment/modification recommendations
- Physiotherapy and occupational therapy
- In-home health services like wound care and foot care
- Respite – in-home or day program

While clients access a variety of services through home care, there are common things that contributed to a more or less positive experience. This emphasizes that it's not necessarily the care provided, but how care is provided that is important.

## Experience with setup and administration

### *Access to home care – initial hesitancy*

Most home care clients were referred to home care by hospital staff after being admitted to hospital, or by their family doctor in the community. In a few instances, the client's informal caregiver had learned about home care through their networks or community resources and contacted a local home care office themselves.

While many clients recognized they needed additional support, some struggled to accept this help initially. Their identity as an independent person, capable of meeting their own needs, was challenged. For many, accepting help was embarrassing – particularly because the type of help they needed made them feel vulnerable. However, all were motivated to continue to live at home and accepted that help was needed to be able to do so. Their homes were a source of comfort and the place where they had raised their families. Home care became a valuable asset and most said they would not want the level of service they currently receive to change, as home care enables them to live at home.

“Well, it's made me realize that I do need help, that I'm getting to the stage where I need help, that I'm not always so independent as I used to be, you know?”

One Indigenous family that was interviewed emphasized that access to home care can be specifically problematic for Indigenous clients. They suggested that more outreach to seniors who do not access home care would be beneficial as well as hiring Indigenous home care staff, and exchange programs between on and off reserve home care staff which might make Indigenous seniors more comfortable with accepting help from home care.

### *Case management and care planning*

Case managers are responsible for assessing clients' needs for home care and creating a care plan which outlines the services clients will receive. In general, clients and their caregivers felt involved in this conversation and the clients' needs were addressed. Their case manager continued to assess their needs annually, or more often, and adjust services as needed.

“They came to my house, and they did an interview, what I needed, what my needs were, my expectations, my disabilities, and they were quite thorough, very thorough.”

When clients' needs changed outside this time, they felt either the staff working directly with them were able to identify this and advocate for additional services, or that there was an open invitation to contact their case manager to discuss their care needs, ask questions, and voice their concerns. However, this places the onus on the client or caregiver to identify changes to the client's health that may trigger a need for additional service.

“I feel that they've pretty well delivered anything that we've asked for, and like I said, maybe it's on us to ask for more.” - Caregiver

Some found it difficult to make contact with, and get a response from their case manager or their home care office manager within 24 hours. It was also difficult for some to get their concerns addressed. Clients also worried about their ability to get needed services approved as their needs change. Some clients requested additional support, but felt they were denied either because it is not in the scope of home care or there are not enough staff available to meet their needs. Several said services they rely upon were discontinued. In general, clients feel that they would benefit from more frequent assessments and to be advised about the scope of services available. This would enable clients and their caregivers to better prepare for the future and manage their expectations of home care.

### **The key aspects of positive experience include:**

- Involvement in care planning and getting needs addressed
- Being informed about the scope of services available
- Being informed about the potential trajectory of illness/disease and proactively managing expectations regarding what home care can and cannot do to meet client's needs at home
- Easy communication with case manager. The case manager is:
  - Known to the client and they introduce themselves
  - Available by phone within 24 hours
  - Is open to discussion about increased service needs beyond the regularly scheduled assessment
  - Seeks to resolve concerns
  - Assesses regularly and more often than annually if needed

## Scheduling of home care services

Case managers are responsible for assessing clients' need for home care, creating a care plan, and co-ordinating services in accordance to that care plan. Most clients had positive experiences with the co-ordination of services. Services are regularly scheduled, at a time and day of the week that worked well for the client. Staff arrive on time, and any changes to scheduling or significant delays are communicated to the client by the home care office as soon as possible. Clients also do not expect staff to always arrive exactly as scheduled and are aware that delays happen. In turn, they appreciate that the home care office is understanding when they need to make changes to the schedule.

“They’ve always showed up. If they’ve had to miss, they’ve always informed me ahead of time, a day or two ahead of time, so they know to reschedule and stuff like that. They’re very responsive.”

Clients who did not have a positive experience with their home care office often cite communication issues. As clients are not allowed access to the contact information of direct care staff, clients are reliant on communication from their home care office. They experience difficulties reaching the home care office by phone, getting concerns addressed and changing the schedule to accommodate their medical appointments or illness. They also do not always receive communication about delays or changes to the schedule in a timely manner. Further, they are concerned that the schedulers are not always locally based, and lack knowledge of the local geography and realistic commute times between clients. Overall, these issues are felt to negatively impact the clients' ability to receive safe, quality care as staff either do not arrive on time, do not arrive at all, or are pressed for time and rush or miss tasks. When staff did not arrive, or arrived late, care tasks fell to the informal caregiver to complete, adding to their workload.

“They would call me the day they were coming. Which was kind of awkward, because sometimes [caregiver] was out . . . So, there’d be nobody here. . . . I don’t understand why they can’t call you the day before.”

### The key aspects of positive experience include:

- The home care office communicates:
  - Scheduling of changes within 24 hours
  - Staff changes within 24 hours
  - Appointment delays
- Scheduling is consistent. Clients can expect staff to arrive within a particular timeframe on a particular day(s) of the week regularly, and this time and day works well for them
- Flexibility so that appointments can be rescheduled as needed
- Enough driving time and buffer time is scheduled between clients so that staff are not in a rush
- Enough time is scheduled to complete care tasks safely

## Experience with staff and care provided

### *Relationships*

Clients praised the home care staff who provide them with care and services for possessing qualities that make them feel comfortable with receiving help. These qualities include being kind, caring, friendly, professional, outgoing, and easy to talk to. Staff also personalized their interactions, talking about topics of interest, like sports or activities and events in the community. This humanized the service, and helped clients feel they are being treated not as a patient, but as a valued human being.

“Well, they’re just like a friend that’s come to see me, you know? I look forward to them . . . I feel very, very comfortable with all of them, and they’re very comfortable with me, you know?”

Staff take care to inform them of what they are doing, and are open to questions as well as feedback. They also respect clients’ desire to maintain independence as much as possible by being available to support, but encourage clients to do certain tasks for themselves where safe and appropriate.

“We were included in everything. We were never just patients sitting there. We were totally included in what was going on.”

Lastly, some staff went above and beyond the care plan and supported tasks simply because they knew it would benefit the client or the informal caregiver.

It was uncommon for clients to experience poor relationships with staff, however there were instances where this occurred. These relationships are characterized as ‘sterile’, with staff being non-communicative and rushing care tasks. When this happens, it is more difficult for clients to like, trust, and connect with staff. Poor relationships compromise the care clients experience because staff do not seem to be invested in them as a person, but rather, they feel like a care task to be completed. Some clients refuse help with care tasks if they are uncomfortable with the staff. In some instances, poor relationships triggered a complaint to the home care office or case manager to formally remove that staff member from their care.

“If they could be a little bit more—human is probably the word. Come in and be a little more human contact instead of just rushing in and out . . . because you’re not going to feel safe if someone comes in and just rubs you real quick and runs out the door.”

Some clients, also are uncomfortable receiving care from staff who are not of the same gender. Despite requests for same-gendered staff, home care offices could not always guarantee that this was possible. While some remain strongly opposed to receiving care from opposite-gendered staff and refuse their care, others chose to focus instead on the staff’s professionalism rather than their gender.

“They keep on changing people that we like. The more we tell them that we like these people, they’re purposely changed. They send somebody totally new and totally inefficient.” - Caregiver

Lastly, a concern for clients is that staff are discouraged from forming close relationships with them. Some felt staff were removed from their care because they voiced a compliment to their home care office.

### The key aspects of positive experience occurred when home care staff:

- Greet client and family upon entering home.
- Possess positive qualities such as being friendly, personable, kind, and caring.
- Bring a positive attitude to the work and are enthusiastic and interested in the client.
- Are gentle and unhurried when providing care, and protect client's dignity.
- Engage the client in conversation, inform the client of what they are doing before they do it.
- Respect client's desire for independence and support accordingly.
- Are flexible. They are willing to do extras that will make a difference and stay longer to help.
- Personalize the interaction.
- Proactively identify client's needs and do things that benefit the client and advocate for increased service if needed.
- Preferred choice (e.g., gender of staff).

### *Staff continuity*

Some clients feel that it is important to have the same staff over time because it contributes to smoother visits as staff are able to get to know them and their preference, and know what to do and how to do it without being asked or told. Also, they feel more comfortable and at ease, particularly with vulnerable care tasks, because staff are not strangers to them. Knowing that the same person is going to be there to perform the care task in a respectful and dignified way each time is comforting. When staff regularly change, some clients feel this is detrimental to overall care quality. Their concerns are with staff's knowledge about how to best complete a care task, familiarity with their care plan, and staff's willingness to support with tasks that may not be on the care plan. Another concern is trust – when there are many different staff coming in and out of their home, clients find it difficult to get to know them and this reduces their comfort with receiving help, particularly with vulnerable tasks.

“[Day of the week] is the same [home care staff worker] and [they are] so nice, so I would miss [them] if [they] didn't come . . . [The staff worker] is very friendly, [they] talk to you too. [The staff worker] always visits a little while, you know? You get to know [them] . . . I don't have to remind [them] or tell [them], [they] help me.”

For other clients, having the same staff is not so important. Rather, they prioritize staff's knowledge of the care plan, professionalism, overall attitude (friendly and kind), and competency of the task at hand. Some even suggested it would be detrimental to have the same staff over time, suggesting that staff may burn out if they have clients who are particularly challenging or demanding. Instead, they value having new people to get to know and interact with.



“I can understand why it’s like that [having different staff], but it would probably be better to get the same person, but I’m not too bothered about that . . . You can’t expect a trained-up set of staff that remains constant. It doesn’t – the workforce doesn’t operate that way.”

### The key aspects of positive experience include:

- Consistent staff, so that clients can get to know them, improving their comfort level and so that staff are able to become familiar with client preferences regarding care delivery
- In cases where staff are inconsistent, positive experiences are fostered when staff are knowledgeable of, and follow the care plan, are competent and treat clients well.

### *Staff ability*

In general, clients are confident in staff’s ability to meet their needs, and feel safe. Staff are efficient but do not rush through care tasks, and ensure all of the tasks outlined in the client’s care plan are completed at each visit. When staff are not as knowledgeable about how to complete a care task, or do things differently from what works best for the client, clients appreciate that staff are willing to try an alternate approach. Staff also proactively identify additional support opportunities and either provide that support in the moment or communicate the client’s need to the home care office or case manager.

“I’m really pleased that these people are well-trained. They know what to do, and they go about doing it in a professional manner, and that’s very comforting for older people like me . . . not in just bathing, but just in the whole operation, how to handle people, how to talk to people, how to get involved with people, how to keep people informed. I mean, it’s all well done here.” - Caregiver

While many clients are confident in staff’s abilities, others feel staff would benefit from additional training, particularly when staff do not meet their needs, or in rare circumstances, cause harm. In general, lack of confidence in staff occurs when staff do not take the time to review the care plan, are unfamiliar with how to optimally provide care, are not receptive to feedback, or are rushed. When this happens, some clients said they instruct staff in what to do.

Furthermore, some informal caregivers supervise staff to ensure the task is completed correctly, or correct or complete the task after staff leave.

“They come in without knowing anything about me, and then I have to start, step by step by step, to tell them what needs to be done. That’s very tiresome. And they say to me, when I have to teach them, “you’re a really good teacher,” they tell me . . . they’ve been instructed how to do the care. That shouldn’t be up to me.”

### The key aspects of positive experience include:

- Staff complete all tasks outlined in the care plan
- Staff are knowledgeable about how to perform care tasks
- Staff recognize their own limitations and seek help when needed
- Staff are receptive to feedback and different ways of completing care tasks from clients and family
- Ensure care is delivered in a safe and appropriate manner

### What impact does home care have?

Overall, clients felt home care had a positive impact on their lives. First and foremost, they were able to receive needed services at home – their chosen place of residence. It also eased some of the burden of care from the informal caregiver, who clients recognized as providing them with substantial support.

“So, that I have some help. So, my [informal caregiver] doesn’t have to do all of the jobs.”

Lastly, they experienced physical, mental, and emotional health benefits.

“I feel good. I feel good about doing a systematic exercise program. I look forward to it, because it’s a little bit challenging . . . I walk every day, just about. I still fall, but I don’t fall as much as I used to.”

### What would prevent clients from continuing to live at home?

Cognitively unwell clients felt there are three main circumstances that would prevent them from continuing to live at home. First, if a client’s health declined to the point where they required around-the-clock care, are immobile, or incontinent, and they do not expect home care or their informal caregiver to provide enough support in these cases. Second, if their informal caregiver is unable to continue to provide support, including if the informal caregiver’s own health declines, or they are physically unable to help. And finally, if home care cannot provide enough support to keep the client at home. Each of these scenarios reflect the interdependent relationship between the home care program, the client, and the informal caregiver.

“...when we get to the point where home care can’t give us the healthcare we need, then we’ll probably have to go to some nursing home or some place that can give you that extra care.” - Caregiver

## What are clients' unmet needs?

While some clients said they had no unmet needs, others identified things that would enable them to continue to live at home. These are listed below.

- Socialization, activities, and outings – to reduce social isolation and prevent boredom.
- Exercise, walking, and physiotherapy – to improve mobility, strength, and balance.
- Transportation services – to activities, shopping, and medical appointments.
- Additional hours of care – for toileting, dressing, bathing, and ambulation.
- Cognition – exercises to improve cognition and regular assessments of changes in cognition.
- In-home healthcare services – such as physician visits and in-home lab services.
- Information – about the scope of home care and services available.
- Day program – increasing number of days per week and transport to day program.

"I think [my loved one would] do better with some more company, maybe" – Caregiver

In addition, comfort level with staff who were dissimilar to the client culturally or ethnically was felt to reduce the client's comfort with receiving home care services. The Indigenous family interviewed suggested cultural sensitivity training and hiring of Indigenous home care staff to reduce the language barrier.

"And if they could interface more with local First Nations, be able to explore having home care workers that are Indigenous." – Indigenous Caregiver

## Summary

Overall, cognitively unwell clients had positive home care experiences, and appreciate that they are able to receive services that enable them to live at home safely. Indirectly, excellent home care support reduces the burden of care for informal caregivers.

In general, home care clients valued the relationships they had with staff, and felt their experiences were more positive when staff were communicative, professional, caring, and took a personal interest in their lives. While they valued having the same staff over time, they were okay with changes in staff as long as staff were knowledgeable about how to provide care and treated them well. In addition, most felt home care staff were dependable and arrived on time, and felt their needs were being met by home care.

This section focused on cognitively unwell clients' experiences with home care services. In addition, it highlighted key aspects that contribute to a positive experience for these home care clients that can inform opportunities to leverage what is already working well, or make positive improvements. Lastly, it identified, from clients' perspectives, their unmet needs. Overall, clients expressed that home care enabled them to live at home and with continued support, alongside the support of their informal caregiver, could fulfill their wish to live in their home in their chosen community.

## Method, recruitment material, and analytics

### Method of interviewing cognitively unwell clients and their informal caregivers

This was a province-wide study and involved interviews with cognitively unwell home care clients and informal caregivers in rural and urban locations across Alberta. A contact at select home care offices in each AHS zone confirmed the contact information for eligible clients and informal caregivers. Eligible clients were those who met the following criteria: long term supportive and/or maintenance clients, receiving weekly services, aged 65 and older, cognitively unwell<sup>4</sup> (defined as a Cognitive Performance Score of 2 or 3 to ensure they are able to meaningfully engage in an hour long conversation), and cohabited with their informal caregiver. To protect the anonymity of clients and informal caregivers, home care offices are not identified in this report.

Clients were recruited by the HQCA with a letter that explained the purpose of the study and the risks and benefits of participation (see **Figure 5**). This letter invited clients to participate in a dyad interview where both the client and informal caregiver took part together. The focus of this conversation was client's experiences with home care services. Informal caregivers were invited to take part in the interview with the client, and in a separate invitation letter, a second follow-up interview about their experiences with providing support to the client. After agreeing to participate, the client or informal caregiver contacted one of two primary interviewers at the HQCA to arrange for an interview.

Recruitment and interviewing took place between September and November of 2018. In total 27 clients and 29 informal caregivers took part in semi-structured interviews about their experiences with one of two HQCA interviewers. **Table 21** details the demographics of participating home care clients.

**Table 23:** Demographics of participating home care clients

Zone & Geography		Number of clients interviewed	Average age	Gender (% female)	Relationship to caregiver (% spouse vs. parent or parent-in law)
Calgary (N=5)	Rural	3	83	40% (N=2)	80% (N=4)
	Urban	2			
Central (N=5)	Rural	3	81	80% (N=4)	80% (N=4)
	Urban	2			
Edmonton (N=5)	Rural	0	82	40% (N=2)	40% (N=2)
	Urban	5			
North (N=6)	Rural	2	78	67% (N=4)	83% (N=5)
	Urban	4			
South (N=6)	Rural	2	78	50% (N=3)	63% (N=5)
	Urban	4			
		<b>27</b>	<b>80</b>	<b>56%</b>	<b>69%</b>

To ensure voluntary participation, the client and the informal caregiver were required to give their individual informed consent to participate before the start of each interview. Both interviews were conducted consecutively in the client and their informal caregiver's home. On average, the dyad interview took 55 minutes to complete. Most interviews were audio recorded, with the consent of the client and informal caregiver. In a few cases notes were taken instead of the audio recording. Audio recordings were transcribed with assured anonymity and analyzed for themes by two analysts to ensure validity of the findings.

## Dyad interviews

As an interview approach, dyad interviews enable a more fulsome understanding of the topic because, like focus groups, participants are able to verify, challenge, and validate each other's accounts.<sup>5,6</sup> Having their informal caregiver present during this interview enabled discussion of topics and concepts that may otherwise not have been discussed due to client's inability to understand, as informal caregivers can support understanding and comprehension. The first interview for all but one pair was the dyad interview and the focus of this conversation was the client's experiences with home care services. The interview guide (see **Figure 6**) was informed by key questions identified during the HQCA's 2018 stakeholder engagement sessions with those accountable for home care in Alberta. These included three questions:

1. What are the home care experiences of clients who are cognitively unwell? What contributes to a more or less positive experience with home care?
2. What enables clients to continue to live at home?
3. What are the barriers to ensuring clients can continue to live at home?

Questions were also informed by themes identified in client comments from the *2015 Alberta Home Care Client Experience Survey*.

## Ethics protocol

Prior to beginning this project a review was conducted using the A Project Ethics Community Consensus Initiative (ARECCI) tool, as well as a second-opinion review through ARECCI. As part of the informed consent process each eligible participant was provided with a letter that detailed the purpose of the project, risks, and benefits to their participation; steps that would be taken to protect their confidentiality and anonymity; and how the HQCA would be using the information provided.

**Figure 5:** Invitation to participate – home care client

<p><b>If you live in Calgary, Southern or Central Alberta contact:</b></p> <p>Sonja Smith, Lead 210, 811 – 14<sup>th</sup> Street NW Calgary, Alberta T2N 2A4</p> <p><u><a href="#">About the Health Quality Council of Alberta</a></u></p> <p>This project is sponsored and conducted by the Health Quality Council of Alberta (HQCA). The HQCA is a <b>provincial agency that pursues opportunities to improve patient safety and health service quality for Albertans.</b></p> <p>The HQCA is independent of Alberta Health Services, and does not oversee or provide care to Albertans, including those who receive home care.</p> <p>Under provincial legislation, the HQCA has a role to survey Albertans on their experiences with the quality of health services they receive. More information about the HQCA mandate can be found on our website: <a href="http://hqca.ca/about/our-mandate/">http://hqca.ca/about/our-mandate/</a></p> <p><u><a href="#">How did the Health Quality Council of Alberta get my information?</a></u></p> <p>Any information the HQCA collects is subject to Alberta laws and requires the HQCA to protect this information. The two pieces of legislation that guide the HQCA are the <i>Freedom of Information and Protection of Privacy Act</i>.</p> <p><u><a href="#">Why are we doing this?</a></u></p> <p>We want to understand and learn about what your experience with home care has been like. Through listening to Albertans like you, the HQCA hopes to provide information that will help identify things that can be done better and things that are already of high quality. The hope is to make a difference to people receiving care, and to their families.</p> <p><u><a href="#">Why have I been invited to participate?</a></u></p> <p>You, and your family member who is most involved in your care, are invited to take part in a 90 minute long interview.</p> <p>It is important we talk with Albertans like you who are receiving home care services, to help us learn about what is working well and what may need improvement.</p> <p>Your family member is also being asked to take part in a separate interview about their experiences providing you with help and support. As part of this interview, your family member may also choose to take part in a photo activity. This will involve taking photos of things that are important to them about supporting you. These photos will be discussed during their interview. If you do not want your family member to take photos of you, please let them know.</p> <p><u><a href="#">Voluntary participation</a></u></p> <p>Taking part is entirely up to you. If you don't want to participate, you don't have to. You don't have to give a reason. You can also refuse to answer any questions you do not feel comfortable with. If you agree now and</p>	<p><b>If you live in Edmonton or Northern Alberta contact:</b></p> <p>Rinda LaBranche, Lead 210, 811 – 14<sup>th</sup> Street NW Calgary, Alberta T2N 2A4</p>
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later change your mind you can do that at any time without giving a reason. Your care and services will not be affected in any way if you do, or do not choose to take part.

#### Benefits

Talking with you will help us to better understand your experience of receiving home care. We want to know what you like about the home care services you receive, and what you think could be better.

If you choose to take part, you will be given \$50 by cheque for your participation in the interview.

#### Risks

There are no known risks associated with this type of interview. All information about you will be kept completely confidential. Interviews are a common way of finding out about people's experiences. If at any time anything we talk about is upsetting to you, we can take as many breaks as you need, change the subject, or stop the discussion.

#### Confidentiality and Anonymity

All information about you or anyone else that you speak about will be kept completely confidential. Results from this project may be used in reports, presentations, or publications that the HQCA will create about what it is like to receive home care in Alberta. No names or identifying details from the interviews will be included.

It is important for you to know that the HQCA cannot guarantee your anonymity when we interview you at your home if you are expecting a visit from home care staff. If possible, you can arrange to have an interviewer come to your home when home care staff are not scheduled to come to your home.

#### **No one involved with your care will have access to what you say during the interview.**

Only Health Quality Council of Alberta (HQCA) staff who are working on this project will have access to the information you share. Any information that Sonja or Rinda collect from you, including consent forms, will be kept secured at the HQCA office and will be destroyed two years after the project is completed. Audio recordings of interviews will be destroyed within three months of when the project is completed. Transcripts and notes of interviews that do not contain any identifiable details about you will be stored securely in NVivo for five years (a software package used to analyse interviews), so that we can make comparisons over time. This approach is being taken for all interviews in order to protect people's privacy.

In accordance with the Alberta *Protection for Persons in Care Act* we are legally obligated to report any abuse or neglect, which we are informed about, to the appropriate authorities.

#### What do I need to do?

1. You can ask Sonja or Rinda, the HQCA staff members that will be doing the interviews, any questions you may have.
2. If you and your family member choose take part in an interview, then let Sonja or Rinda know (see contact information at the top of the first page). Sonja or Rinda will arrange a date to interview you and your family member at a time that is convenient for you.

If you do not want to speak with Sonja or Rinda at your home, they can meet you and your family member at another location that is preferable to you (Sonja and Rinda are unable to drive you anywhere).

If you agree to participate, Sonja or Rinda will need you to sign a consent form, which is a form that lets us know you agree to take part.

With you and your family member's permission, Sonja or Rinda will audio record the conversation and type it out later. This lets Sonja or Rinda give you their full attention during the interview without having to take notes. If you would like to participate, but don't want Sonja or Rinda to record you, please let Sonja or Rinda know and they will take notes during the interview instead.

You can stop the interview at any point. You do not have to give a reason, and it will not affect the care you receive. Simply tell Sonja or Rinda that you no longer want to take part.

**If you would like to take part please contact Sonja or Rinda who are listed on the first page of this document.**

**Figure 6:** Interview guide – dyad interview

Interview guide – dyad interview
<p><b>Introduction</b></p> <ol style="list-style-type: none"> <li>1. Tell me about how you came to receive home care services.</li> <li>2. What kinds of assistance do you get from home care? <i>(How often?)</i></li> </ol> <p><b>Overall experience</b></p> <ol style="list-style-type: none"> <li>3. Can you tell me about a typical home care visit and how that goes?</li> <li>4. How has home care affected you/your life?</li> </ol> <p><b>Enablers</b></p> <ol style="list-style-type: none"> <li>5. What have been some of the good (positive) things about receiving home care?</li> <li>6. How has home care helped you to live at home?</li> <li>7. What do you think is working well with home care that you would not want to see changed?</li> </ol> <p><b>Barriers</b></p> <ol style="list-style-type: none"> <li>8. What are some of the challenges you experience with home care?</li> <li>9. If there was something you could change about home care, what would that be?</li> <li>10. Is there something you need but aren't currently getting through home care? What supports or services do you wish home care could provide you?</li> <li>11. What would prevent you from continuing to live at home?</li> </ol> <p><b>Closing</b></p> <ol style="list-style-type: none"> <li>12. Is there something I've missed that you would like to discuss?</li> <li>13. Is there a question you expected me to ask you that I didn't?</li> <li>14. Do you have any questions for me?</li> </ol>



## Limitations

This study aimed to recruit evenly from urban and rural geographic locations across Alberta, and evenly amongst the five AHS Health Zones. However, unlike other AHS Health Zones, the Edmonton Zone is classified entirely as an urban area. This resulted in more urban clients and caregivers represented as compared to those who reside in rural areas. In addition, more female informal caregivers and female clients participated than male. Lastly, most of the participants were Caucasian in race and identified as European or Canadian ethnicity. As a result, there may be gaps in the understanding of cognitively unwell client and caregiver's home care experiences, which could benefit from a more diverse racial, ethnic, and gender perspective. Another limitation is that these results are not representative of the population. The goal of qualitative interviewing is to reach saturation in findings, which was achieved for this study. However, it is acknowledged that the results of this work are limited to the perspective of 56 participants and there are other perspectives that might not be represented in the results of this report.

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## TERMINOLOGY

**Average:** Also known as mean. A measure where scores are added together and then divided by the total number of scores.

**Care meeting:** Also known as a care conference. A meeting where, together with their case manager, clients and/or families are involved in discussing the client's care needs and develop a personal care plan to support the client's wellness and independence.

**Care plan:** A written working document developed by the case manager and/or interdisciplinary team and the client that includes a client's assessed unmet healthcare needs, related healthcare goals, and interventions.

**Case manager:** Alberta Health Services health professional who is accountable for case management services for an assigned caseload of home living and/or supportive living clients. This individual has the primary responsibility to assess client needs, determine service needs, negotiate service options, make service recommendations and referrals, monitor service delivery, manage reassessment, waitlist and discharge processes, and co-ordinate care transitions across care settings. All home care clients are assigned to a case manager.

**Cognitive Performance Scale score (CPS):** A measure of the cognitive impairment, or lack thereof, of individuals assessed using the Resident Assessment Instrument – Minimum Data Set (RAI-MDS). The measure combines information on memory impairment, level of consciousness, and executive function to assess cognitive impairment and is scored from 0 (cognitively intact) to 6 (very severe impairment).

**Cognitive testing:** A systematic approach to testing the validity of a questionnaire. This approach uses interviewing methods (e.g., probing) to evaluate how a person answers questions, such as whether a question is easily comprehended by the target population.

**Composite score:** A measure that summarizes a single concept using data from multiple questions or items.

**Home care:** Publicly funded health care and support services provided to eligible clients as governed by the Alberta Home Care Program Regulations of the *Public Health Act*. These services are provided to individuals living with frailty, disability, acute or chronic illness living at home or in a supportive living setting.

**Long term supportive clients:** A type of home care client who are at significant risk for institutionalization due to unstable chronic health conditions, and/or living conditions, and/or personal resources.

**Maintenance clients:** A type of home care client who have chronic stable health conditions, living conditions, and personal resources and require ongoing support to remain at home.

**Metropolitan (Metro):** Using postal code classifications, defined as the cities of Calgary and Edmonton proper. This includes areas immediately surrounding Calgary and Edmonton, known as commuter communities (Metro Influenced Areas).

**Personal care services:** Personal care services are services typically provided by staff such as health care aides and can include the following: (1) personal hygiene (bathing and grooming); (2) dressing; (3) toileting and incontinence management; and (4) mobilization and transferring.

**Professional services:** Professional services are typically provided by nurses and therapists and can include the following: (1) assessment of health status and/or medical conditions; (2) performing treatments and procedures; and (3) rehabilitation to maximize function.

**Rural:** Using postal code classifications, rural is defined as populations that are fewer than 10,000 and up to 200 kilometres from a Metro or Urban centre. Large rural centres and surrounding areas with populations of 10,000 to fewer than 25,000 and remote areas greater than 200 kilometres from a Metro and Urban centre are also included.

**Statistical significance:** Throughout this report a factor or test is statistically significant if the probability of the event occurring by chance alone was less than or equal to one per cent ( $p \leq 0.01$ ).

**Top box:** The top box response refers to the most favourable response(s) to the particular question.

**Urban:** Using postal code classifications, defined as major urban centres with populations of greater than 25,000 but fewer than 500,000. In addition, local geographic areas surrounding these urban centres are also included (Moderate Urban Influenced).



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