



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

**Provincial Results -  
September 2016**

Long term supportive and  
maintenance clients, ages 65 and  
older



Promoting and improving patient safety and health service quality across Alberta.

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Please contact the Health Quality Council of Alberta for more information ([info@hqca.ca](mailto:info@hqca.ca), 403.297.8162).

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## 1.0 EXECUTIVE SUMMARY

*"I am very grateful for home care coming to help me. It enables me to stay in my own home for a while longer."*

The Alberta Home Care Client Experience Survey was conducted by the Health Quality Council of Alberta (HQCA) in collaboration with Alberta Health Services (AHS) and Alberta Health (AH). The purpose of the 2015 survey was to capture the experiences of, and obtain feedback from, seniors (ages 65+) who represent the largest group of home care clients.

### Survey process and methodology

Seniors with little to no cognitive impairment, who are long term supportive or maintenance clients<sup>1</sup> of home care were surveyed using the HQCA's Alberta Home Care Client Experience Survey (AHCCES). This survey covers various topics about services home care delivers and/or manages, such as professional and personal care services.<sup>2</sup> Services can be delivered by AHS or contracted providers.

The response rate for the survey was 64.3 per cent, or 7,171 clients out of a possible 11,150 eligible clients responded to the survey.

Geographic location was shown to have a strong impact on the ratings of client experience of home care services. Variability across geographic areas was more apparent when classifying areas as Metropolitan, Urban, or Rural as opposed to AHS zones. For example, based on our analysis,<sup>3</sup> while the association with Global Overall Care rating differed between Edmonton and the North and South Zones, it did not significantly differ relative to the Calgary Zone, both largely Metropolitan areas. In comparison using a similar model, it was identified that there were statistical differences between Metropolitan areas and both Urban and Rural areas. Therefore, results are presented by Metropolitan, Urban, or Rural geographic area.

### Survey findings

This section summarizes key learnings from the survey. In addition, suggestions for possible areas in which to focus improvements are reported based on comments provided by clients.

#### Overall experience

Clients rated home care overall using a scale from 0 to 10, where 0 is the worst quality and 10 is the best quality of home care services (Global Overall Care rating). When reported based on geographic location,

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<sup>1</sup> **Long term supportive clients:** individuals who are at significant risk for institutionalization due to unstable chronic health conditions, and/or living conditions, and/or personal resources. **Maintenance clients:** individuals with chronic stable health conditions, living conditions, and personal resources who require ongoing support to remain at home.

<sup>2</sup> Professional services are typically provided by nurses or therapists and include services such as performing treatments and procedures, and providing rehabilitation to maximize function. Personal care services are typically provided by staff such as health care aides and include, for example, services related to personal hygiene (bathing and grooming, and toileting and incontinence management).

<sup>3</sup> Model adjusted for: Receiving help completing the survey, service frequency, age, and gender.

Metropolitan<sup>4</sup> areas had the lowest Global Overall Care rating at 7.9, with Urban<sup>5</sup> areas rated as 8.2, and Rural<sup>6</sup> areas at 8.4 out of 10.

Clients also rated professional services and personal care services separately, from *Poor* to *Excellent*. For clients who reported they were receiving professional services, 25.5 per cent rated the services received as *Excellent* and 36.4 per cent rated the services as *Very Good*. Ratings of *Excellent* and *Very Good* for professional services, according to geographic area, ranged from a low of 21.6 and 35.7 per cent, respectively, in Metropolitan areas to a high of 31.1 and 37.5 per cent in Urban areas. For personal care services provincially, 24.7 per cent of clients rated these services as *Excellent* and 37.9 per cent rated the services as *Very Good*. Ratings ranged from a low of 21.8 and 37.3 per cent in Metropolitan areas to a high of 30.9 and 38.7 per cent, respectively, in Rural areas.

## Drivers of client experience

Five drivers of home care client experience were identified based on client feedback. These drivers are shown to most strongly impact a client's reported overall experience of home care. It is important to remember that client experience is one tool, among many, to better understand the performance of home care service provision in Alberta. As a result, there may be other important drivers that were not included in the survey or identified through client comments.

Presented in order of priority,<sup>7</sup> the drivers of client experience are:

1. **Relational Care**
2. **Client Needs and Expectations**
3. **Care Planning and Case Management**
4. **Communication and Information**
5. **Scheduling**

As previously mentioned, geographic location had a strong impact on clients' overall experience and impacted all of the above drivers. Therefore, where appropriate, results by geographic location are reported throughout **Sections 4** through **5**. Alberta Health Services zone-specific results can be found in **Appendix VI**.

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<sup>4</sup> **Metropolitan (Metro):** Using postal code classifications, defined as the cities of Calgary and Edmonton proper. In addition, areas immediately surrounding Calgary and Edmonton, known as commuter communities, are also included (Metro Influenced Areas).

<sup>5</sup> **Urban:** Using postal code classifications, defined as major urban centres with populations of greater than 25,000 but less than 500,000. In addition, local geographic areas surrounding these urban centres are also included (Moderate Urban Influenced).

<sup>6</sup> **Rural:** Using postal code classifications, defined as populations less than 25,000 and/or greater than 200 kilometres from a Metro or Urban centre.

<sup>7</sup> Order of priority is defined as the strength of relationship of the survey findings relative to overall experience measures, and/or the most meaningful base on client comments.

## Relational care

*"I do wish to have one regular professional care giver who knows my needs instead of having different ones coming each week. Right now for the last [several] months I have one person who is gentle, caring, and honest and I appreciate [their] help and want to have [them] on a regular basis."*

Relational Care is defined as how clients perceived they were treated by staff and the interpersonal relationships between clients and staff members. Relational Care was found to be the strongest driver of overall client experience. Positive relationships with staff, having the same staff over time, and having a choice in care staff positively contributed to clients' overall experience.

A composite measure was calculated from the survey results to determine how clients felt they were treated by staff. This score is reported on a scale of 0 to 100, where the higher the score the more positive the experience. Provincially the average client score for Treatment by Professional Services Staff was 86.7 out of 100. The provincial average client score for Treatment by Personal Care Services Staff was 88.6 out of 100. Provincially, 44.4 per cent of clients reported that they were very happy with the number of different personal care staff they had in the last year.

Relational Care was the most frequently discussed topic in the client comments (excluding the question that focused solely on client needs and expectations).

**Clients liked it when:** Staff listened to their wishes and needs. Clients also liked it when staff were kind, caring, and gentle when delivering care; and took a personal interest in their lives. Clients provided the following suggestions to improve Relational Care:

1. Encourage home care staff to take a personal interest in their clients such as engaging clients in conversation and listening to their wishes and needs in a kind, courteous, and respectful manner.
2. Where possible, ensure clients have a choice of staff.
3. Where scheduling allows, ensure clients receive care from the same staff over time.

## Client Needs and Expectations

*"The only time I need help from home care is to have my pressure hose put on every morning in my own home. All the home care people that come to my home are always very nice and helpful. I am [age] now and I love having them come every morning by [time]."*

Client Needs and Expectations is defined as (1) clients' expectations were or were not met when care was delivered or (2) clients expected services to be provided by home care, but were not. This driver was the second most important driver to overall client experience. Clients rated their overall experience more highly when they felt their needs and expectations were met.

Provincially, based on the topics covered by the survey, the average per cent of met needs by professional services was 47.5 out of 100 and the average per cent for personal care services was 66.4 out of 100. Overall, the majority of client comments related to Client Needs and Expectations were requests for assistance with household chores, health, personal care, transportation, and equipment and supplies.

**Clients liked it when:** Staff proactively identified and promptly addressed their needs.

Clients provided the following suggestions to improve Client Needs and Expectations:

1. Regularly inquire about clients' needs and expectations during visits, and provide assistance where possible.
2. Ensure that clients understand the scope of home care services in general and/or as outlined in their care plan.

### *Care Planning and Case Management*

*"Up and ready to go home I was assessed by PT and OT [for] obstacles in my home. My case worker was fabulous and made sure things kept on moving at that time."*

This driver is defined as the case manager relationship and whether the services in the care plan were provided, and was the third most important driver of overall client experience. Regular contact with a responsive and helpful case manager and a high degree of client involvement in care planning contributed positively to clients' overall experience of home care.

The most strongly associated questions about case management to overall experience were: if in the last year the case manager helped the client get all the home care services that they needed (provincially 77.5 per cent said 'Yes'); and if in the last year the client was able to reach the case manager when they needed to (provincially 73.3 per cent said 'Yes').

The most strongly associated care planning questions with regards to overall experience were: if in the last year home care provided most of the things in the client's care plan (provincially, 76.1 per cent said 'Most of the things in my care plan'); and if in the last year the client was involved in making their own care plan (provincially, 38.8 per cent of clients said 'Yes, a lot'). Based on client comments, involvement in care planning and having an engaged and responsive case manager are important to the overall experience of home care.

**Clients liked it when:** They had contact with their case manager, knew about their care plan, were involved in establishing and updating the care plan, and were involved in care meetings.

Clients provided the following suggestions to improve Care Planning and Case Management:

1. Support case managers to engage in regular communication with clients.
2. Continue to encourage client involvement in creating and updating their care plan.

### *Communication and Information*

*"When I need advice I phone...and someone gets back to me."*

Communication and Information is defined as the manner in which staff communicate with clients and with each other, and was the fourth driver of client experience. This driver was identified solely from the large volume of client comments that addressed Communication and Information and its impact on all areas of client care. For example, when staff was available to talk, clients could inform them of any



unmet needs and seek help. When direct care staff provided clients with information about home care services, were available to talk with, and communicated clearly, clients reported a more positive home care experience.

**Clients liked it when:** Home care staff were responsive and available to discuss care.

Clients provided the following suggestions to improve Communication and Information:

1. Improve processes for notifying clients of changes in scheduled time (e.g., delays and cancellations) or staffing arrangements.
2. Improve processes to relay messages to the appropriate staff member and to respond to client and family member messages in a timely manner.
3. Improve transparency, timeliness, and frequency of communication; and provision of information between all staff groups and clients and family members.
4. Distribute literature about available home care services when necessary to clients and family members.

### Scheduling

*“Excellent care! Always on time, reliable, and efficient at their tasks. I appreciate their happy, enthusiastic personalities despite the weather or their somewhat hectic days and time schedules!”*

Scheduling is defined as the availability, punctuality, and attendance of direct care staff, client perception of staff workload, and also client preferences and requirements for specific appointment times. This is the final driver of client experience and was identified solely from the large volume of client comments that addressed Scheduling and its impact on all areas of client care. For example, clients reported that staff that did not arrive on time did not always provide all of the care outlined in the client’s care plan. Clients who experienced receiving care at the same preferred time(s) of day with enough time to complete tasks said this positively contributed to their home care experience.

Though improvements in some areas of Scheduling can lead to improvement in other drivers of experience such as Relational Care, the breadth of scheduling concerns described by clients means that there are areas of Scheduling that independently affect the client experience of home care as a distinct driver. The majority of clients reported that inappropriate scheduling of staff (e.g., time sensitive medication administration) and recurring instances of staff not being punctual or not showing up negatively impacted their experiences of home care services received.

**Clients liked it when:** Staff were punctual, reliable, and appropriately scheduled to meet their needs.

Clients provided the following suggestions to improve Scheduling:

1. Consider reviewing current staff schedules and work load in order to determine if enough travel time has been accounted for between client visits and adjust as needed.
2. Consider reviewing current staff schedules and workloads in order to perform tasks outlined in the client’s care plan and address any additional needs that the client might have (if appropriate), in a way that fosters positive interpersonal relationships between clients and staff.

## AHCCES for cognitively impaired clients and their family caregivers

*“Our population is getting older and we need better care for our seniors. A lot of people are okay shipping them off to nursing homes, but for those who want to keep them at home, we need assistance. I can’t do it by myself. But I love having [the client] around, [the client] is great company. I wouldn’t change it.” (family care giver)*

A smaller project was conducted in parallel to the main survey that explored the experiences of long term supportive or maintenance clients who had mild to moderate cognitive impairment, along with the experiences of their family members. Family members and clients were asked questions on a number of topics covered in the main survey.

Overall, clients and family members highly rated the quality of home care services provided to clients and reported experiences consistent with those reported by cognitively intact clients. For these clients, what mattered most were the interpersonal, communicative, and relational components of care and services. Clients voiced that they wanted to be treated as individuals with unique histories and interests, worthy of staff time and attention. The aspects of home care that mattered most to family members were to be regularly informed about the client’s status (e.g., when client’s medications were running low, changes in scheduling, or other services available to clients) and to be involved in client’s care.

## Conclusion

This report is intended to guide reflection on performance by identifying aspects care and services most important to clients that contribute to their overall experience of home care services. Identifying areas of success and opportunities for improvement can be used to start conversations among key stakeholders about what is working well and where improvement efforts may be focused.

It is important to note that client experience data alone should not be used to judge performance of home care services in the absence of other information such as level-of-need of the client population, the variety of services provided, and other quality measures. This is particularly important as the scope of home care goes beyond what is presented in this report.

## 2.0 INTRODUCTION

### 2.1 Home care

Alberta's continuing care system provides Albertans of all ages or disability with the healthcare, personal care, and accommodation services they need to support their daily activities, independence, and quality of life. The focus of this report is home care, which is one of three streams of Alberta's continuing care system.<sup>8</sup> Home care supports individuals' health and wellness goals, and to help them remain safe and independent in their own home or care setting for as long as possible. As of 2014-15, nearly 115,000 Albertans received home care services, a 15 per cent increase from 2010.<sup>i</sup>

Each client is assigned a case manager, who assesses their needs,<sup>9</sup> develops a personalized care plan, and coordinates access and delivery of care and services as outlined in the plan.<sup>10</sup> There are two primary types of healthcare services offered through home care: professional services and personal care services, which can be delivered by AHS or contracted providers.

- **Professional services** are typically provided by nurses or therapists and can include the following services: (1) assessment of health status and/or medical conditions; (2) performing treatments and procedures; and (3) rehabilitation to maximize function. Professional services are typically provided by Alberta Health Services (AHS) staff.
- **Personal care services** are typically provided by staff such as healthcare aides and can include the following services: (1) personal hygiene (bathing and grooming); (2) dressing; (3) toileting and incontinence management; and (4) mobilization and transferring. Personal care services are typically provided by service providers contracted by AHS, however in some areas, AHS staff may also provide personal care services.

Additional home care services include health promotion and teaching, treatments, care at end-of-life, rehabilitation, home and community support services, socialization, and support for family caregivers or others who assist clients. Clients are categorized into six main groups: acute, rehabilitation, long term supportive, end-of-life, maintenance, and wellness. This survey focuses on long term supportive and maintenance clients, which combined are the two largest home care client types, representing 54.9 per cent of all clients served by home care.<sup>i</sup> Therefore, these survey results are generalizable only for long term and maintenance home care clients 65 years of age and older; and do not represent all of home care client types.

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<sup>8</sup> Additional continuing care streams include designated supportive living, which is provided in a facility-type setting recognizing different degrees of independence, and long term care, provided for those who are not able to safely cope in their own home or in a lower level living option with or without formal support.

<sup>9</sup> Using standardized assessment tools such as the Resident Assessment Instrument – Home Care (RAI-HC).

<sup>10</sup> Alberta Health Services Home Care Program. More information can be found here: <http://www.albertahealthservices.ca/4482.asp>

Home care follows the Co-ordinated Home Care Program Regulation and the Continuing Care Health Service Standards (CCHSS) described in **Box A**. Throughout the report, these standards and regulations are referenced where client comments relate.<sup>11,12,13</sup> The purpose of referring to these standards and regulations was not to suggest where home care providers may or may not be in compliance with standards and regulations, but to provide context to client comments. Client observations and perceptions alone are not sufficient to evaluate a home care provider's compliance with a specific standard or regulation in the absence of further study.

#### **Box A: Standards**

**Co-ordinated Home Care Program Regulation:** Where a program is approved by the Minister of Health, a regional health authority shall provide the program in accordance with this Regulation. A regional health authority shall ensure that its program is co-ordinated with other agencies providing similar health care and support services.

**Continuing Care Health Service Standards (CCHSS):** The intent of the Continuing Care Health Service Standards is to identify standards for the provision of quality continuing care health services that take into consideration the individual needs, preferences, and abilities of each client. It is important to note that the regional health authority is accountable to Alberta Health for ensuring that these standards are being implemented and adhered to at both the regional and the operational level.

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<sup>11</sup> The *Continuing Care Health Service Standards* were updated in 2016. However, because the Alberta Home Care Client Experience Survey was conducted in 2015, the standards referenced in this report are the 2008 Continuing Care Health Service Standards.

<sup>12</sup> Co-ordinated Home Care Program Regulation. More information can be found here: [http://www.qp.alberta.ca/documents/Regs/2003\\_296.pdf](http://www.qp.alberta.ca/documents/Regs/2003_296.pdf)

<sup>13</sup> Continuing Care Health Service Standards. More information can be found here: <http://www.health.alberta.ca/documents/Continuing-Care-Standards-2008.pdf>

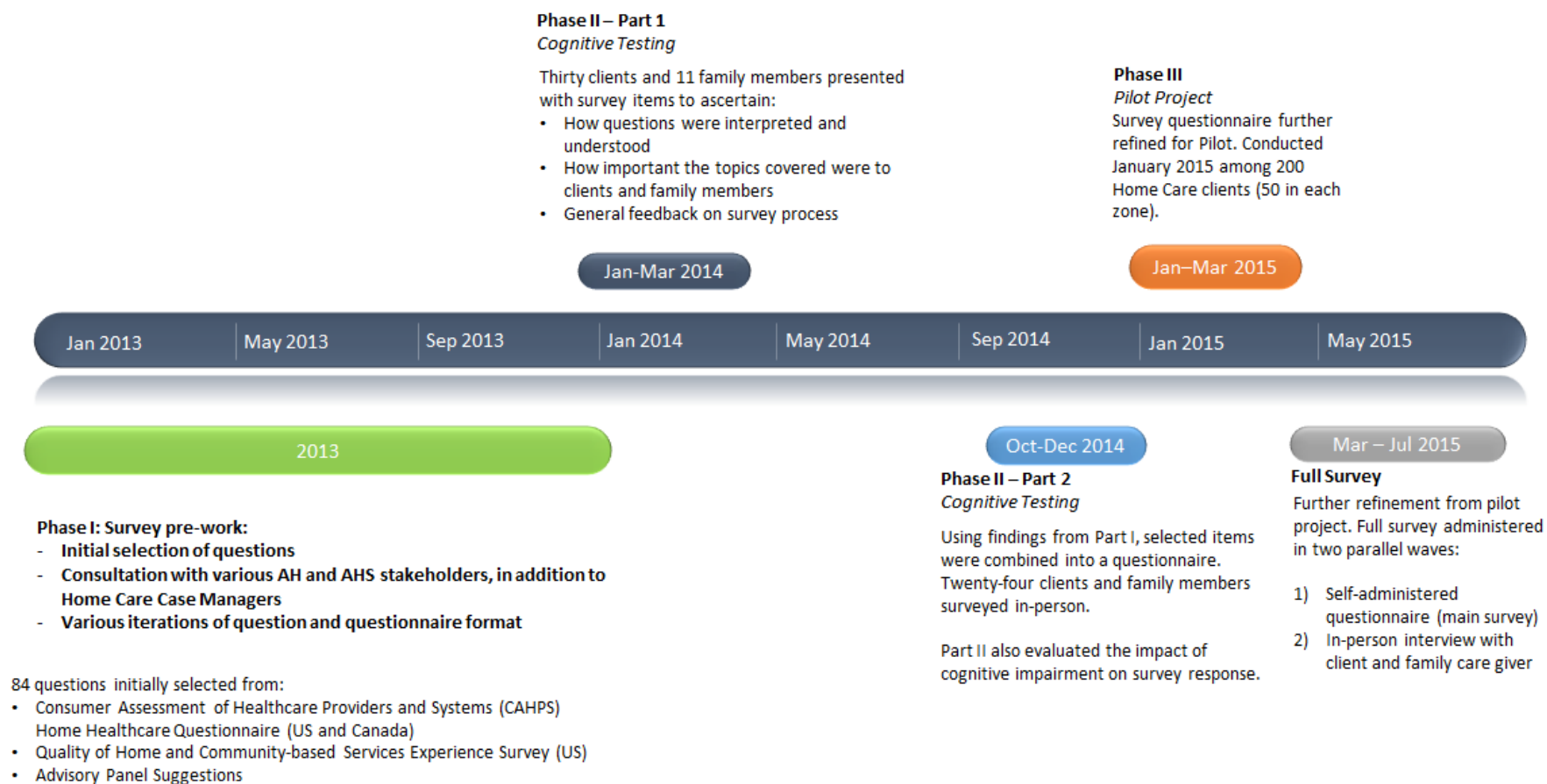
## 3.0 SURVEY PROCESS AND METHODS

### 3.1 The Alberta Home Care Client Experience Survey

To assist with identifying areas for improvement and areas of success in continuing care, the Health Quality Council of Alberta (HQCA) has, for the first time, surveyed home care clients through the *Alberta Home Care Client Experience Survey* (AHCCES). The AHCCES questionnaire was developed by the HQCA in collaboration with Alberta Health Services (AHS) and Alberta Health (AH) as a provincial home care questionnaire did not exist that was appropriate for the Alberta context. The development process is summarized in **Figure 1** and detailed information can be found in **Appendix III**.

The AHCCES is a 55-question self-reported assessment of various topics about home care and the services home care delivers and/or manages. Topic areas include: (1) case manager relationship, (2) care plan and care meetings, (3) home care professional and personal care services; and (4) overall ratings (i.e., Global Overall Care rating, professional services, and personal care services). For the complete questionnaire, see **Appendix I**.

**Figure 1: Home care survey development timeline**



## 3.2 Purpose

The overall purpose of the survey was to capture the experiences of, and obtain feedback from, long term supportive and maintenance home care clients who were aged 65 and older and who had no cognitive impairments. The objectives were:

- Establish a baseline measurement for home care client experience that can be used for ongoing monitoring.
- Identify and report on areas of success and potential areas to focus improvement initiatives for services delivered to home care clients.

The survey focused on this specific home care client type because:

- The majority of home care clients were aged 65 and older (70.8%)<sup>i</sup>
- The majority of home care clients were long term supportive and maintenance clients (54.9%)<sup>i</sup>
- Younger populations, such as the pediatric population, typically have different needs and access different services relative to home care clients surveyed
- Cognitively able seniors who were long term and maintenance clients were sufficiently homogenous as to permit a single questionnaire tool and methodology
- Based on cognitive and field testing, clients with lower cognitive performance (CPS score greater than 1) – could not independently complete the survey in sufficient numbers to be reliably included in a self-administered survey process

Focusing on the 65 and older age population allows for a more focused approach in obtaining specific and actionable client experience feedback. For additional information about the population surveyed, see **Appendix II**.

## 3.3 Survey protocol

The survey was mailed to clients between March 27, 2015 and July 31, 2015, using a three-stage modified Dillman Protocol which means the initial mail-out of the survey package was followed up with a postcard reminder, and a third mailing including the whole survey package. Non-respondents and survey packages with invalid addresses were followed-up with by phone up to eight times in an attempt to obtain a valid address or a reason for non-response. In a few cases, the survey was conducted over the phone.

The response rate for the survey was 64.3 per cent (7,171 clients out of a possible 11,150). For a breakdown of response rates by zone, see **Appendix II**. For a breakdown of respondent characteristics, see **Appendix V**.

## 3.4 Analytical and reporting methods

### 3.4.1 Reporting of top box results

A “top box/top 2 box” approach presents only the most favourable response(s) for a question and is used to simplify reporting and increase understanding of results.<sup>ii</sup> Research supports the use of this approach among best practices in identifying client-driven improvement opportunities and in predicting future business performance.<sup>iii,iv</sup> In this report, the “top box/top 2 box” approach identifies areas of success and provides a goal to work towards.<sup>14</sup> For example in *Question 47: Overall, how would you rate your Home Care Personal Care Services?*, while clients rated services from *Poor* to *Excellent*, only the percentages of *Excellent* and *Very Good* responses are reported. Complete responses for each question can be found in **Appendix VI**.

### 3.4.2 Reporting of geographic areas

Geographic location was shown to have a strong impact on the ratings of client experience of home care services. Variability across geographic areas was more apparent when classifying areas as Metropolitan, Urban, or Rural as opposed to AHS zones (see **Table 1** for a geographic breakdown). For example, based on our analysis,<sup>15</sup> while the association with Global Overall Care rating differed between Edmonton and the North and South Zones, it did not significantly differ relative to the Calgary Zone, both largely Metropolitan areas.<sup>16</sup> In comparison using a similar analysis, it was identified that there were statistical differences between Metropolitan areas and both Urban and Rural areas. Therefore, results are presented by Metropolitan, Urban, or Rural geographic area. Postal codes were used to classify clients as either from a Metropolitan, Urban, or Rural area and are defined as follows:

- **Metropolitan (Metro):** The cities of Calgary and Edmonton proper. In addition, areas immediately surrounding Calgary and Edmonton, known as commuter communities, are also included (Metro Influenced Areas).
- **Rural:** Using postal code classifications, defined as populations less than 25,000 and/or greater than 200 kilometres from a Metro or Urban centre.
- **Urban:** Major urban centres with populations of greater than 25,000 but less than 500,000. In addition, local geographic areas surrounding these urban centres are also included (Moderate Urban Influenced).

Results by AHS zone can be found in **Appendix VI**.

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<sup>14</sup> There was statistical support for reporting top 2 box responses separately. For example, for the Overall Ratings there was a statistical difference between clients who answered *Excellent* and clients who answered *Very Good*. Therefore, it is appropriate to present the ratings for *Excellent* and *Very Good* independently.

<sup>15</sup> Model adjusted for: Receiving help completing the survey, service frequency, age, and gender.

<sup>16</sup> Nine clients were not able to be classified into a geographic area due to incomplete information. Therefore, Metropolitan, Urban, and Rural results will not aggregate completely to the Alberta results.



**Table 1: AHS zone by geographic area**

	<b>Alberta</b> N = 7,162	<b>Calgary</b> N = 2,020	<b>Edmonton</b> N = 2,485	<b>Central</b> N = 1,019	<b>North</b> N = 774	<b>South</b> N = 864
	%	%	%	%	%	%
Metropolitan (Metro)	60.3	90.7	100.0	0.0	0.0	0.0
Urban	13.9	0.0	0.0	18.0	23.4	72.8
Rural	25.8	9.3	0.0	82.0	76.6	27.2

### 3.4.3 Reporting of AHS and contracted provider results

Providers responsible for delivering personal care services received reports detailing their results (professional services were excluded as these were attributable entirely to AHS). As a result, 46 AHS and 36 contracted providers were sent a provider-level report.

### 3.4.4 Treatment by home care staff

Two measures were calculated to summarize how professional and personal care staff treated clients. Each measure is comprised of a set of questions that relate to client and staff interactions. These composite measures were calculated by summarizing the questions into a score on a 0 to 100 scale, where 0 represents the *worst* experiences and 100 represents the *best* experiences. For more information, see **Appendix II**.

### 3.4.5 Drivers of client experience

Drivers of overall client experience were identified from all survey findings, which include client comments. Several variables were first explored to determine their relative impact to overall client experience. Overall client experience consisted of the Global Overall Care rating and individual ratings of professional and personal care services. The drivers are ordered from the strongest to weakest according to their strength of association with the ratings of overall client experience, or their importance according to the client comments.<sup>17</sup> The first three drivers (Relational Care, Client Needs and Expectations, and Care Planning and Case Management) were identified and ordered using survey responses and statistical modeling, and were supported by client comments.<sup>18</sup> The final two drivers (Communication and Information and Scheduling) were identified based on a large volume of client comments in response to the following questions:<sup>19</sup>

1. *Question 29: Do you have any concerns about your Home Care Professional Services?*
2. *Question 46: Do you have any concerns about your Personal Care Services?*
3. *Question 48: In the last year, was there any service of any kind that you felt you needed but didn't get?*

<sup>17</sup> The HQCA recognizes there may be other aspects of client experience that were not captured in the survey.

<sup>18</sup> This was a combination of the quantitative analysis of closed-ended questions and by the qualitative analysis of the open-ended questions.

<sup>19</sup> The AHCCES did not contain survey questions relevant to Communication and Information and Scheduling, but these drivers emerged as areas of importance through client comments.

In addition, these drivers touched on multiple areas of client experience. For example, the amount of communication between staff and clients (Communication and Information), impacted how clients felt they were treated by staff (Relational Care). Of these two drivers, Communication and Information had a higher volume of comments than Scheduling.

Understanding the drivers of overall experience may provide opportunities to improve the experiences of home care clients and the quality of care they receive. For more information on how drivers were determined and ordered, see **Appendix II**.

### **3.5 AHCCES for cognitively impaired clients and family caregivers**

During the survey development process, findings indicated that clients with mild to moderate cognitive impairment<sup>20</sup> may have different experiences, and therefore responses,<sup>21</sup> as compared to clients without cognitive impairment. In general, cognitively impaired clients had more difficulty completing the questionnaire, differentiating between professional and personal care staff, and identifying their case manager. Due to these difficulties, a simpler and shorter questionnaire was regarded as a preferable option to capture the experiences of clients with cognitive impairment.

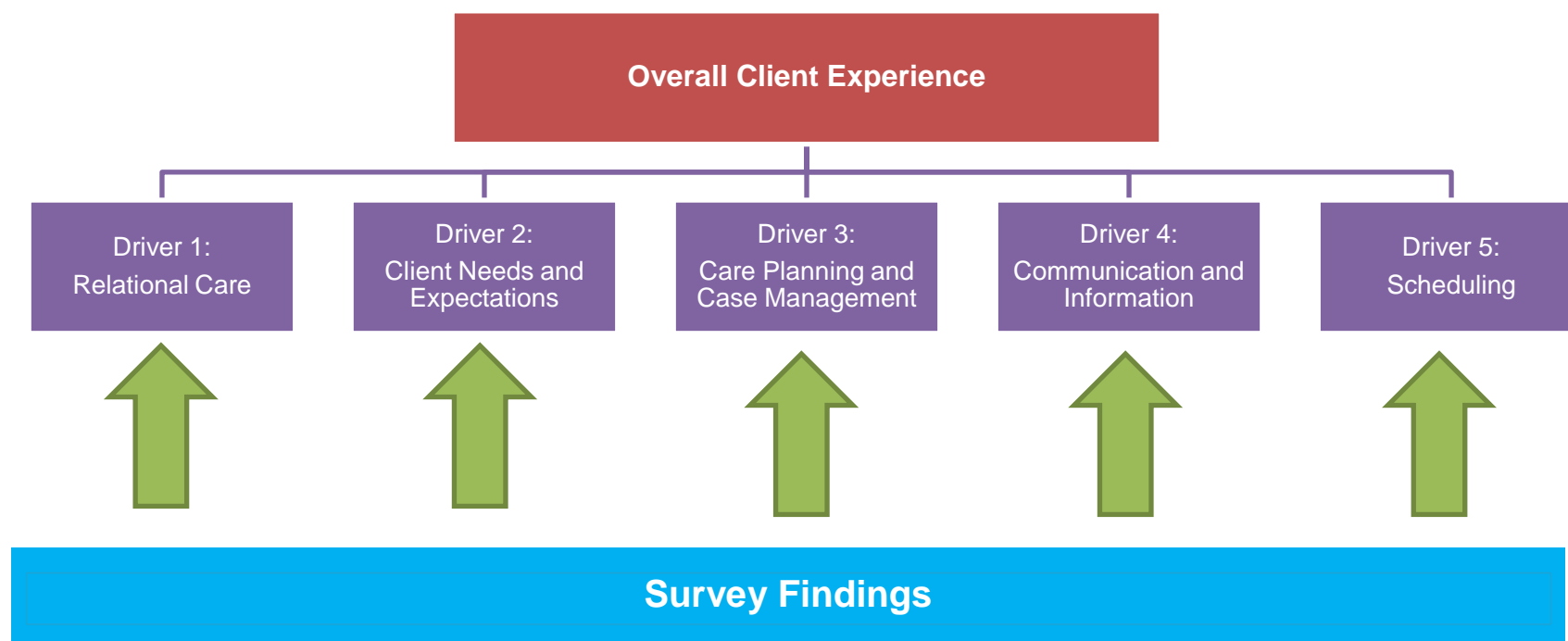
As a result, a project was undertaken in parallel with the main survey using a shorter, simpler questionnaire. The objective of this project was to complete surveys face to face with 50 long term supportive and maintenance home care clients (10 per AHS zone) and their most-involved care giver. Questionnaires for clients were a simplified version of the AHCCES, with families answering their own version of the full survey. In addition, all comments made by clients and their family members were captured. The findings of this project were analyzed and summarized separately from the main survey findings, and can be found in **Section 6**.

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<sup>20</sup> Measured by Cognitive Performance Scale score of 2 (mild impairment) and 3 (moderate impairment).

<sup>21</sup> Clients with cognitive impairment had a lower response rate, had difficulty interpreting and answering questions, and in many cases their family care giver completed the questionnaire for them (full proxy).

**Figure 2:** Concept diagram of report structure



## 4.0 OVERALL CLIENT EXPERIENCE

This section presents results for items that reflect overall client experience.

Global Overall Care rating: *Question 51: OVERALL, how would you rate the quality of your Home Care Services (including both Professional and Personal Care Services), where 0 is the worst and 10 is the best?*

In addition, a rating for Professional Services and Personal Care Services is reported:

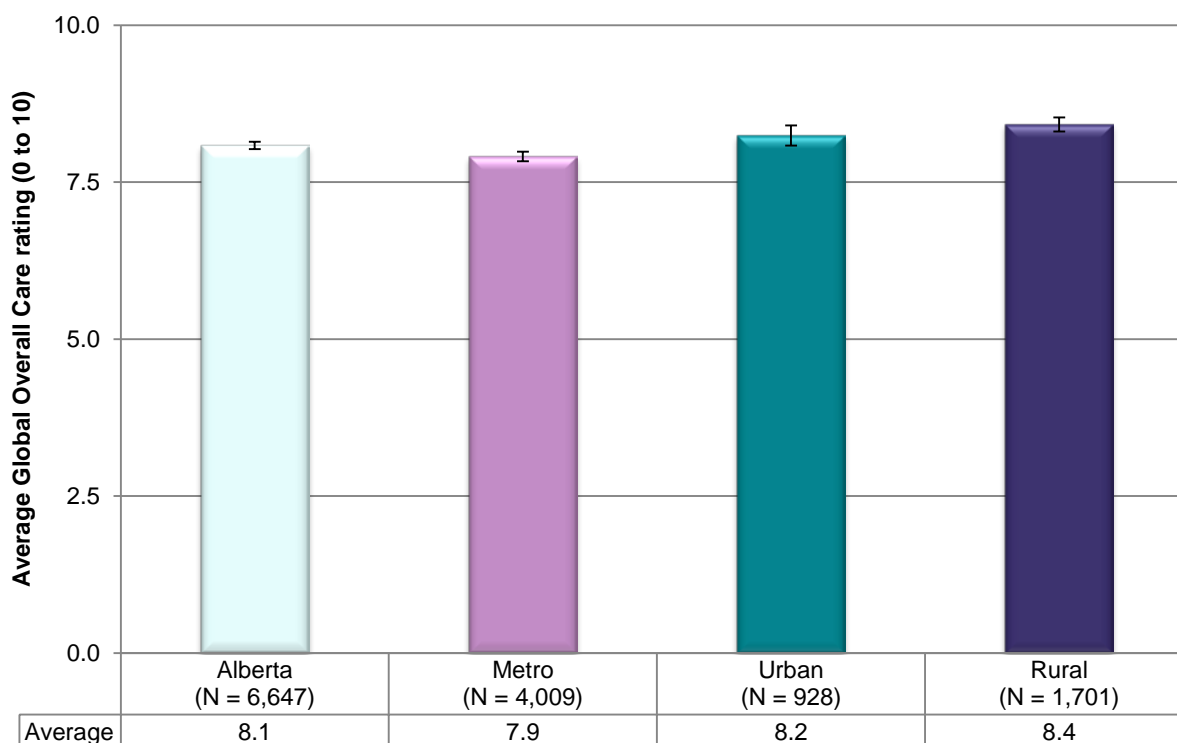
*Question 30: OVERALL, how would you rate your Home Care Professional Services (please think about all Professional staff together)*

*Question 47: OVERALL, how would you rate your Personal Care Services? (please think about all Personal Care staff together)*

### 4.1 Global Overall Care rating

Provincially, the average Global Overall Care rating among respondents was 8.1 out of 10 (N = 6,647). On average, Metropolitan areas had lower scores (7.9 out of 10) and Rural areas had higher scores (8.4 out of 10) as shown in **Figure 3** below. The differences between Metropolitan and Rural areas and Metropolitan and Urban areas are significant.

**Figure 3:** Global Overall Care rating by geographic area

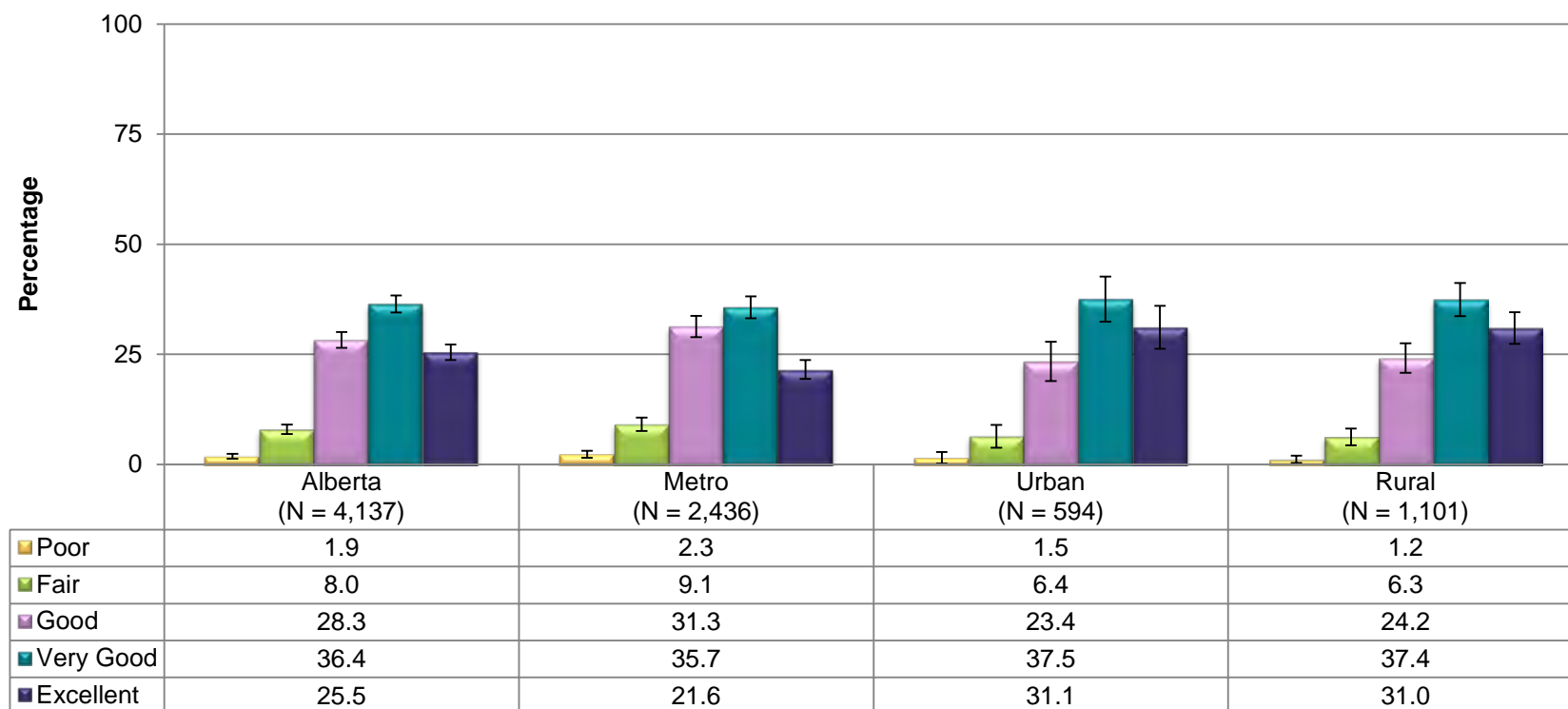


## 4.2 Ratings of professional services<sup>22</sup>

Question 30 asks: Overall, how would you rate your Home Care Professional Services? (Please think about all Professional staff together.)

Provincially, 25.5 per cent rated their professional services as *Excellent* and 36.4 per cent as *Very good*. Excellent ratings were lowest in Metropolitan areas (21.6%) and highest in Rural areas (31.0%).

**Figure 4:** Provincial and geographic area responses for Q30



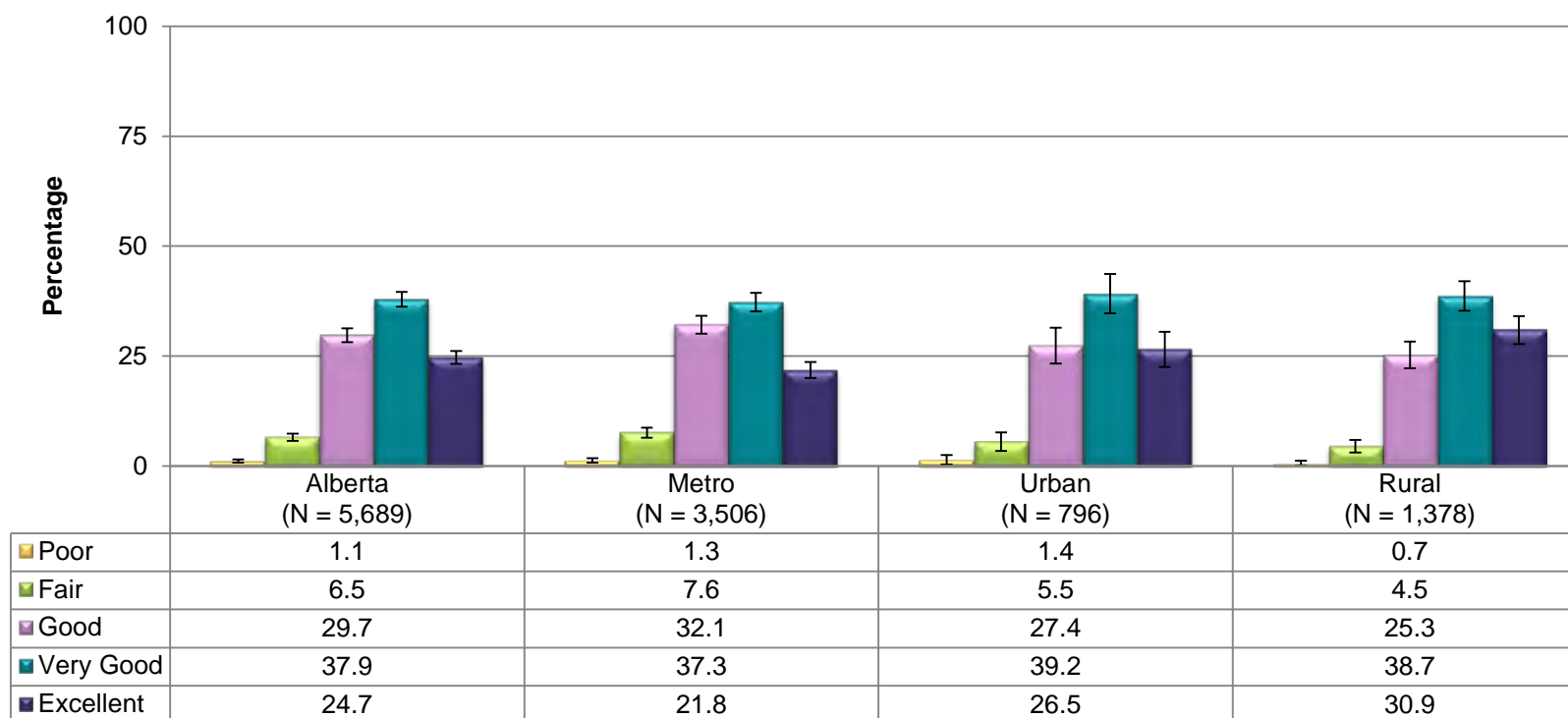
<sup>22</sup> Professional services are primarily provided by AHS.

### 4.3 Ratings of personal care services

Question 47 asks: Overall, how would you rate your Home Care Personal Care Services? (Please think about all Personal Care staff together.)

Provincially, 24.7 per cent rated their Personal Care services as *Excellent* and 37.9 per cent as *Very good*. Ratings were lowest in Metropolitan areas (21.8%) and highest in Rural areas (30.9%).

**Figure 5:** Provincial and geographic area responses for Q47



## 5.0 DRIVERS OF CLIENT EXPERIENCE

Based on survey findings, five areas of care and services were identified as strongly influencing overall client experience; these are referred to as drivers throughout the report.<sup>23</sup> Overall client experience was defined as the Global Overall Care rating, and individual ratings of professional and personal care services. The drivers listed below are ordered in priority from the strongest to weakest influence on ratings of overall client experience or their importance according to the client comments:

1. Relational Care<sup>v</sup>
2. Client Needs and Expectations
3. Care Planning and Case Management
4. Communication and Information
5. Scheduling

Results for each driver are discussed in subsequent sections. Additionally, each section offers potential areas for improvement based on client comments and analysis of survey findings. It is important to consider these as suggestions and to note that client experience is one tool, among many, to understand the performance of home care services.

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<sup>23</sup> Quantitative modeling was used to determine the Relational Care, Client Needs and Expectations, and Care Planning and Case Management drivers. The qualitative analysis identified the Communication and Information, and Scheduling drivers.

## 5.1 Driver 1: Relational Care

*"It would be nice to have the same trusted person come in so that he/she can understand my needs and I don't have to explain it over to new people."*

*"I only want my current care giver. [The care giver] is...very caring and good. Most of the others were not compassionate, were mean, and always in a rush."*

Relational Care is defined as how clients perceived they were treated and the interpersonal relationships between clients and staff members. How clients felt they were treated had the strongest relationship with the Global Overall Care rating and each of the ratings of professional and personal care services. As scores on how clients felt they were treated increased (i.e., became more positive), so did the overall experience of clients (i.e., became more positive). Additionally, based on client comments, Relational Care emerged as the most important driver of client experience.

Relational Care was measured by the following:

- Treatment by Professional Services Staff score (0 to 100, where 0 was the *least positive* response and 100 was the *most positive* response) (see **Figure 6**)
  - Questions that comprise this composite measure are presented in order from most important to least important, with *Question 27: In the last year, Home Care Professional staff listened carefully to my wishes and needs* as the most important.
- Treatment by Personal Care Services Staff score (0 to 100, where 0 was the *least positive* response and 100 was the *most positive* response) (see **Figure 9**)
  - Questions that comprise this composite measure are presented in order from most important to least important, with *Question 40: In the last year, Personal Care staff listened carefully to my wishes and needs* as the most important.
- Survey *Question 31* which asks how a client feels about the number of different personal care staff they have had (top-box result, *"I'm very happy with the number of staff;"* **Figure 12**)
- Client comments provided in response to survey *Questions 29* and *46*, which asked whether or not clients had concerns about their professional or personal care services, respectively (see **Section 5.1.4**).

The following describe each Treatment by Staff score and the questions that comprise each score, followed by a summary of client comments pertaining to Relational Care.

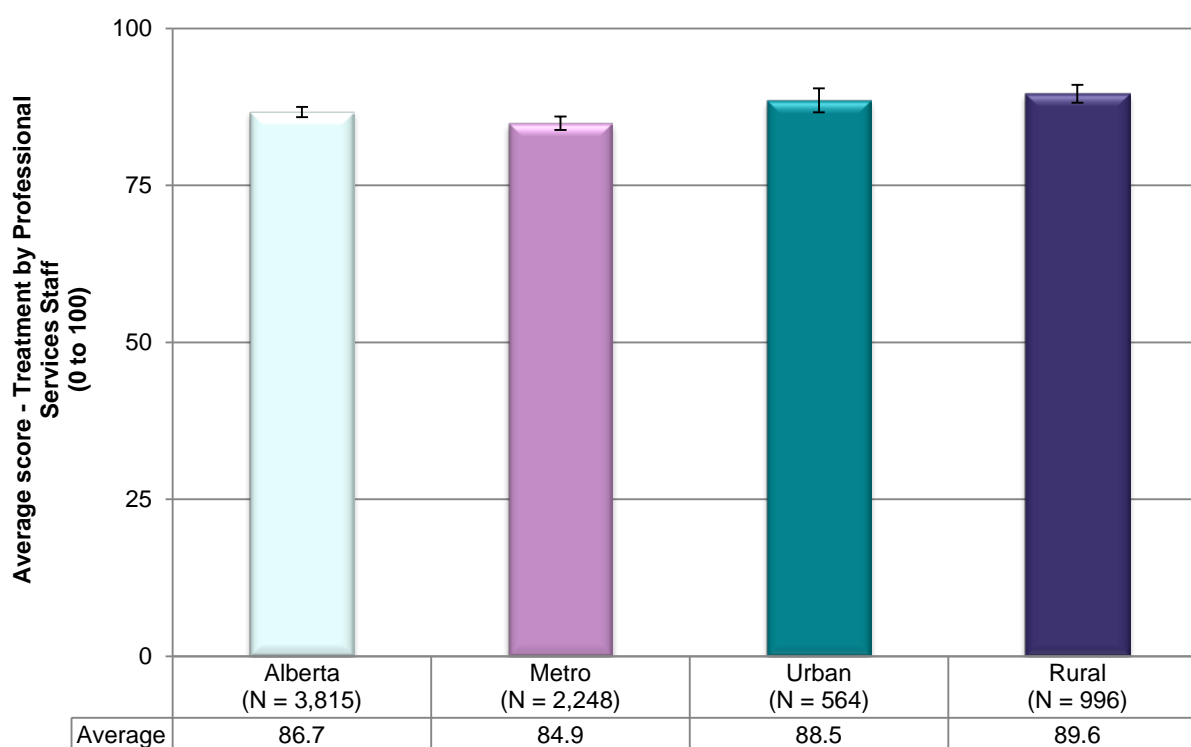


### 5.1.1 Treatment by Professional Services Staff

This measure is comprised of multiple questions about how clients were treated by professional services staff<sup>24</sup> (*Questions 22-28*) and is presented as a score on a 0 to 100 scale, where 0 was the *least positive* response and 100 was the *most positive* response. For more detailed information on how this summary measure was calculated, please refer to **Appendix II**.

Provincially, the average score for Treatment by Professional Services Staff was 86.7 out of 100, with Metropolitan areas on average scoring lower at 84.9 out of 100 and Rural areas on average scoring higher at 89.6 out of 100 (**Figure 6**). Both Urban and Rural areas scored significantly higher than Metropolitan areas.

**Figure 6:** Treatment by Professional Services Staff score across geographic areas

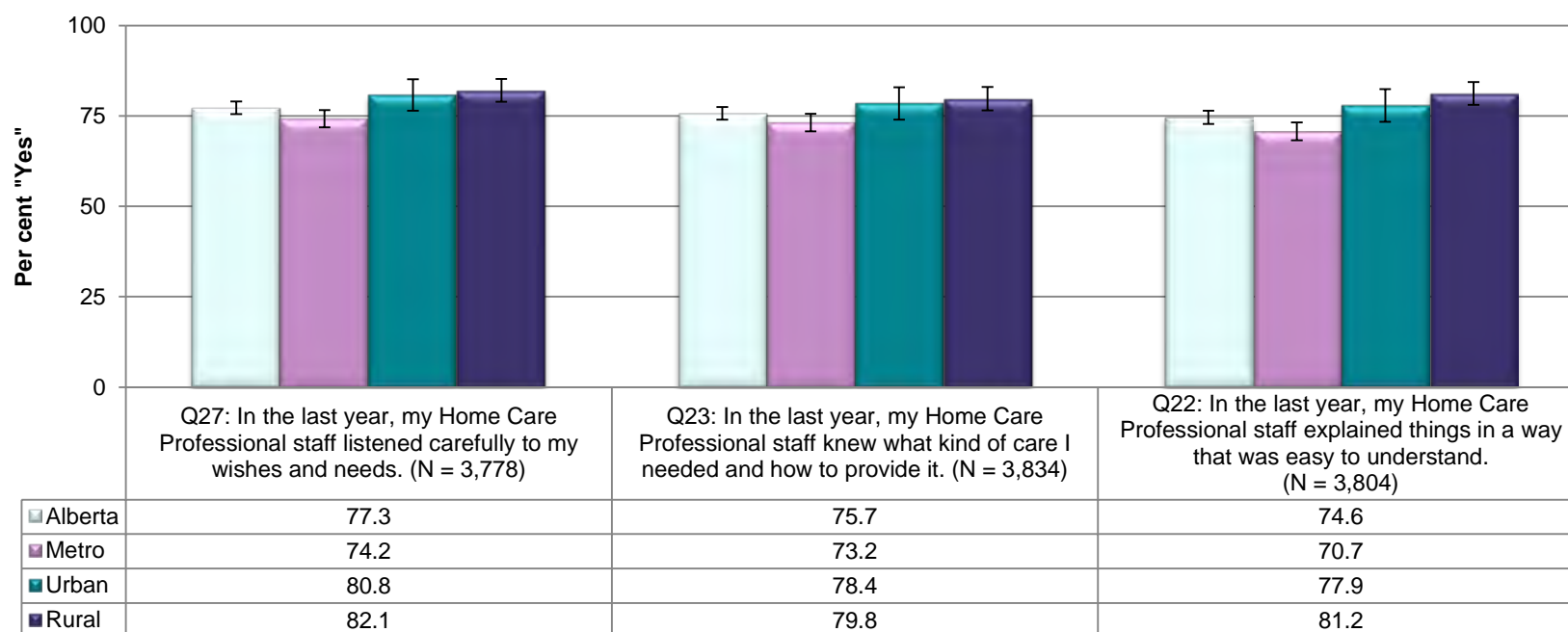


<sup>24</sup> Professional services are primarily provided by AHS.

**Figures 7 and 8** present top box results for the questions that comprised the measure Treatment by Professional Services Staff.<sup>25</sup> The survey questions that comprise this measure are presented in order of how strongly each question is associated with the measure Treatment by Professional Services Staff, with *Question 27* the strongest, and *Question 28* as the weakest in this question set.

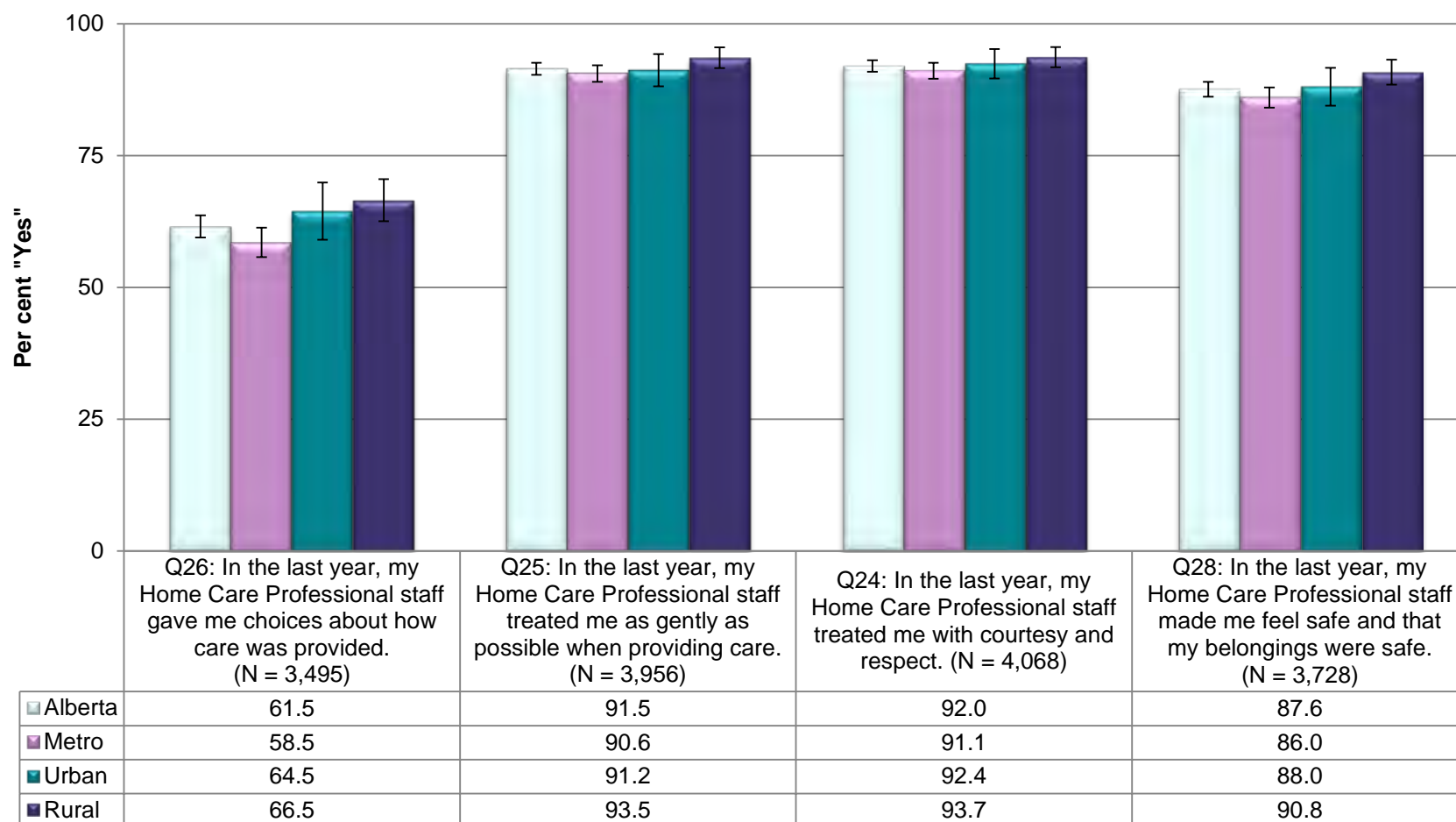
For complete question-level results by AHS zone, see **Appendix VI**.

**Figure 7:** Top box results for Treatment by Professional Services Staff Q22 to Q28 (1 of 2)



<sup>25</sup> All respondents to the individual questions in this section are represented. However, not all respondents are included in the calculation of the summary measure Treatment by Professional Services Staff (for more details refer to **Appendix III**).

**Figure 8:** Top box results for Treatment by Professional Services Staff Q22 to Q28 (2 of 2)

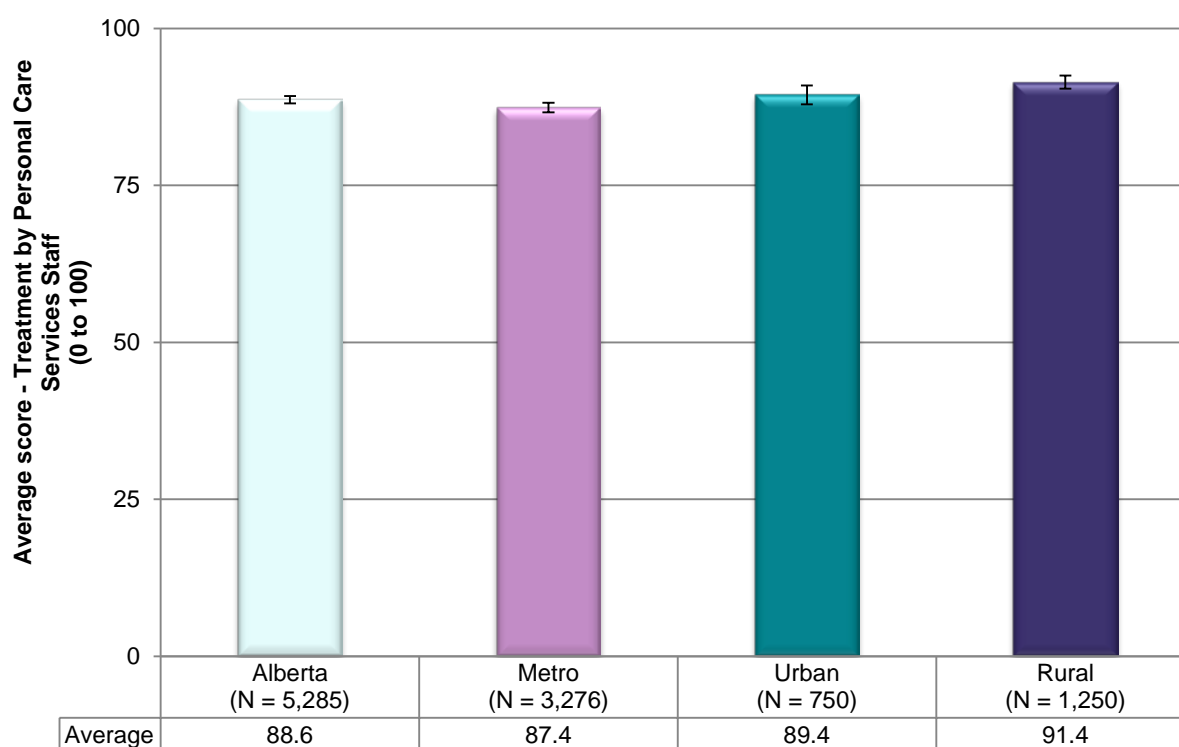


### 5.1.2 Treatment by Personal Care Services Staff

This measure is comprised of multiple questions about how clients were treated by personal care staff (*Questions 37 to 45*) and is presented as a score on a 0 to 100 scale, where 0 was the *least positive* response and 100 was the *most positive* response. For more detailed information on how this summary measure was calculated, please refer to **Appendix II**.

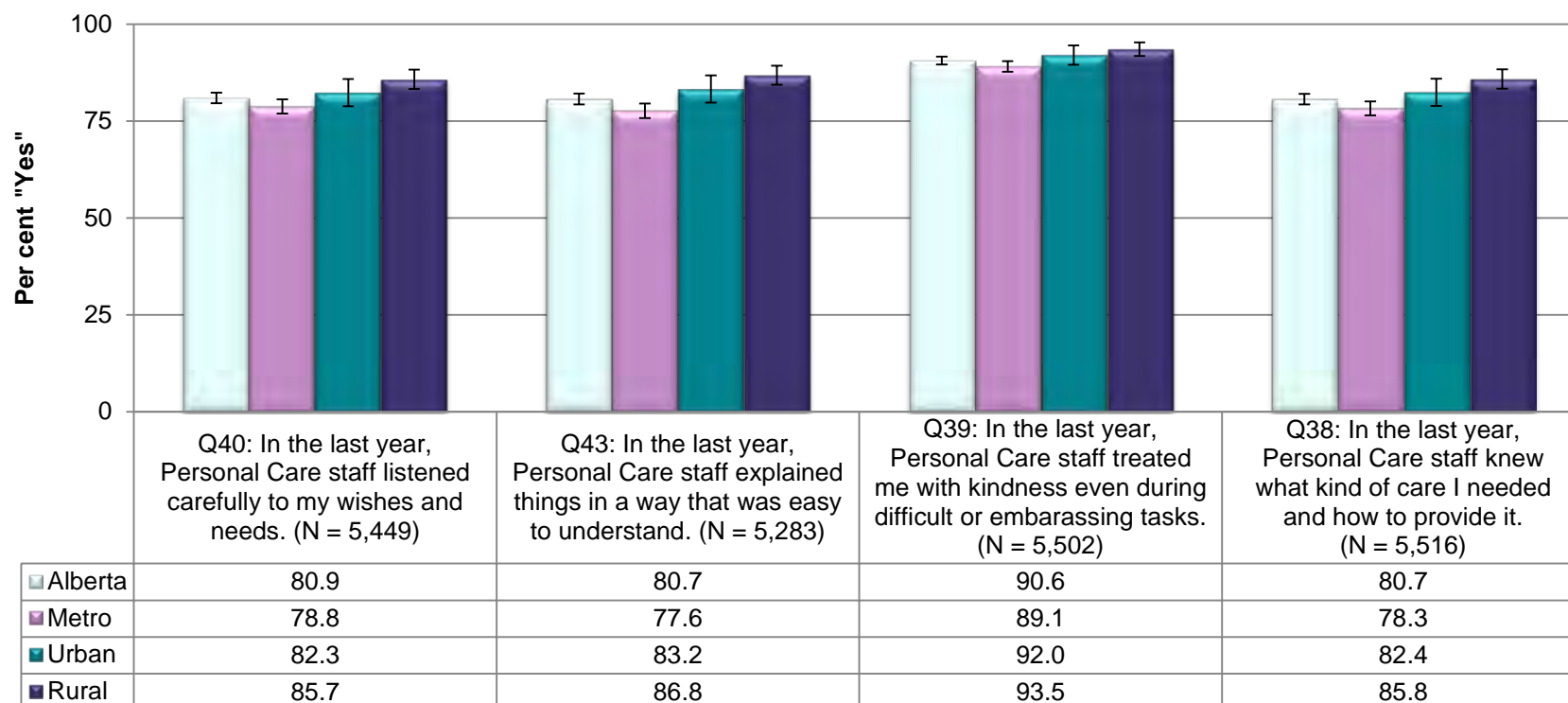
Provincially, the average score for Treatment by Personal Care Services Staff was 88.6 out of 100, with Metropolitan areas on average scoring lower at 87.4 out of 100 and Rural areas on average scoring higher at 91.4 out of 100 (**Figure 9**). Both Urban and Rural areas scored significantly higher than Metropolitan areas.

**Figure 9:** Treatment by Personal Care Services Staff score across geographic areas



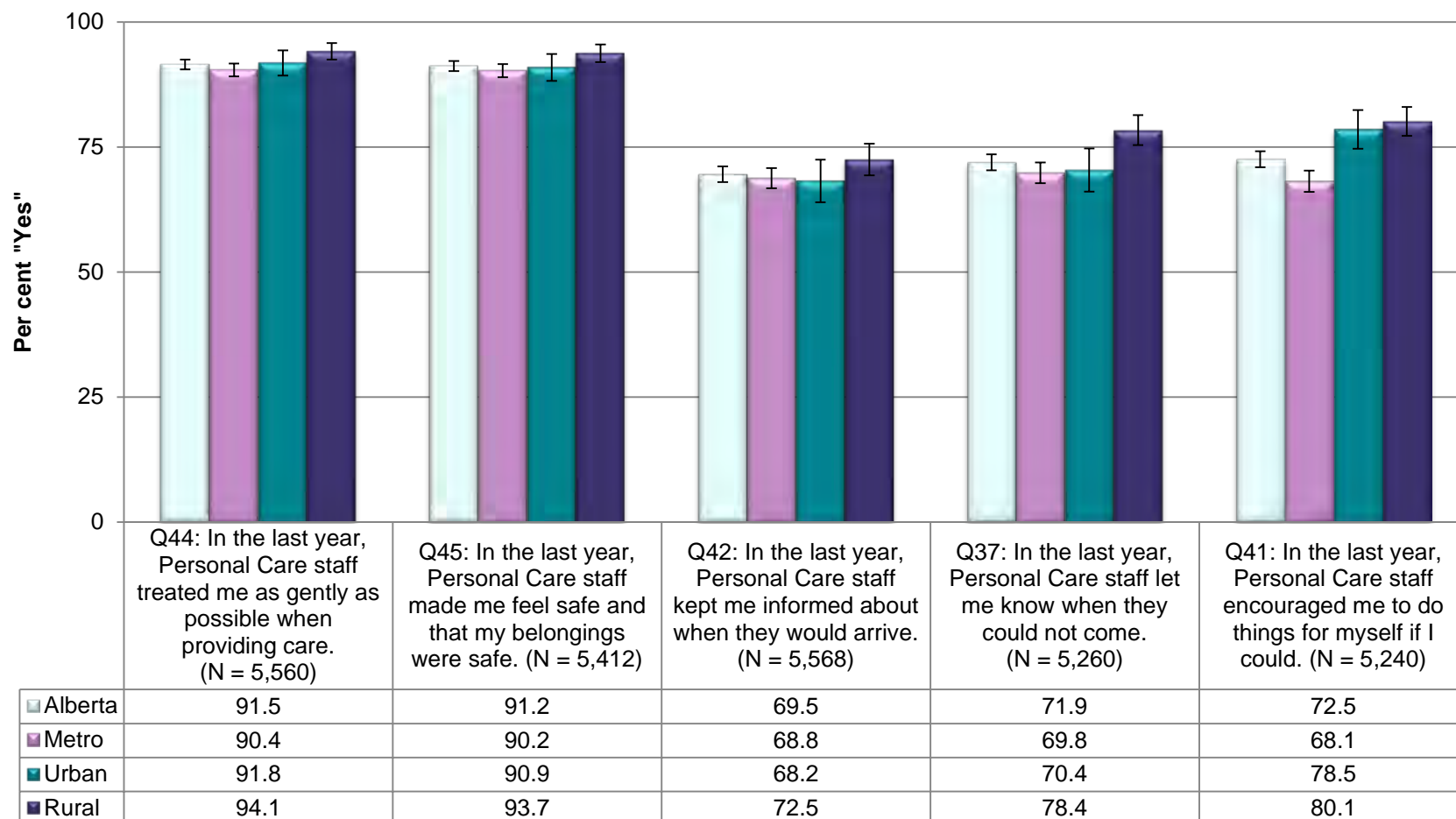
**Figures 10 and 11** present the top box results for the questions that comprised the measure Treatment by Personal Care Services Staff.<sup>26</sup> The survey questions that comprise this composite measure are presented below in order of how strongly each question is associated with the measure Treatment by Personal Care Services Staff, with *Question 40* the strongest, and *Question 41* as the weakest in this question set. For complete question-level results by AHS zone, see **Appendix VI**.

**Figure 10:** Top box results for Treatment by Personal Care Services Staff Q37 to Q45 (1of 2)



<sup>26</sup> All respondents to the individual questions in this section are represented. However, not all respondents are included in the calculation of the summary measure Treatment by Personal Care Services Staff (for more details refer to **Appendix III**).

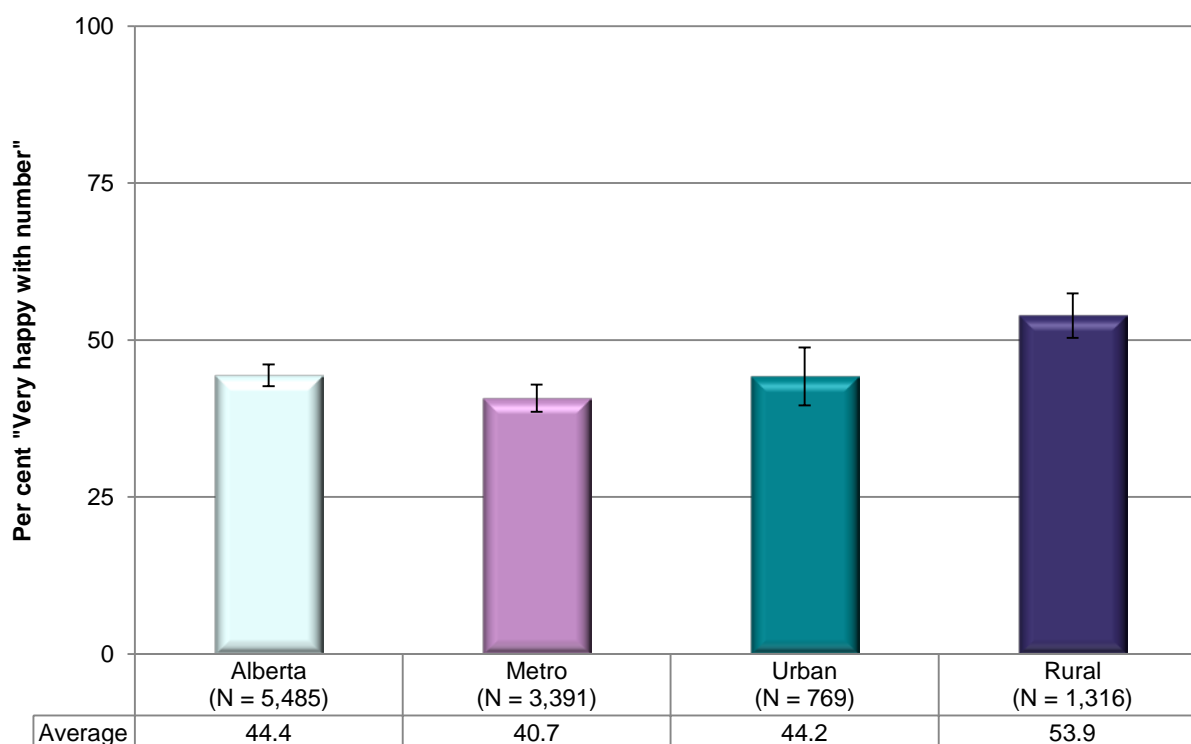
**Figure 11:** Top box results for Treatment by Personal Care Services Staff Q37 to Q45 (2 of 2)



### 5.1.3 How clients felt about the number of different staff they had

Survey Question 31 asked *how clients felt about the number of different Personal Care staff they had*. Provincially, 44.4 per cent of the clients reported they were “*Very happy with the number of different Personal Care staff*” they had. This ranged from a low of 40.7 per cent in Metropolitan areas and a high of 53.9 per cent in Rural areas (**Figure 12**). The percentage was significantly higher in Rural areas than in both Urban and Metro (Metro and Urban did not significantly differ). For the complete response options see **Appendix VI**.

**Figure 12:** Top box results for how clients felt about the number of different personal care staff they had Q31



#### 5.1.4 Client comments

*"If the home care [staff] could just not be so impersonal and be a bit more respectful and treat me like an independent person. I'm not the patient around here..."*

Comments related to concerns about relationships with staff were made by many clients receiving either professional and/or personal care services in response to two of the open-ended survey questions:<sup>27</sup>

1. Question 29: Do you have any concerns about your Home Care Professional Services?

2. Question 46: Do you have any concerns about your Personal Care Services?

Clients said relationships with staff were influenced by staff interpersonal skills or personal qualities, staffing levels, and perceived competency of the staff.

Most of the comments addressed the personal qualities of staff, including interpersonal skills. It was important to clients that staff were polite, friendly, and took an interest in their lives, particularly when performing personal tasks where clients may feel vulnerable. This was particularly evident when clients said they wanted to have a choice in the staff member providing care. Clients' preferences for specific professional services staff were based on direct care staff's ability to provide care proficiently, while clients' preferences for personal care staff were based more on the personal comfort level and relationship between the client and the direct care staff. Client's comfort level was also in many cases dependent on the gender of the staff member. Clients expressed desire for same gender caregivers, particularly when tasks of a personal nature such as bathing or other personal care tasks were part of the care plan. Many clients wanted to see the same staff member on a regular basis, one they could get to know and form a bond with.

Relatedly, clients expressed concern for the perceived level of training and competency of staff when staff members frequently changed. Clients expressed that they regularly felt care staff, especially unfamiliar care staff, did not always take the time to learn what their needs were. Clients said they felt this was partly due to a lack of training provided by the company providing home care and partly due to staff just not being informed. As a result, clients reported circumstances where they had to teach care staff how to provide them with care. The Continuing Care Health Service Standards (CCHSS) state that continuing care health services are delivered by educated and qualified healthcare providers working within their scope of practice or competencies<sup>28</sup> (It is important to note that client comments provide one perspective concerning staff competency, and do not reflect compliance or non-compliance with standards). Overall, concerns with continuity of direct care staff were mentioned more often in Metropolitan and Urban areas and perceived competency was mentioned most frequently in Metropolitan areas.<sup>29</sup>

<sup>27</sup> Open-ended questions are exploratory and allow respondents to provide any answer they choose without forcing the respondent to select from concrete options. Closed-ended questions have explicit options for respondents to select from and are easy to count.

<sup>28</sup> Continuing Care Health Service Standards, Standard 1.13: Continuing care health service providers. More information can be found here: <http://www.health.alberta.ca/documents/Continuing-Care-Standards-2008.pdf>

<sup>29</sup> Geographic differences were determined by calculating the proportion of comments for each theme in each geographic area. If differences in proportions were found, the content of these comments were analyzed in further detail to determine if these differences were meaningful.



Additionally, clients said their ability to form meaningful and trusting relationships with staff members was affected by frequent staff turnover or not seeing the same staff member each time. Clients reported that the type of relationship they had with staff and how they felt that they were treated by staff influenced their overall experience with home care.

### 5.1.5 Summary

The results for Relational Care indicate that how clients felt they were treated by home care staff was the strongest driver of overall client experience. From the client's perspective, the more positively the treatment, the more positive the overall experience. Some clients said lack of personal interaction between clients and their care staff contributed to negative experiences with care in general. Clients also expressed desire to have a choice in care staff, and preferred staff they were compatible with, and who were kind and respectful when providing care. Clients and their family members also preferred to have the same staff member as much as possible.

**Clients liked it when:** Staff listened to their wishes and needs and when staff were kind, caring, and gentle when delivering care; and took a personal interest in their lives.

Clients provided the following suggestions to improve Relational Care:

1. Encourage home care staff to take a personal interest in their clients such as engaging clients in conversation and listening to their wishes and needs in a kind, courteous, and respectful manner.
2. Where possible, ensure clients have a choice of staff.
3. Where scheduling allows, ensure clients receive care from the same staff over time.

## 5.2 Driver 2: Client Needs and Expectations

*“All the [staff] have been very nice to me, they have tried very hard to please, and they always ask if there is anything else they can do. Which they do very quickly, if there is.”*

*“They...never told me how to get other services that I may need like physiotherapy, chiropractor, massage therapist, etc. I see others who could have used these services? Who arranges these services? Do they come in or do we go out for these? Is there a charge? The staff that give me my pills alternate so often that they can't see if I am worse off or better to assist me if I need help. The daily people in home care are better at helping me or getting me help by contacting my family.”*

The degree to which clients felt their needs were met was the second most important driver of the overall experience of home care services.<sup>30</sup> Clients gave more positive overall ratings when they felt their needs met their expectations. The importance of this driver was strongly supported by comments, where clients reported having unmet needs in both professional services (e.g., therapies), personal care services (e.g., bathing, grocery shopping), as well as in other areas (e.g., transportation).

This driver is defined in two ways:

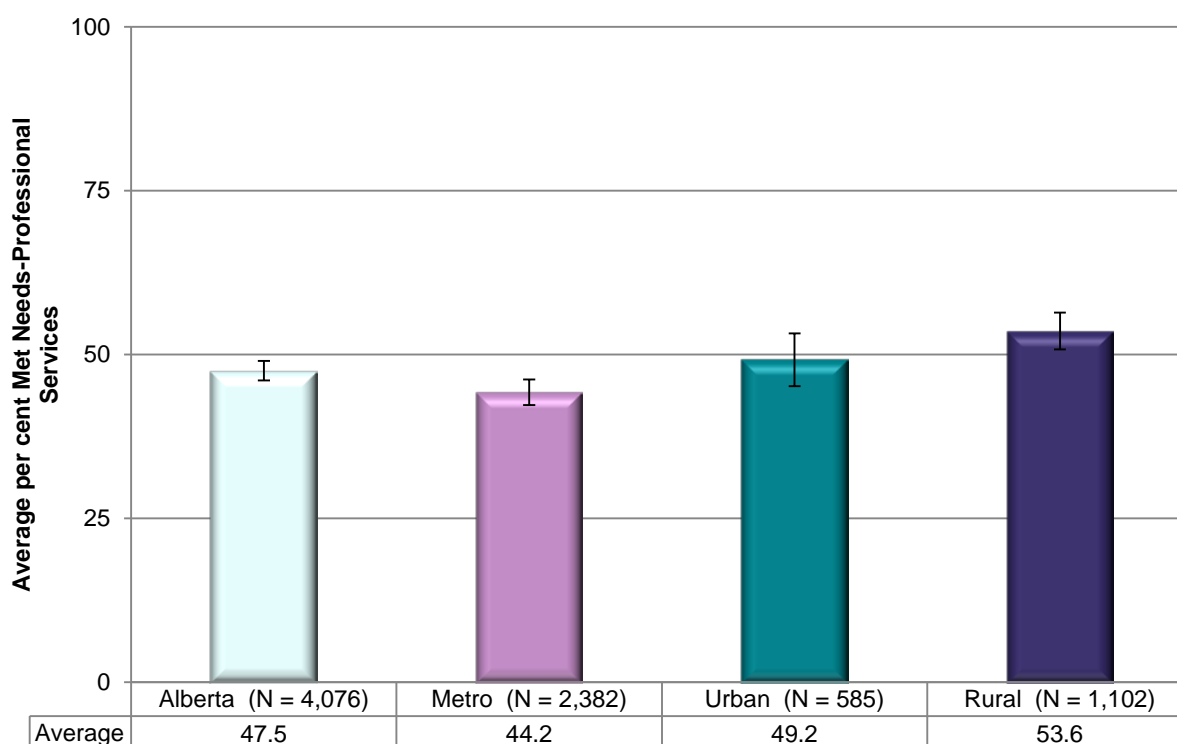
1. Clients' expectations were met when care was delivered, and is measured by:
  - The per cent of Met Needs-Professional Services (see **Figure 13**)
    - Questions that comprise this measure are ordered by strongest to weakest association with the Global Overall Care rating (see **Figures 14 and 15**)
  - The per cent of Met Needs-Personal Care Services (see **Figure 16**)
    - Questions that comprise this measure are ordered by strongest to weakest association with the Global Overall Care rating (see **Figures 17 and 18**)
  - Client comments provided in response to survey *Question 48* which asked clients: *In the last year, was there any service of any kind that you felt you needed but didn't get?* (see **Section 5.2.3**), as well as in response to survey *Questions 29 and 46*, which asked whether or not clients had concerns about their professional or personal care services, respectively.
2. Clients requested assistance and/or services that they felt they needed, but were not included in the home care services provided to them, and is measured by:
  - Client comments provided in response to survey *Question 48* which asked clients: *In the last year, was there any service of any kind that you felt you needed but didn't get?* (see **Section 5.2.3**), as well as in response to survey *Questions 29 and 46*, which asked whether or not clients had concerns about their professional or personal care services, respectively.

<sup>30</sup> Clients who said they did not know or that they did not need services were excluded from reporting.

### 5.2.1 Met Needs-Professional Services

This section pertains to the extent to which clients felt their professional service needs were met. This measure is comprised of *Questions 13 through 21, which includes medication related needs*, and is presented as a percentage of the number of times a client said their needs were met (“Yes” responses), divided by the total number of needs asked in the survey that the client reported having. Provincially, the average per cent of Met Needs-Professional Services was 47.5 out of 100 with Rural areas at a high of 53.6 out of 100 and Metropolitan areas at a low of 44.2 out of 100 (**Figure 13**). Both Urban and Rural areas had a significantly higher percentage of met needs than the Metropolitan areas.

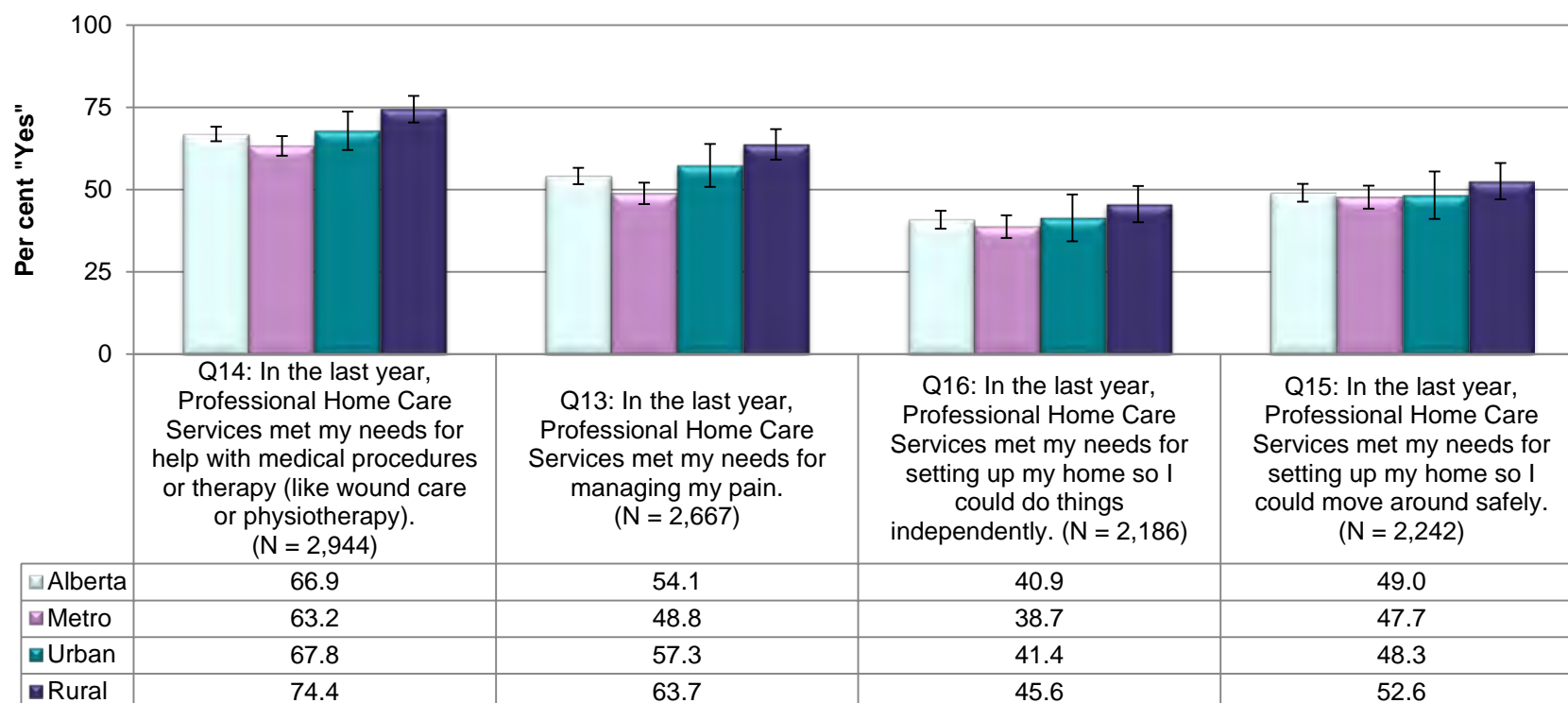
**Figure 13:** Average per cent of Met Needs-Professional Services across geographic areas



The following figures (**Figure 14** and **15**) report the top box results, or percentage of respondents reporting “Yes”, in each geographic area. The survey questions are presented in order of the strength of association to the Global Overall Care rating, with *Question 14* the most strongly associated to the Global Overall Care rating, and *Question 21* as the weakest.

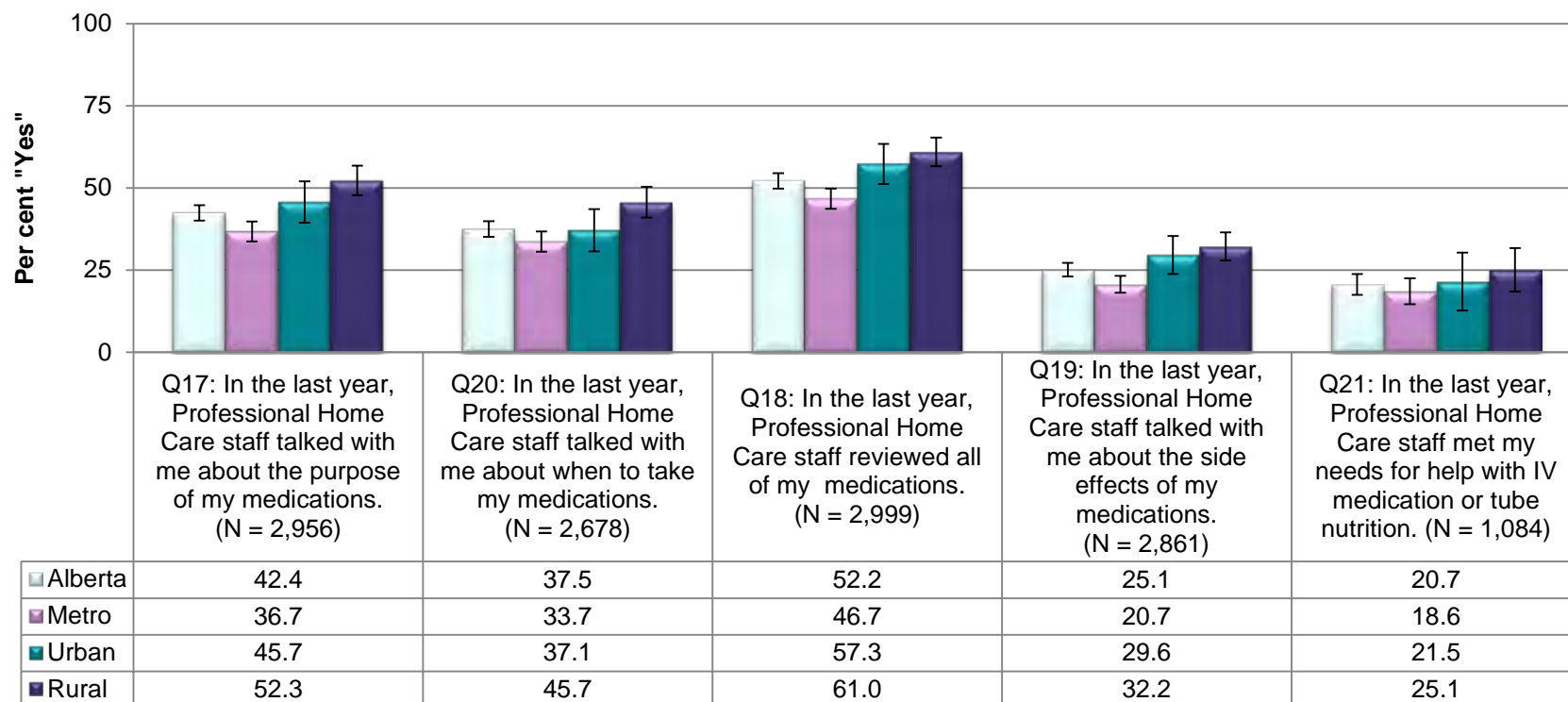
For complete question-level results by AHS zone, see **Appendix VI**.

**Figure 14:** Top box results for questions that comprise Met Needs-Professional Services Q13 to Q16<sup>31</sup>



<sup>31</sup> Clients who responded “I did not need this” or “I don’t know” were excluded from the calculation of percentages, therefore the N for each question represents the total number of clients who reported needing this particular service. N = 9 were not classified into a geographic area due to incomplete information.

**Figure 15:** Top box results for medication questions that comprise Met Needs-Professional Services Q17 to Q21<sup>32</sup>



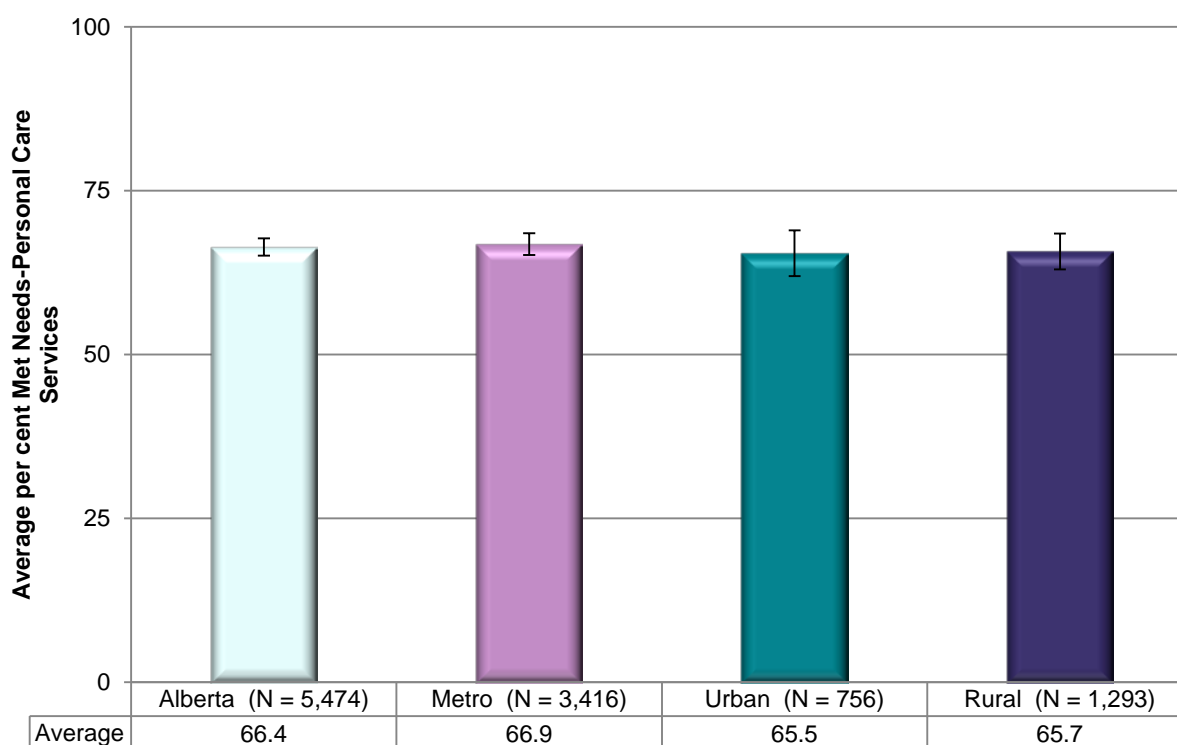
<sup>32</sup> Clients who responded "I did not need this" or "I don't know" were excluded from the calculation of percentages, therefore the N for each question represents the total number of clients who reported needing this particular service.

## 5.2.2 Met Needs-Personal Care Services

This section pertains to the extent to which personal care service needs were met. This measure is comprised of *Questions 32 through 36* and is presented as a percentage of the number of times a client said their needs were met (“Yes” responses), divided by the total number of needs asked in the survey that the client reported having.

Provincially, clients reported an average of 66.4 per cent of Met Needs-Personal Care Services with a low of 65.5 per cent in Urban areas to a high of 66.9 per cent in Metropolitan areas (**Figure 16**). There were no significant differences between geographic areas.

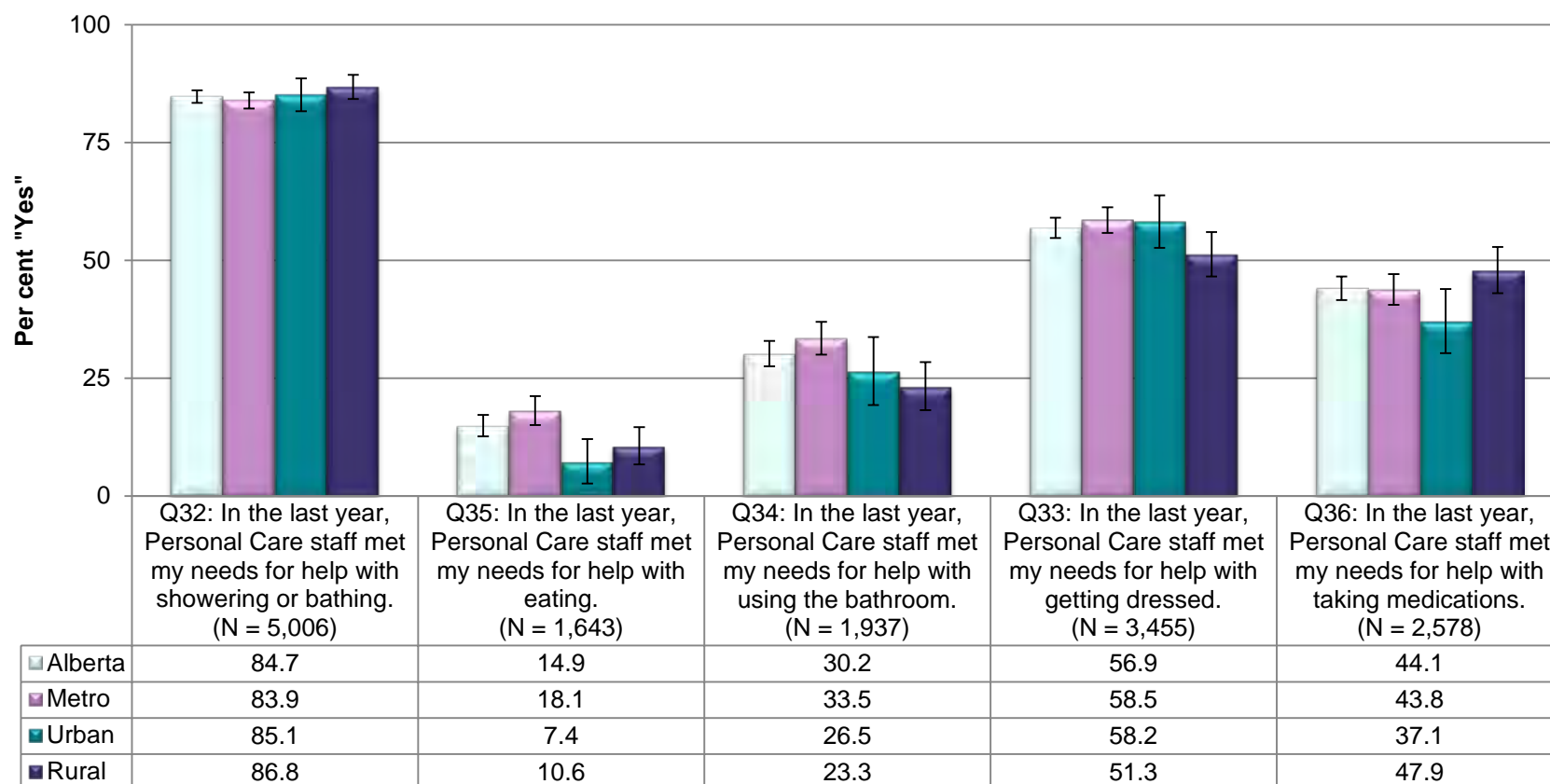
**Figure 16:** Per cent of Met Needs-Personal Care Services across geographic areas



The following figures (**Figure 17** and **18**) report the top box results, or percentage of respondents who reported “Yes”, in each geographic area. The survey questions are presented in order of the strength of association to the Global Overall Care rating, with *Question 32* the most strongly associated to the Global Overall Care rating, and *Question 36* as the weakest.

For complete question-level results by AHS zone, see **Appendix VI**.

**Figure 17:** Top box results for questions that comprise Met Needs-Personal Care Services Q32 to Q36<sup>33</sup>



<sup>33</sup> Clients who responded "I did not need this" or "I don't know" were excluded from the calculation of percentages, therefore the N for each question represents the total number of clients who reported needing this particular service.

### 5.2.3 Client comments

Clients provided comments relating to met needs in response to *Question 48: In the last year, was there any service of any kind that you felt you needed but didn't get?*, as well as in response to *Questions 29 and 46*, which asked whether or not clients had concerns about their professional or personal care services, respectively. Clients commented on whether reported needs were situations where they anticipated needing more services, or services they felt they needed but were not currently receiving. It is important to note that some services clients said they needed are not within the scope of home care. Overall, the majority of comments were requests for assistance with household chores, health, personal care, transportation, and equipment and supplies.

#### Household help

*"It was only recently that my [family member] found out about being entitled to home care/housekeeping. Little to no housekeeping was being done until my current home care [staff member] started."*

The majority of clients said they needed help with household tasks. While some said they received assistance, most said they needed additional help. Clients expressed wanting to maintain their independence and remain living at home, but also talked about varying levels of need in order to do so, due to poor health or physical limitations. At times these needs were temporary, such as when clients were ill and needed help with cooking meals, and in other cases where clients felt they needed long-term assistance. A somewhat common request was that clients wanted assistance with grocery shopping or grocery delivery.

Assistance with household tasks was provided by family members, friends, volunteer organizations (e.g., Seniors Assisting Seniors or Meals on Wheels), or services paid for privately (e.g., hiring a cleaning company or paying a grocery chain to deliver medications), although cost was reported as a barrier for some clients. Assistance was also sought from home care through case managers. While some clients were able to receive help, some expressed that information was not always forthcoming regarding what they were and were not entitled to, creating a barrier to receiving care. Other barriers included not receiving enough help (e.g., staff were not scheduled for a long enough period of time), or being denied assistance by home care.

Client requested tasks related to household help are listed below:

- Housekeeping:
  - Cleaning dirty dishes
  - Stain removal
  - Making the bed
  - House cleaning (e.g., vacuuming, dusting, and sweeping floors)
  - Taking out the garbage
  - Keeping windows clean
  - Organizing and tidying documents
  - Water house plants
- Groceries:
  - Grocery shopping and delivery
  - Accompanying the client to assist with handling heavy items
  - Putting groceries away



- Meal preparation and cooking
- Grounds keeping
  - Lawn maintenance (e.g., watering the lawn, lawn mowing, gardening, and weeding)
  - Snow removal
- Laundry
- Personal shopping (e.g., for clothing)
- Home maintenance (e.g., changing light bulbs)

The Co-ordinated Home Care Program Regulation states that a home care program shall provide homemaking service (adult sitting and child care, routine housecleaning, laundry, ironing, or mending, budgeting, banking, paying bills or shopping for essentials, menu planning or meal preparation), and may provide heavy housework service; handyman service; the services commonly known as “Meals on Wheels” and “Wheels to Meals”; and nutrition service.<sup>34</sup> It is important to note that client comments provide one perspective, and do not reflect compliance or non-compliance with regulations.

#### Health and allied health services

*“Physiotherapy - home care had a long wait, tried [a program] as several months had past. [The client] depleted to the point they are not engaged in the task and very fragile. [The client] has severe muscle loss.”*

The second most discussed topic by clients was health and allied health services. The majority of client comments on this topic were about wanting to receive the following services:

- Physiotherapy and massage therapy
- Assistance to get to a doctor’s appointment
- Medication refill, delivery, dispensing, and monitoring for side effects
- Foot care
- Health monitoring and testing (e.g., blood testing and blood pressure monitoring)
- Post-hospital and surgical care (e.g., monitoring the client after discharge)
- Wound care
- Pain management
- Assistance with arranging and keeping medical appointments
- Mental health services
- Hospice care
- Home-visits from nursing staff

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<sup>34</sup> Co-ordinated Home Care Program Regulation, Regulation 2: Program. More information can be found here: [http://www.qp.alberta.ca/documents/Regs/2003\\_296.pdf](http://www.qp.alberta.ca/documents/Regs/2003_296.pdf)

Among these the most frequently stated unmet need relevant to professional care services was access to, or more time with, physiotherapy. Overall, clients in all geographic areas said they needed access to physiotherapy and massage therapy services; however clients residing in Metropolitan and Urban areas commented most about this need as compared with clients residing in Rural areas. The CCHSS state that clients are to be assessed for therapeutic service needs, which may include but is not limited to physical therapy, occupational therapy, and recreation therapy.<sup>35</sup> (It is important to note that client comments provide one perspective concerning therapeutic services, and do not reflect compliance or non-compliance with standards).

Clients also talked about their experience with accessing health and allied health services. Clients said it would be beneficial to have access to transportation services as well as someone to accompany them to appointments. Alternatively, some clients suggested health professionals could make in-home visits, such as doctor's visits or physiotherapy sessions. For some, travelling to these services was challenging.

Clients also reported experiencing long waits to meet their care needs when services were in high demand (e.g., physiotherapy) or when clients' needs were not assessed in a timely manner. Follow-up was also identified as a barrier including delays or inconsistencies in implementing the care plan, physician's orders, and client requests.

Concerning the above health and allied health service clients said they needed, the CCHSS state the following: clients are assessed for appropriateness of medications and transcribing and distribution of medications is timely and appropriate;<sup>36</sup> and clients have access to medically required physician services<sup>37</sup> (It is important to note that client comments provide one perspective concerning these services, and do not reflect compliance or non-compliance with standards).

## Personal care

*"I would appreciate it if my helper can come for an hour for two days in a week to help me with a shower as it is getting harder for me to do it myself due to inability to move myself."*

The third area clients said they needed the most help with was their personal care needs, which involved hygiene and grooming and assistance with personal activities of daily living. Overall, clients said they would like help with the following:

<sup>35</sup> Continuing Care Health Service Standards, Standard 1.18: Therapeutic services. More information can be found here: <http://www.health.alberta.ca/documents/Continuing-Care-Standards-2008.pdf>

<sup>36</sup> Continuing Care Health Service Standards, Standard 1.16: Medication management. More information can be found here: <http://www.health.alberta.ca/documents/Continuing-Care-Standards-2008.pdf>

<sup>37</sup> Continuing Care Health Service Standards, Standard 1.15: Physician services. More information can be found here: <http://www.health.alberta.ca/documents/Continuing-Care-Standards-2008.pdf>

- Hygiene and Grooming:
  - More than one bath/shower per week
  - Assistance with hair cutting and hair styling
  - Regular finger and toe nail trimming
- Assistance with personal activities of daily living:
  - Assistance with dressing
  - Support with continence/toileting
  - Help with heavy lifting
  - Assistance with getting into bed
  - Help with eating
- Other
  - Assistance with personal banking
  - Assistance with mailing

The most frequently stated need relevant to personal care services was a desire to increase the frequency of bathing and also a desire for an improvement in the level of attention given by staff while attending to these tasks. It was important for clients to feel clean and unrushed during the bathing process. The Co-ordinated Home Care Program Regulation states that a home care program shall provide clients with personal care services (personal hygiene care and assistance with the personal activities of daily living).<sup>38</sup> (It is important to note that client comments provide one perspective concerning personal care services, and do not reflect compliance or non-compliance with standards). Overall, clients who resided in Urban areas most often requested an increase to the frequency of bathing compared with all other areas.

## Transportation

*“Better option for transportation of wheelchair bound patients. [Company] is a terrible service. Why does AHS not cover options like a person hoist for cars so that items like this can be covered or partially covered so that mobile impaired patients are not trapped in their homes?”*

Clients expressed the need for access to reliable and affordable transportation services in order to complete daily tasks, socialize, and get to appointments. Clients who lived in Rural areas expressed the greatest need for access to transportation services, especially to get to medical appointments. Some clients relied on family members or friends to drive them; while fewer said they drove themselves, and most said they used, or were in need of, transportation services such as taxi or public transportation. Clients who utilized these services reported that these options were often unaffordable, unreliable, and did not always accommodate clients who were mobility impaired.

Some clients said they were able to access disability services, while others said they were ineligible but still felt they needed assistance. These clients expressed a need for transportation programs that were inclusive of varying degrees of mobility impairment.

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<sup>38</sup> Co-ordinated Home Care Program Regulation, Regulation 2: Program. More information can be found here: [http://www.qp.alberta.ca/documents/Regs/2003\\_296.pdf](http://www.qp.alberta.ca/documents/Regs/2003_296.pdf)

## Equipment and supplies

*“Help to replace walker - physiotherapy is very busy, hard to get on their schedule, although I have been referred by [my] case worker, [but I] still have [the] old walker.”*

Clients expressed a need for equipment and supplies. Some clients said it was difficult to access equipment and supplies due to lack of communication between clients and case managers, delays in assessment of client’s needs (e.g., fitting for a new wheelchair), ordering the incorrect item, or unavailability of home care staff to assist with accessing or providing these items (e.g., bandages for wound care). The following are equipment and supply needs expressed by clients:

- New, replacement, or repaired mobility aids (e.g., walker, wheelchair)
- Safety equipment (e.g., emergency response system, bed rails)
- Building modifications (e.g., railings and ramps)
- Incontinence products
- Medical supplies (e.g., oxygen, compression stockings, catheters)

In addition to access, clients said they would like assistance with handling and maintaining equipment and supplies, such as applying bandages or cleaning hearing aids. The CCHSS state that based on assessed health service needs, clients shall be supported in accessing medically necessary health service equipment and medical-surgical supplies<sup>39</sup> (It is important to note that client comments provide one perspective concerning access to these services, and do not reflect compliance or non-compliance with standards). Overall, clients residing in Metropolitan areas reported a greater need for home safety equipment, access to medical supplies, and assistance from care staff with using equipment, compared to other geographic areas.

### 5.2.4 Summary

Many clients praised the help they received, and valued the availability of home care services. These clients felt the care plan addressed their needs and the care received was appropriate. However, some clients’ expectations of care and services were not always met. Specifically, a number of clients reported that their needs were not met to their expectations, for both professional and personal care services. Through comments, clients also reported gaps in service provision where they expected services to be provided by home care, but were not included in their care plan. These tasks may be related to, or in addition to, tasks already included in the care plan. Attention to client needs and regular updating of their care plan to ensure that all available and appropriate services are included is significant in improving client experience. Greater attention to ensure delivery of the services described in the care plan is also important in improving client experiences of home care services.

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<sup>39</sup> Continuing Care Health Service Standards, Standard 1.20: Specialized health service equipment and medical-surgical supplies. More information can be found here: <http://www.health.alberta.ca/documents/Continuing-Care-Standards-2008.pdf>

**Clients liked it when:** Staff proactively identified and promptly addressed their needs.

Clients provided the following suggestions to improve Client Needs and Expectations:

1. Regularly inquire about clients' needs and expectations during visits, and provide assistance where possible.
2. Ensure that clients understand the scope of home care services in general and/or as outlined in their care plan.

### 5.3 Driver 3: Care Planning and Case Management

*“It would be a good idea to get a visit from the case manager to see if I could benefit from any additional service.”*

*“In the last year home care services have been very disappointing, the care and my care plan has been horrible, my needs have not been met, and communication has been very limited. Regarding my care plan me or my family were not involved or asked to be involved.”*

Care Planning and Case Management is the third most important driver in a client’s experience of home care services. Care planning is defined as how the case manager assesses each client and creates an individualized plan of care (the care plan). Clients who received most of the services outlined in their care plan reported significantly higher Global Overall Care ratings (8.5 out of 10) than clients who reported receiving only some or none of the services in their care plan (7.1 out of 10). Similarly, clients who reported that their case manager helped them get all the home care services that they needed had significantly higher Global Overall Care ratings than clients who reported their case manager did not help them get all the services that they needed (8.5 vs 6.7 out of 10, respectively). The importance of this driver was also evident in the comments provided by clients. A substantial number of clients said they did not know about their care plan, were not involved in its creation, and/or did not participate in care meetings, but identified that this was important to their home care experience.

Care Planning and Case Management was measured using the following:

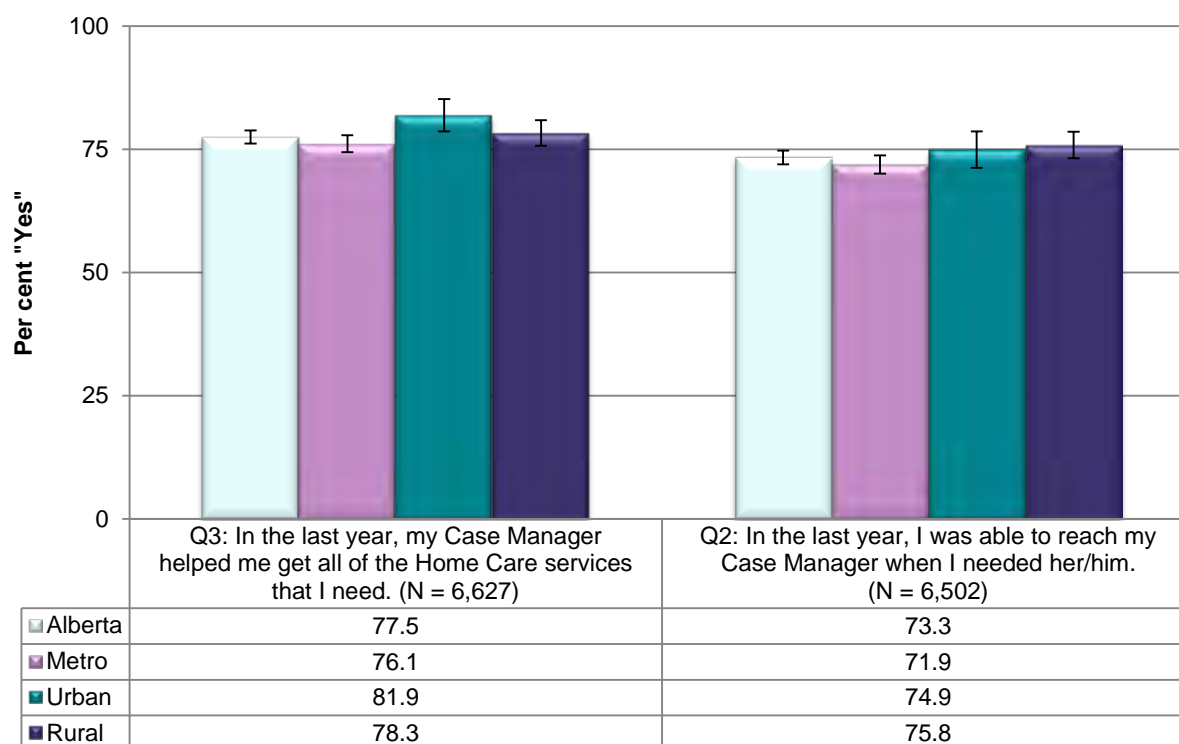
- Survey Questions 1-5 and 49 which addressed case management (see **Figure 18** and **Figure 19**)
- Survey Questions 6-9 which addressed the client care plan (see **Figure 20**)
- Survey Questions 10-12 which addressed care meetings (see **Figure 21**)
- Client comments provided in response to survey Questions 29 and 46, which asked whether or not clients had concerns about their professional or personal care services, respectively (see **Section 5.3.3**)

### 5.3.1 Case manager

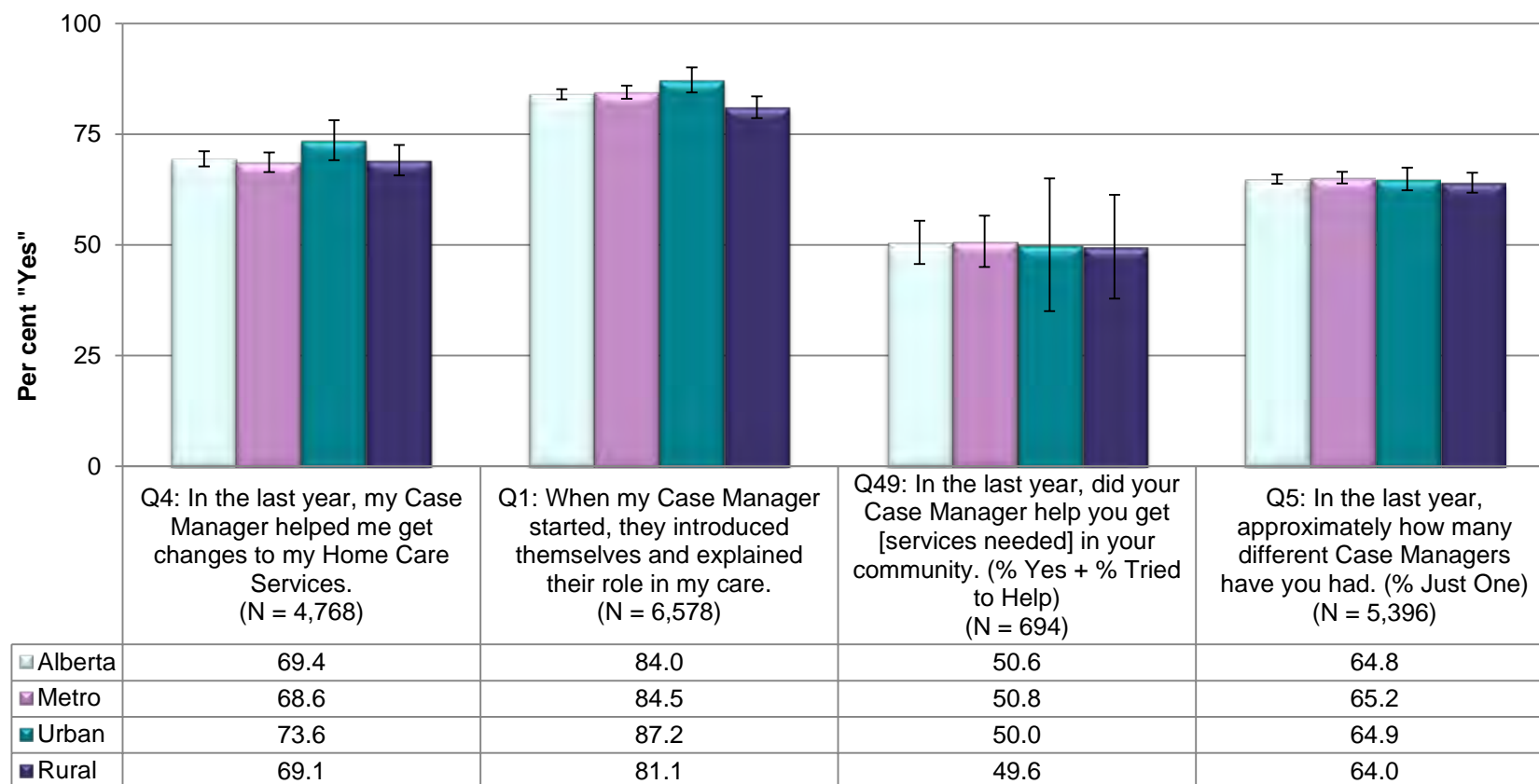
This section reports the top box results, or percentage of respondents who gave the most favourable response to *Question 1* through *5* and *Question 49*, by geographic area. The survey questions are presented in order of the strength of association to the Global Overall Care rating. *Question 3* and *Question 2* were most strongly associated with the Global Overall Care rating.

For complete question-level results by AHS zone, see **Appendix VI**.

**Figure 18:** Top box results for case manager questions Q1 to Q5 and Q49 (1 of 2)



**Figure 19:** Top box results for case manager questions Q1 to Q5 and Q49 (2 of 2)



Note: Q49 excludes respondents who answered "No" to Q48 "In the last year, was there any service of any kind that you felt you needed but didn't get?" and those who answered "I did not need other services" to Q49."

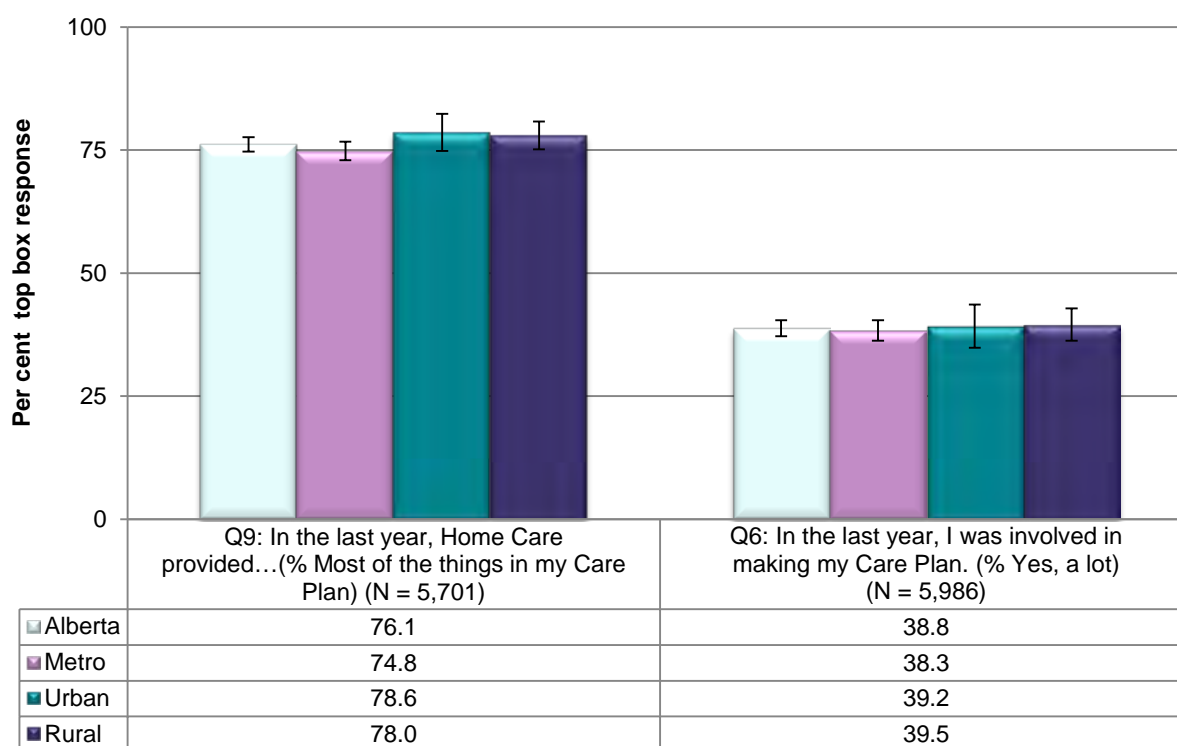


### 5.3.2 Care plan and care meetings

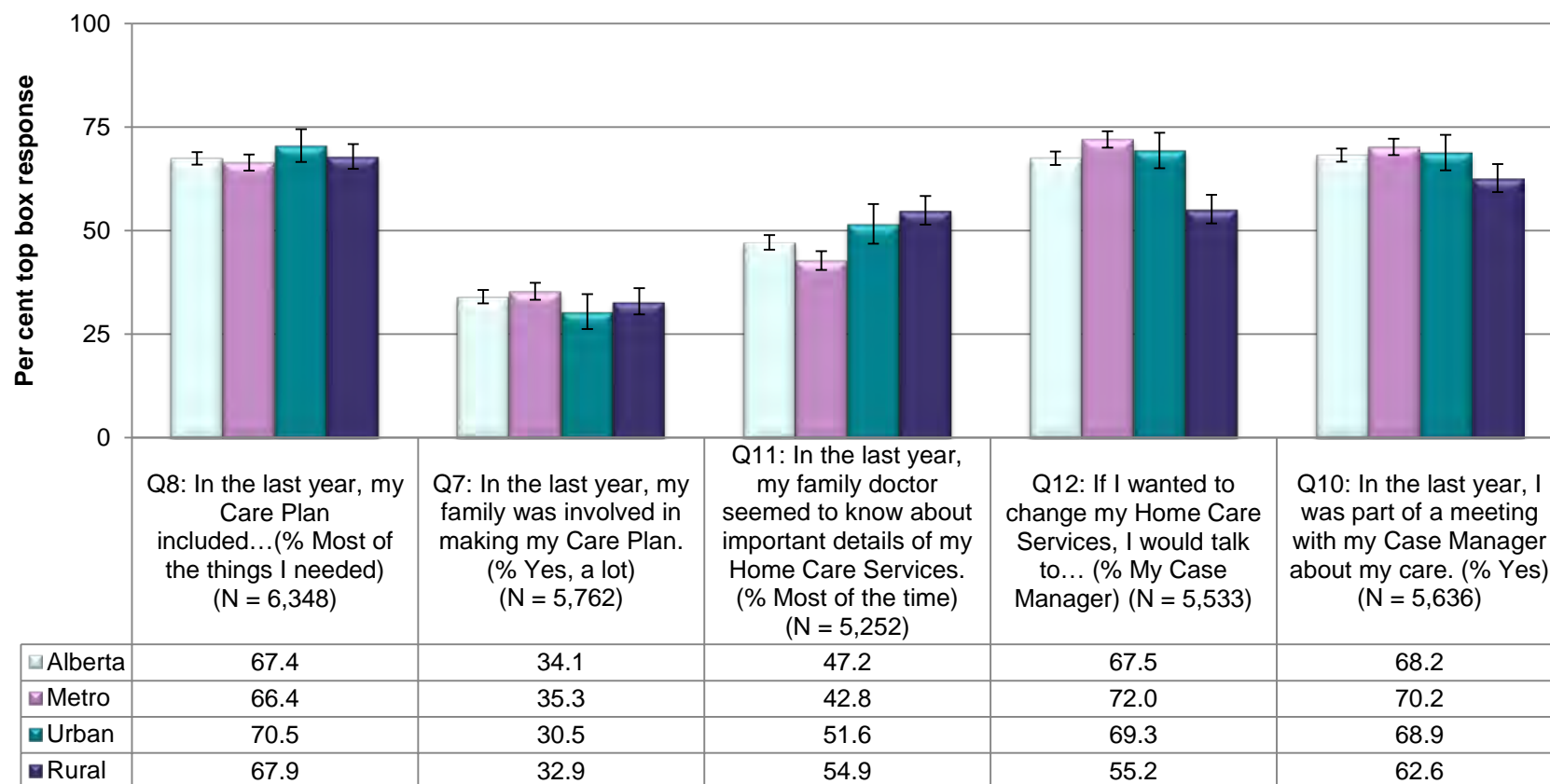
This section reports the top box results, or percentage of respondents who gave the most favorable response to *Question 6* through *Question 12*, by geographic area. The survey questions are presented in order of the strength of association to the Global Overall Care rating. *Question 9* and *Question 6* were most strongly associated with the Global Overall Care rating.

For complete question-level results by AHS zone, see **Appendix VI**.

**Figure 20:** Top box results for care plan and care meetings questions Q6 to Q12 (1 of 2)



**Figure 21:** Top box results for care plan and care meetings questions Q6 to Q12 (2 of 2)



### 5.3.3 Client comments

*“My first case manager, an OT was amazing, gave me personal support and helped me transition to life in a wheelchair. I never met my second case manager. Spoke to [them] on the phone twice. The last time [they] informed me I had a new manager but [they] could not supply a name...”*

Feedback clients had about Care Planning and Case Management was expressed in response to two of the open-ended survey questions:

1. *Question 29: Do you have any concerns about your Home Care Professional Services?*
2. *Question 46: Do you have any concerns about your Personal Care Services?*

There was a strong desire for consistency of Care Planning and Case Management for both professional and personal care service clients. Comments included topics such as:

- Consistency in following the care plan
- Consistent provision of care across all staff members
- Improved frequency and responsiveness of communication with the case manager
- Continuity and availability of the case manager

Many clients said they felt that although their needs were outlined in their care plan, direct care staff did not read it, did not complete all the services required, or the services were not completed in the same way across all staff. As a result, clients reported that they did not receive consistent care.

Clients desired more frequent and responsive communication with their case manager and wanted their case manager to help them identify and obtain needed services. Clients expressed that increased continuity and availability of their case manager could improve their experience by providing a more seamless transition between care providers, thereby maintaining a consistent quality and standard of care by all individual members of direct care staff. The CCHSS state that case managers and care coordinators are to be available to assist clients in coordinating and managing their health needs; and that each client shall have a regulated health care provider who is responsible for coordinating and integrating continuing care health services and facilitating continuity of health care services at the facility/program level.<sup>40</sup> It is important to note that client comments provide one perspective concerning case management and care coordination, and do not reflect compliance or non-compliance with standards. Overall, contact with case managers was identified by clients as an issue in all areas of the province, particularly for professional services, though these concerns were reported more frequently in Metropolitan areas.

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<sup>40</sup> Continuing Care Health Service Standards, Standard 1.11: Case management and care coordination. More information can be found here: <http://www.health.alberta.ca/documents/Continuing-Care-Standards-2008.pdf>

#### 5.3.4 Summary

Care Planning and Case Management are important drivers that influence the experience of home care services. Consistent, responsive, and available case managers are crucial to the creation and implementation of effective care plans. Appropriate care plans that are consistently carried out are important to the experience of both professional and personal care services.

**Clients liked it when:** They had contact with their case manager, knew about their care plan, were involved in establishing and updating the care plan, and were involved in care meetings.

Clients provided the following suggestions to improve Care Planning and Case Management:

1. Support case managers to engage in regular communication with clients.
2. Continue to encourage client involvement in creating and updating their care plan.

## 5.4 Driver 4: Communication and Information

*"I would like to see better communication with my family doctor and [organization] staff...they need to listen."*

*"It would be beneficial if I knew what time home care would be coming. Having a schedule would be very helpful so I could more easily schedule other appointments and activities."*

Communication and Information is the fourth most important driver in the client experience of home care services and is based solely on client comments.<sup>41</sup> Communication and Information is defined as the ways in which home care staff communicate with clients and with each other. This includes the responsiveness of staff to client needs and concerns, language difficulties, and the transparency of information.

This driver is measured by feedback clients expressed in response to two of the open-ended survey questions:

1. Question 29: Do you have any concerns about your Home Care Professional Services?
2. Question 46: Do you have any concerns about your Personal Care Services?

### 5.4.1 Findings

*"How long am I able to have some help if I need some? And what kind of help am I able to have or get if I'm unable to look and do things for myself? I would like to stay in my home as long as I can, with a little help!"*

Communication was a significant area of concern for clients of both professional and personal care services. There were multiple areas of communication that clients felt could be improved. These included:

- Access to staff's contact information in order to more easily contact staff
- Communication between different staff members or between home care providers and other agencies/professionals
- Communication between all staff groups and clients
- Language barriers and respectful communication between staff and clients
- General communication and information about home care services

*"I needed to know who to talk to in regards to possible care [services]. Nobody knew!"*

*"Office staff does not answer the phone in a timely manner and messages are not returned. Several times we have phoned to cancel [and we] don't get an answer [so we] leave a message and personal care staff show up even though it was cancelled two days ago."*

<sup>41</sup> This driver was identified through qualitative analysis of client comments in response to the open-ended survey questions, as opposed to quantitative modeling. The AHCCES did not contain survey questions relevant to Communication and Information, but this driver emerged as an area of importance through client comments.

Clients wanted staff contact information to be more readily available so that they could contact their direct care staff if needed. Improved communication with all staff groups was important to clients, as was improved communication between these different groups of staff. Clients commented that they often felt that the ‘office’ or case manager didn’t communicate with direct care staff and vice versa. As a result, clients reported that important instructions, changes in care or procedures, or cancellations and requests to change appointment times were not communicated when needed. Clients also said they felt that communication between home care staff and other professionals or agencies was lacking (e.g., pharmacies, therapists). Clients said they felt their time was not respected when this occurred.

*“Some caregivers do not phone to advise when they will [be coming]. Effectively, this makes me home bound for significant periods of time!”*

*“Some people don’t speak English and the language barrier prevents them from understanding my needs.”*

Increased communication about when staff may be late or when schedules or staffing arrangements had changed was also crucial to the experience of clients. Although many reported understanding that changes in arrival times or staff are necessary, clearer communication about these changes was needed. Communication issues about changing schedules or staff members was described as issues in all geographic areas but more often by clients in Urban areas, with many issues being around changes in staff member lateness and staff not showing up.

Language barriers and general communication between all staff groups, clients, and families were also focused on in this area. Clients felt that the inability to effectively communicate in a common language affected their ability to discuss their care and/or develop a relationship with their care provider (factors which may negatively impact their overall experience of home care services). Clients also said they spent a great deal of time communicating with personal care staff in order to explain their expected services, care needs, or provide ‘on the job’ training. Some said they found this frustrating and this was further compounded by language difficulties. Concerns about language difficulties between direct care staff and clients were described more often in Metropolitan areas than in either Rural or Urban areas.

In addition, clients said they wanted to feel heard and respected when communicating with direct care staff. In fact, some clients said they felt that some direct care staff communicated with them as though they had cognitive difficulties when this was not the case, which made them feel disrespected. Clients said they wanted kind, empathetic, and timely communication.

*“When my regular care giver is on days off, the stand-in staff are sometimes not known to me, and they don’t bother to introduce themselves and even talk at times. This I find rather difficult, I can’t get to know them.”*

*“[I] have not heard from [the] case manager or anyone to add or change services...I don’t know what else is available.”*

Clients also wanted more information about home care in general. For example, clients stated that they were unaware that a particular service, such as housekeeping, was available through home care, until they inquired. Indeed, a number of clients reported that their care plan did not include all of the things they needed. Clients often commented that they were not sure how to go about getting additional services, if their case manager would know, or if additional services were even part of home care.

### 5.4.2 Summary

Overall, it was important to clients to receive regular communication from their home care staff, and for home care staff to be available to talk to.

**Clients liked it when:** Home care staff were responsive and available to discuss care.

Clients provided the following suggestions to improve Communication and Information:

1. Improve processes for notifying clients of changes in scheduled time (e.g., delays and cancellations) or staffing arrangements.
2. Improve processes to relay messages to the appropriate staff member and to respond to client and family member messages in a timely manner.
3. Improve transparency, timeliness, and frequency of communication; and provision of information between all staff groups and clients and family members.
4. Distribute literature about available home care services when necessary to clients and family members.

## 5.5 Driver 5: Scheduling

*"I'm happy with the personal care people that come. I wish I was able to control what time they could come by. If I change the time I want, I risk having to go through meeting new home care people and do not want that. Ideally every six months maybe they can check what time works for everyone and adjust schedules."*

*"My concern is that although things are on the care plan the health care staff do not have enough time to carry them out, this seems to frustrate them because they are not able to perform their duties completely."*

Scheduling is the fifth driver of client experiences of home care services; this driver is also based solely on client comments.<sup>42</sup> Scheduling is defined as the availability, punctuality, and attendance of direct care staff, and also client perception of staff workload. It also includes client preferences and requirements for specific appointment times.

This driver is measured by feedback clients expressed in response to two of the open-ended survey questions:

1. Question 29: Do you have any concerns about your Home Care Professional Services?
2. Question 46: Do you have any concerns about your Personal Care Services?

### 5.5.1 Findings

*"Very concerned that diabetes/insulin shots are never done on time. Care workers do not show up or are very late. Sometimes office informs no one is to show up. Blood sugar goes up and solution by doctor is to raise insulin. Not acceptable..."*

Scheduling was discussed by a large proportion of both professional and personal care service clients, with punctuality, attendance, and preferences in scheduling as by far the most discussed topics. Clients said that when they communicated to staff (be it frontline or management) about their needs and preferences regarding scheduling they felt this often went unheeded. This caused clients frustration and uncertainty as it made it difficult for clients to plan personal errands, meals, or other medical appointments. It was also a cause for concern when the correct timing of medication administration was dependent on home care visits (e.g. insulin injections). These comments were brought up most often by clients in Metropolitan and Urban areas, and clients in Metropolitan areas commented more frequently on issues about the correct timing of

*"It is difficult to keep appointments at times when staff don't keep the appointed times."*

*"Frequently I have had to take my own medications on the weekends. Sometimes staff was either late or not booked to come at all. It is an ongoing problem on the weekends."*

<sup>42</sup> This driver was identified through qualitative analysis of client comments in response to the open-ended survey questions, as opposed to quantitative modeling. The AHCCES did not contain survey questions relevant to Scheduling, but this driver emerged as an area of importance through client comments.



medications. The CCHSS state that home care is responsible for ensuring transcribing and distribution of medications is timely and appropriate<sup>43</sup> (It is important to note that client comments provide one perspective concerning medication management, and do not reflect compliance or non-compliance with standards). Overall, these concerns echo other concerns expressed by clients where staff were rushed to provide care which in turn negatively impacted the quality of care received.

*"I am a little confused about the time allotment. I will be told I have a certain time - 1/2, 3/4 hours or so but the HC worker has too many clients...that they may be able to stay a fraction of the time. At times you feel rushed!"*

*"Most days 15 minutes is all the time they have. Everything that is required is asked and the book signed... If I am running behind they push hard. Care is good the conflict is with the time spent."*

Clients also stated that their care needs were not always met in a timely manner, especially during evening hours or on weekends. Services needed at these times were primarily medication administration, help with pressure stocking(s), getting dressed, and bathing. When staff provided care during these times, clients frequently reported feeling rushed or as though staff did not have enough time to perform tasks required.

Relatedly, clients said that they felt staff were overworked and pressured to provide care to as many clients as possible as quickly as possible. Clients said they felt home care was understaffed and this negatively impacted the ability of direct care staff to take the time to establish a relationship with their clients. When clients felt rushed, it in turn made them feel undervalued and as though their care was not a priority. Comments about feeling rushed and as though staff did not have enough time were found more often in Urban and Metropolitan areas compared to Rural areas.

## 5.5.2 Summary

Overall, it was important to clients that staff arrive on expected days, at expected times, and to complete tasks in the expected amount of time. However, it's important to recognize the importance of balancing scheduling and efficiencies of care delivery with clients' needs, preferences, and expectations.

**Clients liked it when:** Staff were punctual, reliable, and appropriately scheduled to meet their needs.

Clients provided the following suggestions to improve Scheduling:

1. Consider reviewing current staff schedules and work load in order to determine if enough travel time has been accounted for between client visits and adjust as needed.
2. Consider reviewing current staff schedules and work load in order to perform tasks outlined in the client's care plan and address any additional needs that the client might have (if appropriate), in a way that fosters positive interpersonal relationships between clients and staff.

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<sup>43</sup> Continuing Care Health Service Standards, Standard 1.16: Medication management. More information can be found here: <http://www.health.alberta.ca/documents/Continuing-Care-Standards-2008.pdf>

## 6.0 ALBERTA HOME CARE CLIENT EXPERIENCE SURVEY FOR COGNITIVELY IMPAIRED CLIENTS AND FAMILY CARE GIVERS

### 6.1 Introduction

*"I am sure that if we have requests of any kind they'd do whatever they can to help. We find the home care nurses excellent compared to hospital nurses, and feel home care staff always have time for them. Home care gets to know us and are careful and it's more personal having people come into our home." (Family care giver)*

*"For a long time there was a different [staff member] every time and when they arrived they didn't know what they were supposed to do - one care giver had never seen a stoma bag before and didn't know how to change it." (Client)*

Clients with cognitive impairment and their family members were interviewed face-to-face using a modified survey instrument to capture their experiences with and perceptions of the quality of home care services. For more information on the survey process, see **Appendix IV**.

The clients for this project had the following characteristics:

- Long term supportive and/or maintenance clients
- Age 65 years and older
- Mild to moderate cognitive impairment
- Receiving home care services at least weekly<sup>44</sup>

### 6.2 Method and analysis of interviews

Interviews with 50 clients and their family members were analyzed by an independent contractor. Analyses of these interviews were designed to provide insight into the barriers and contributors to the quality of home care services, with the analysis focused on the comments provided by clients and family members over the course of the interview. Findings, which include results from the modified survey instrument and client and family member comments, are summarized in the following sections.

Clients and family members were asked questions on a number of service areas, including case management, care planning and meetings, family care giver needs, professional services, personal care services, other service needs (for the client), and overall ratings of home care services. It is important to note that family members and clients were not always asked the same questions. Questions about Care Planning and Case Management were not asked of the clients because of difficulties with recall and response that were identified in the development phase of the survey.

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<sup>44</sup> Criteria was based on feedback on the reporting structure of the service delivered. For AHS delivered services, at least one day a week or for contractor delivered services, at least 30 minutes per week.

## 6.3 Findings

### 6.3.1 Overall rating of home care quality

*“They are very good to us, very patient.... Always there when they’re supposed to be. Went above and beyond the call of duty – would phone and check in on us and see if we were OK. Our experience has been excellent.”*  
(Family caregiver)

Family members were asked to rate the overall quality of home care services provided to clients in the following question, *Q51 Overall, how would you rate the quality of your family member’s Home Care Services (including Professional and Personal Services, where 0 is the worst and 10 is the best)*. Overall, family members rated home care services 9 out of 10.

### 6.3.2 Case management

*“What really bugs me is that I phone and leave messages and the CM has never gotten back to me. I don’t like it that I can’t contact anyone on the weekend. [The CM’s] nice but hard to get a hold of. I tried to set up a meeting but the CM came when I wasn’t here; I wanted to be present to talk to [the CM].”* (Family caregiver)

Family members discussed their experience with meeting and contacting the case manager. While some family members said they were aware of their client’s case manager and expressed appreciation for their support, others said they were uncertain of the roles and responsibilities of a case manager and/or had not met or had contact with the case manager. Some family members said it was difficult to contact the case manager; their calls were not always answered and messages were not returned.

Regardless of whether or not family members had met or spoken with the client’s case manager, in four out of five AHS zones 80 to 100 per cent of respondents had the same case manager over the course of the preceding year; in the Calgary Zone that number was 38 per cent (3 of 8 respondents).<sup>45</sup> Of the family members (96 per cent) that said they received help in accessing or changing existing services through the case manager, they described case managers as responsive, proactive, and able to identify when clients needed additional services or changes to existing services (e.g., increasing the amount of time staff spent with clients).

The Co-ordinated Home Care Program Regulation states that a manager shall co-ordinate with respect to each client in relation to the following matters: general assessment of client needs, development of a care plan that designates any health care services and support services required by the client; monitoring and reassessing the client’s progress with respect to the care plan; co-ordinating with other agencies providing services to the client; determining the time of discharge of a client from the program and carrying out a discharge plan<sup>46</sup> (It is important to note that client comments do not reflect compliance or non-compliance with regulations).

<sup>45</sup> Because the sampling frame for this specific survey sampled an equal amount of clients from each zone, geographic classification was at the zone level and not Metropolitan/Urban/Rural.

<sup>46</sup> Co-ordinated Home Care Program Regulation, Regulation 4: Appointment and duties of a manager. More information can be found here: [http://www.qp.alberta.ca/documents/Regs/2003\\_296.pdf](http://www.qp.alberta.ca/documents/Regs/2003_296.pdf)

### 6.3.3 Care planning

*“Plan includes most of what [the client] needs but sometimes these things don’t get done. Notes in the care plan folder have not been updated in months, so caregivers who arrive have nothing new to see.” (Family caregiver)*

Care planning involvement by family members varied from client to client. Some family members (59.0%) said they fully participated, while others said clients were in charge of their own care. Regardless of family involvement, only 27 per cent of clients were involved in creating their care plan, as stated by family members.

The majority (87 per cent) of family members said they felt the care plan addressed clients’ needs. However, some said they felt care plans needed to be adjusted more frequently to accommodate changes in clients’ care needs. The CCHSS state that clients in home care have their care plans reviewed and updated annually, or more often as assessed health service needs change<sup>47</sup> (It is important to note that client comments provide one perspective, and do not reflect compliance or non-compliance with standards). Some family members also perceived a delay between the development and implementation of the care plan. In these cases, clients did not always receive services listed in their care plan nor did they receive services consistently by staff.

Some family members said they were not aware if their client had a care plan or what types of services could or could not be included. Family members also commented that clients were in need of services such as nail care, household help, and physical therapy.

As family members are also at times caregivers, some said they felt overburdened and needed extra assistance, with 64 per cent stating that they were asked about their own needs by home care staff. These needs included:

- Help with forms
- Respite
- Increased help with client care
- Someone to call for urgent help
- Someone to talk to/moral support

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<sup>47</sup> Continuing Care Health Service Standards, Standard 1.10: Integrated care plan. More information can be found here: <http://www.health.alberta.ca/documents/Continuing-Care-Standards-2008.pdf>

### 6.3.4 Professional services

*“They were always happy and willing to help. They tried to get me to do things; were calm, not upset at all.”  
(Client)*

Both family members and clients expressed appreciation for professional services staff with approximately 79 per cent of family members rating professional services as *Excellent* or *Very Good* and 90 per cent of clients rating their overall experience with professional services staff as *Excellent* or *Very Good*.

Overall, family members expressed few concerns related to professional services. Expressed concerns were mostly regarding staff that were not always knowledgeable about clients’ care, did not spend enough time with clients, and did not always provide clients with a choice in how care was provided. Clients said that interactions with staff were important to their overall experience and that when staff were rushed, too task-oriented, or lectured to the client, this contributed to a less positive experience. Clients said they appreciated staff who took the time to get to know them, were kind and courteous, and who took a personal interest in them.

### 6.3.5 Personal Services

*“I think we’ve been pretty lucky – we’ve only had different fill-in caregivers 6 or so times. We have regular caregivers. Those that came were fine. When someone new comes in you have to show them where things are, but they have all been courteous and helpful.” (Family caregiver)*

Some family members and clients praised the overall quality of personal care services. Family members’ ratings of personal care services as *Excellent* or *Very Good* ranged from 57 to 100 per cent across AHS zones, and 56 per cent of clients rated their overall experience with personal care staff as *Excellent* or *Very Good*. Overall, both family members and clients valued when staff were compatible with clients.

However, both family members and clients expressed that personal care services could be improved. Specifically, disruptions in scheduling negatively impacted their experience with, and perceptions of, personal care services. Both clients and family members expressed dissatisfaction when they did not receive notification of changes in arrival time or changes in the care provider. Family members also expressed that personal care staff could be difficult to contact in these situations. In addition, inadequate scheduling sometimes resulted in the rushed delivery of care from the client’s perspective.

Another area of concern for both family members and clients was staff competency. Clients expressed concern that staff did not always know how to perform particular tasks (e.g., stoma care) because they were not sufficiently trained. Family members attributed frequent staff changes to lack of familiarity and knowledge about client care needs. When staff turnover was high, family members said they felt clients were not always able to receive consistent care and that the family member filled gaps in care by performing tasks or training staff.

Lastly, both family members and clients talked about the amount of care that was received. While clients stated that they received help, staff did not always meet their expectations, which went beyond completing tasks assigned. For example, one client said they appreciated when staff spent extra time with them to visit after providing care; however, most staff were unwilling to do so. Conversely, family

members perceived a lack of available help and said clients would benefit from receiving assistance with showering, bathing, toileting, dressing, eating, and taking medications. The Co-ordinated Home Care Program Regulation states that home care is required to provide (a) nursing service, (b) personal care service (personal hygiene care and assistance with the personal activities of daily living), and (c) homemaking service.<sup>48</sup> The CCHSS state home care clients have access to clinical pharmacy and medication management services based on assessed health service needs<sup>49</sup> (It is important to note that client comments provide one perspective, and do not reflect compliance or non-compliance with regulations and standards). Overall, both family members and clients said they wanted clients to have access to more help.

Family members and clients described other concerns regarding personal care services. Overall, and consistent with concerns mentioned previously, family members were most concerned with communication with staff, staff continuity, and availability of help. Clients described interpersonal, communicative, and relational components of their care and services as most likely to positively or negatively impact their experience with home care services. These concerns are consistent with the concerns expressed by the cognitively intact clients.

### 6.3.6 Other service needs

Regardless of whether or not the following requested services were within the scope of home care services, family members requested the following:

- |                            |   |
|----------------------------|---|
| Information                | <ul style="list-style-type: none"> <li>▪ About the client's health concerns and what to expect</li> <li>▪ About additional help available</li> <li>▪ Newsletter or email about activity options</li> </ul>  |
| Practical assistance       | <ul style="list-style-type: none"> <li>▪ With forms and applications</li> <li>▪ Establishing Power of Attorney, Personal Directives, and Goals of Care Designation</li> <li>▪ Household help (e.g., snow shoveling and groceries)</li> <li>▪ Home maintenance</li> <li>▪ Banking/bills</li> <li>▪ Planning for end of life</li> </ul> |
| Activities of daily Living | <ul style="list-style-type: none"> <li>▪ Meals</li> <li>▪ Transportation</li> <li>▪ Social activities and exercise</li> <li>▪ Support for the family care giver</li> </ul>  |

Of those who said they contacted their case manager, 45 per cent said their case manager was willing to help with accessing these other services.

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<sup>48</sup> Co-ordinated Home Care Program Regulation, Regulation 2: Program. More information can be found here: [http://www.qp.alberta.ca/documents/Regs/2003\\_296.pdf](http://www.qp.alberta.ca/documents/Regs/2003_296.pdf)

<sup>49</sup> Continuing Care Health Service Standards, Standard 1.16: Medication management. More information can be found here: <http://www.health.alberta.ca/documents/Continuing-Care-Standards-2008.pdf>

### 6.3.7 Summary

Overall, cognitively impaired clients and their family members praised the quality of home care services provided. In particular, family members rated home care services 9 out of 10 overall.<sup>50</sup> As well, both clients and family members complimented the quality of personal care staff and professional services staff.

The aspects of home care services that mattered most to family members was to be regularly informed (e.g., when client medications were running low, changes in scheduling, or other services available to clients), as well as to be involved in client care. Family members voiced that they were advocates on behalf of clients, ranging from assisting with the development of care plans, conducting tasks to meet client's care needs, to contacting case managers in order to access services. It was also important that clients have continuous staff who were knowledgeable about their care needs and could fulfill those needs so family members did not have to. Family members were appreciative when staff proactively identified a need and fulfilled that need promptly.

For clients, what mattered most were the interpersonal, communicative, and relational components of care and services. Clients voiced that they wanted to be treated as individuals with unique histories and interests, worthy of staff time and attention. Clients were willing to overlook minor issues with the care provided when their relationship with their care staff was good. In addition to the relational components of care, clients also valued when staff were competent and punctual.

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<sup>50</sup> Clients were not asked to rate their home care services overall.

## 7.0 LIMITATIONS

In interpreting results, there are important limitations to consider:

1. **Client scope:** Alberta's home care program supports Albertans of all ages; however, this survey focused on the senior population (65+ years of age) who are long term supportive or maintenance clients with no cognitive impairment.
2. **Sample size:** Readers should be mindful that results become increasingly unreliable as the number of respondents decrease in relation to the total population. Throughout the report, sample sizes are reported with results.
3. **Questionnaire:** Although survey questions were meant to capture the client's overall experience of home care services, there may be other important aspects of home care services that were not included in this survey or identified through client comments. All survey instruments have limitations and cannot cover all possible content of relevance to clients.
4. **Other:** Clients were not always able to complete the survey on their own due to cognitive or physical ability so sometimes required family involvement. Therefore, the results may be both client and family reported experience. This is particularly true for the cognitively limited study where family members were systematically included in the process.

Another limitation is that because home care may be delivered in continuing care facilities, clients may not have been able to differentiate between the services provided by home care versus services provided by the facility. This may have impacted how clients responded.



## APPENDICES



## APPENDIX I: COVER LETTER AND SURVEY TOOL

March X, 2015

Dear Click and type Recipient Name

### **Your feedback about home care services is valuable**

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 others, provide will be used to improve Home Care services. 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 improve the quality and safety of healthcare in Alberta.

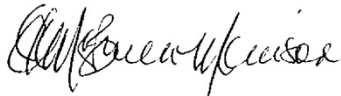
The enclosed questionnaire takes about 10 to 20 minutes to fill out. Please use the postage-paid envelope to return your questionnaire. **Your participation is entirely voluntary.** Your answers are strictly confidential and you will not be identified as an individual in reports of the results. Your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

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. If you find it difficult to complete the questionnaire on your own, please feel free to get help from family or a friend. However, we ask that you complete it **without** help from Home Care staff. We can also help with completion over the phone or answer any questions you have at [NAMES + NUMBERS].

To manage the survey process we have engaged the services of **RA Malatest and Associates**. They are under contract to the HQCA to follow the HQCA's confidentiality procedures and the Alberta health information privacy legislation.

Results will be available in late 2015 on the Health Quality Council of Alberta's website [www.hqca.ca](http://www.hqca.ca) or you can request a copy by calling us at 403-297-8162. **Thank you in advance for your participation!**

Sincerely,

A handwritten signature in black ink, appearing to read "Charlene McBrien-Morrison".

Charlene McBrien-Morrison, Executive Director

**More about the HQCA:** The HQCA is an independent agency with a mandate under the Health Quality Council of Alberta Act to promote and improve patient safety and health service quality in Alberta. For further information please refer to our website - [www.hqca.ca](http://www.hqca.ca) or phone 403-297-8162.

**ID # \_\_\_\_\_**

# **Alberta Home Care Survey**

**March, 2015**

# Instructions

- This survey asks questions about the Home Care services you receive from Alberta Health Services (not any private services that you may be paying 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, 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:

✓ **Names: times, numbers**

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

- ☐ Yes
- ☐ No
- ☐ I don't know who my Case Manager is
- ☐ I don't know

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

- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ I don't know who my Case Manager is
- ☐ I don't know

**3. 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 who my Case Manager is
- ☐ I don't know

**4. 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 who my Case Manager is
- ☐ I don't know

5. 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.

6. 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

7. 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

**8. 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

**9. 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***

**10. 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

**11. 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



**12. 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 31.*

**13. 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

**14. In the last year, professional Home Care services met my needs for help with medical procedures or therapy (like wound care or physiotherapy).**

- ☐ 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 setting up my home so I could move around safely.**

- ☐ 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 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:***

**17. 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

**18. 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

**19. 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

**20. 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

**21. In the last year, professional Home Care staff met my needs for help with IV medication or tube nutrition.**

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

***The next few questions (22 to 30) are about how your Home Care professional staff treated you. Please provide ONLY YOUR OWN OPINION for these questions.***

**22. In the last year, my Home Care professional staff explained things in a way that was easy to understand.**

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

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

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

**24. In the last year, my Home Care professional staff treated me with courtesy and respect.**

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

**25. In the last year, my Home Care professional staff treated me as gently as possible when providing care.**

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

**26. In the last year, my Home Care professional staff gave me choices about how care was provided.**

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

**27. In the last year, my Home Care professional staff listened carefully to my wishes and needs.**

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

**28. In the last year, my Home Care professional staff made me feel safe and that my belongings were safe.**

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

**29. Do you have any concerns about your Home Care professional services?**

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

**30. OVERALL, how would you rate your Home Care Professional 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 48.

**31. 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

**32. 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

**33. 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

**34. 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

**35. 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

**36. 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 (37-47) are about how your Personal Care staff treated you. Please provide ONLY YOUR OWN OPINION for these questions.***

**37. In the last year, Personal Care staff let me know when they could not come.**

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

**38. 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

**39. In the last year, Personal Care staff treated me with kindness even during difficult or embarrassing tasks.**

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

**40. In the last year, Personal Care staff listened carefully to my wishes and needs.**

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

**41. In the last year, Personal Care staff encouraged me to do things for myself if I could.**

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

**42. In the last year, Personal Care staff kept me informed about when they would arrive.**

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



43. In the last year, Personal Care staff explained things in a way that was easy to understand.

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

44. In the last year, Personal Care staff treated me as gently as possible when providing care.

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

45. In the last year, Personal Care staff made me feel safe and that my belongings were safe.

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

46. Do you have any concerns about your Personal Care services?

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

**47. 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.*

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

- ☐ No
- ☐ Yes: (if you wish please describe in the box below)

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

- ☐ I did not need other services
- ☐ 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**

**50. OVERALL, how would you rate the quality of your Home Care services (including both Professional and Personal Services)?**

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

**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

## **Your Health & Wellbeing**

*The next questions are about how you are doing in general.*

**52. In general, would you say your overall health is.....**

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

**53. In general, would you say your overall mental or emotional health is...**

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

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

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

**55. 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 Fall 2015 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!***

## 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 Home Care Client Experience Survey

Home care clients were surveyed using the HQCA's Alberta 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 AHCCES is a 55-question self-reported assessment that covers various topics about home care services, represented by 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. Your Overall rating of Home Care Services
6. Your Health and Well-being

The survey includes an evaluation (i.e., Global Overall Care rating) of home care overall, in addition to an overall rating from *Poor* to *Excellent* for professional services and personal care services. Questions were also included soliciting feedback on concerns about services being received and unmet needs. For more information on the development of the questionnaire, see **Appendix III**.

## Survey protocol and sampling

While home care supports Albertans of all ages, the AHCCES focused on the senior population (65+ years of age) who were long term supportive and maintenance clients for the following reasons:

- The majority of home care clients were among the senior population (70.8%)<sup>i</sup>
- The majority of home care clients were long term supportive and maintenance clients (54.9%)<sup>i</sup>
- Younger populations, such as the pediatric population, typically have different needs and access different resources relative to the majority of home care clients.
- Cognitively able seniors in long term / maintenance were sufficiently homogenous as to permit a single questionnaire tool and methodology
- Based on the cognitive and field 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.

Eligible clients were identified using a list obtained from Alberta Health Services of all long term supportive and maintenance home care clients in Alberta. Current clients (defined as receiving services any time during the period of January to February 2015) were identified and included, with data collection beginning March 2015. Administrative variables included in this database, such as service frequency criteria, were from the time periods January to December 2014. Clients were included according to the following criteria:

- Cognitive Performance Scale score 0 and 1 (intact to borderline intact cognition)
- Age 65 or older as of March 2015
- Weekly service; defined as either:
  - At least one visit per week or more of AHS Services in calendar year 2014
  - At least 30 minutes per week or more of contracted services in calendar year 2014
- Valid mailing address
  - Existing postal code
  - No “care of” in address line
  - Address in Alberta
- Did not participate in pilot sample

## Data collection results

13,756 clients met the above criteria and were sent a survey (**Figure 24**). An additional 2,606 clients were excluded from eligibility based on the following criteria (n; %):

- Deceased (169; 6.5%)
- Client reported she/he applied for services but had not yet received services (21; 0.8%)
- Client reported no longer receiving home care services (552; 21.2%)
- Client reported they received services less frequently than weekly (674; 25.9%)
- Invalid mailing address and phone number (494; 19.0%)
- Client reported she/he had not received home care services (690; 26.5%)
- Clients in 2014 only receiving Adult Day Support Program services and in a congregate setting (6; 0.2%)

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

1. Data quality issues in the administrative database 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;<sup>51</sup> and
3. Memory recall.

The survey utilized a modified Dillman Protocol with an initial mailing of the full survey package on March 27, 2015, followed by a post card 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 in a few cases as per request to conduct the survey over the phone. The data collection process was completed on July 31, 2015.

The provincial response rate for the survey was 64.3 per cent; 7,171 clients out of a possible 11,150 eligible clients responded to the survey. For a breakdown of the sampling frame, see **Figure 23**.

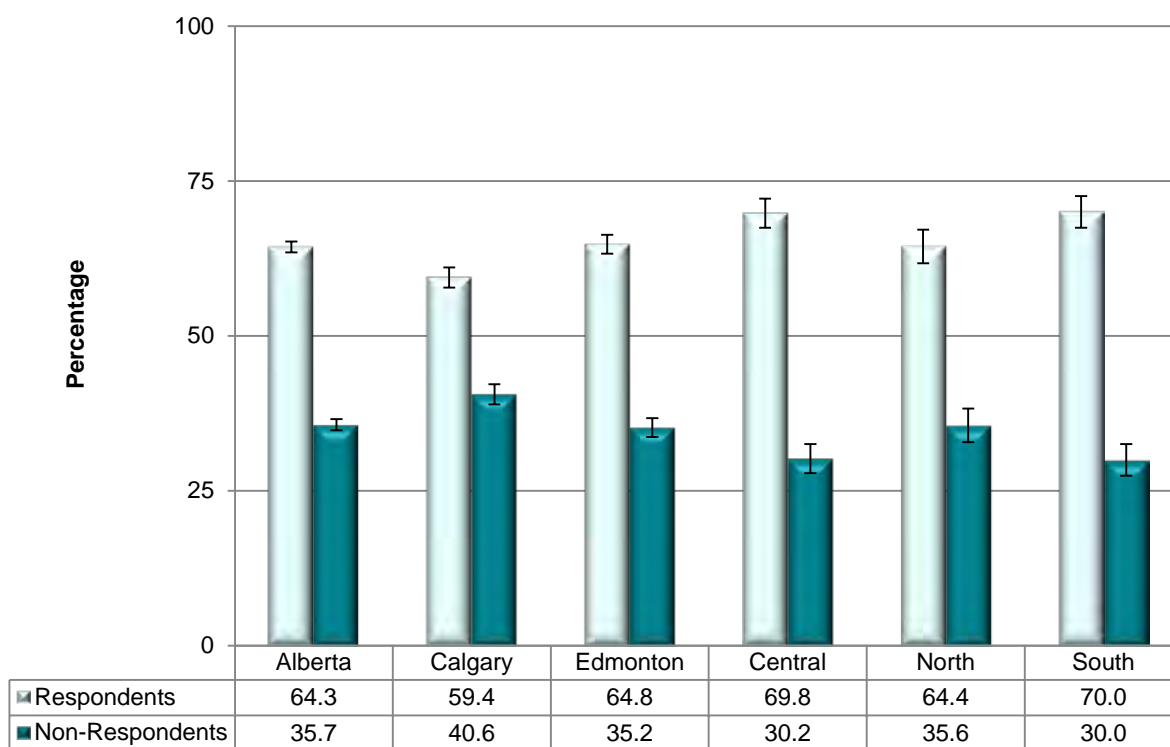
AHS zone-specific response rates ranged from a low of 59.4 per cent in the Calgary Zone and a high of 70.0 per cent in the South Zone (**Figure 22**).<sup>52</sup>

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<sup>51</sup> Common for clients residing in non-designated supportive living facilities receiving home care services.

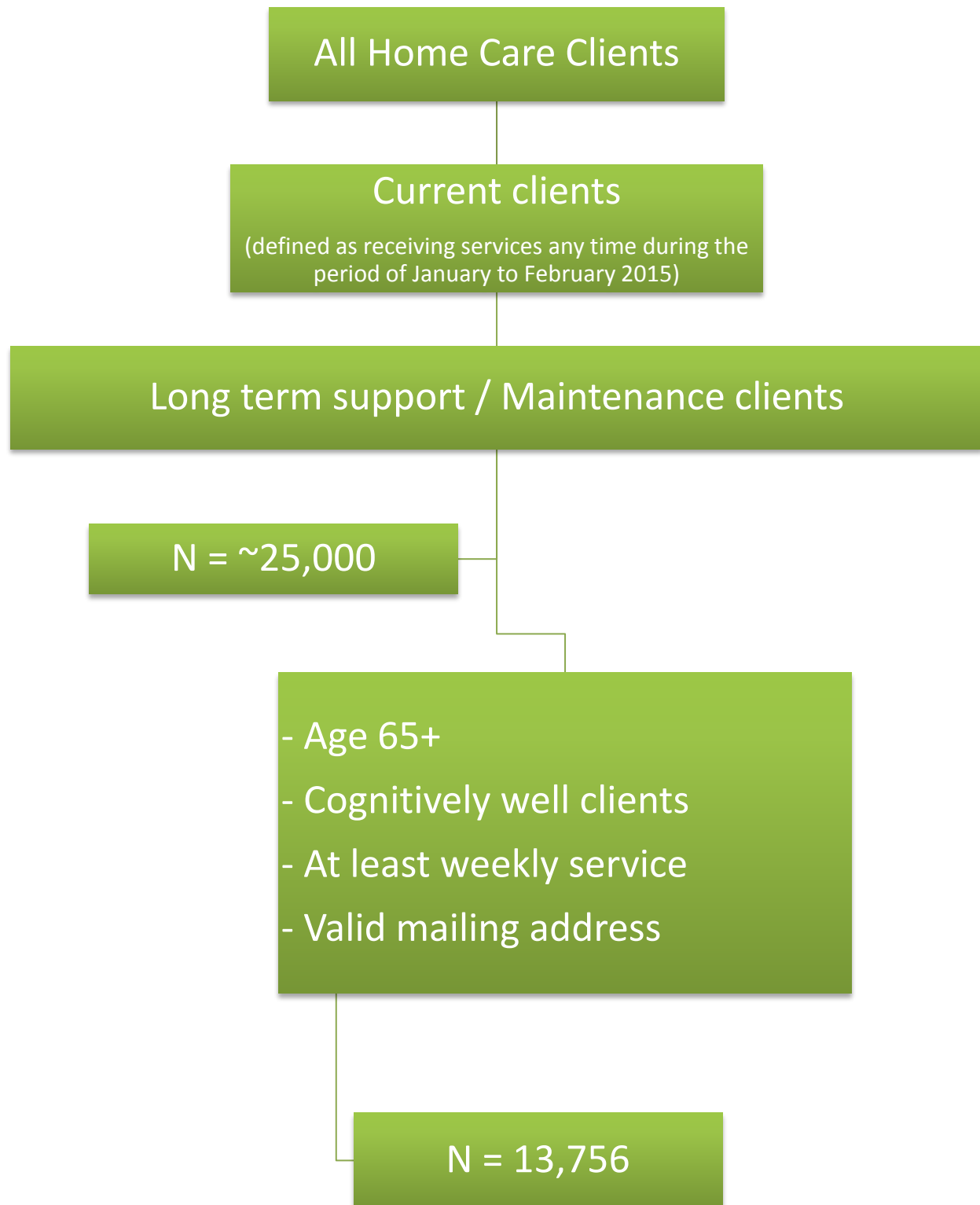
<sup>52</sup> Note: some of the response rate differences between AHS zones may be impacted by different source administrative data systems and related data quality, as applied to generating a survey sample.

**Figure 22: Response rate by AHS zone**

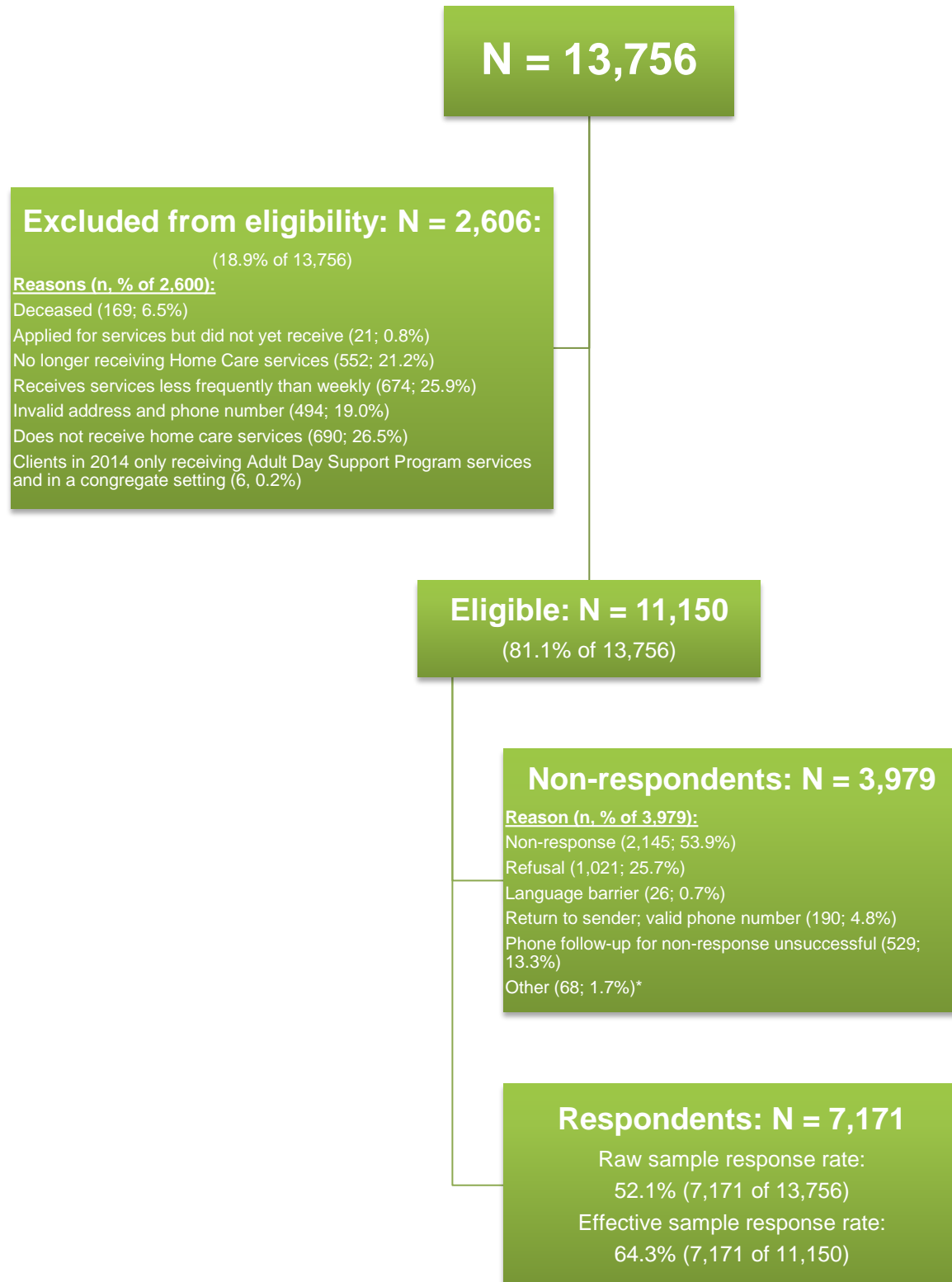




**Figure 23:** Defining the sampling frame



**Figure 24: Study flowchart**



\* Some individuals returned surveys marked with general statements that did not reflect a direct refusal such as writing on the survey, "not-applicable."

## Selection and ordering of drivers of client experience

The identification of drivers of client experience was informed by survey findings (survey question analysis and modeling results), which included client comments. Namely, these drivers were shown to impact a client's reported overall experience of home care, as measured by the Global Overall Care rating and both personal and professional services ratings, and/or were a significant topic discussed by clients in the comments they provided. Five drivers were identified and are presented in order of priority in **Table 2**.

**Table 2:** Drivers of client experience

Driver	Reason for ordering
<b>1. Relational Care</b>	<p><u>Survey findings:</u></p> <p>According to statistical models, Treatment by Staff composites (Professional/Personal Care Services) had the strongest relationship with all ratings of overall home care experience. This was followed by how clients felt about the number of different personal care staff they had.</p> <p><u>Client comments:</u></p> <p>Topics regarding Relational Care were frequently discussed and were present in all areas of client experience. Clients reported that they had preferred when staff were kind, courteous and took time to get to know them.</p>
<b>2. Client Needs and Expectations</b>	<p><u>Survey findings:</u></p> <p>Based on statistical models, the percentage of Met Needs-Professional Services and Met Needs-Personal Care Services had a strong relationship with overall home care experience.</p> <p><u>Client comments:</u></p> <p>Client needs was a frequently discussed topic, specifically relating to services that did not meet client expectations, or services they felt they needed but did not get. Through the comments, it was clear that having their needs met strongly impacted clients' overall experience of home care.</p>
<b>3. Care Planning and Case Management</b>	<p><u>Survey findings:</u></p> <p>Based on statistical models, involvement in making their care plan and whether home care provided the services outlined in the care plan had strong relationships with overall experience. Similarly, aspects relating to the case manager such as whether they were able to reach their case manager when needed and whether the case manager helped them get all of the home care services were strongly related to overall home care experience.</p> <p><u>Client comments:</u></p> <p>Comments about case managers and care planning were frequently provided by clients. Consistent, responsive, and available case managers were reported to be important to clients. Clients liked it when they were involved in establishing and updating the care plan and when the care plan was followed.</p>
<b>4. Communication and Information</b>	<p><u>Client comments:</u></p> <p>An overwhelming amount of support for the importance of this driver was found in the client comments. For a large number of clients, communication with home care staff was a significant area of concern and was mentioned frequently in the comments provided. Clients wanted clear and responsive communication from all staff groups providing home care services.</p>
<b>5. Scheduling</b>	<p><u>Client comments:</u></p> <p>This was an area that clients determined to be significant and was frequently commented on. Scheduling included topics about scheduling of staff, punctuality, and absenteeism. Clients prefer it when staff are present when expected, are on time for appointments, and stay for as long as needed in order to complete the services in the care plan.</p>

## Quantitative methods

### Treatment by Professional and Personal Care Staff

Specific questions related to professional and personal care services were examined through separate factor analyses to construct two composite measures reflecting client's perception of Treatment by Professional Services Staff and Treatment by Personal Care Services Staff. 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. For a more detailed discussion of how the composite measures were generated, see **Appendix III**.

### Met Needs- Professional and Personal Care Services

Another measure was produced to summarize the extent to which clients felt their professional or personal care service needs were met. The percentage of Met Needs-Professional Services was made up of nine questions related to professional service needs while the percentage of Met Needs-Personal Care Services was made up of a set of five questions related to various personal care service needs. Each measure was calculated by counting the number of times a client said needs were met ("Yes" responses) divided by the total number of needs asked in the survey that the client reported having.

## Qualitative methods

The qualitative component of the survey consisted of three questions designed to understand the experience of cognitively intact clients (CPS rating 0-1) and their perception of home care service quality. These questions were:

1. *Question 29: Do you have any concerns about your Home Care Professional Services?*
2. *Question 46: Do you have any concerns about your Personal Care Services?*
3. *Question 48: In the last year, was there any service of any kind that you felt you needed but didn't get?*

The comments in response to these questions were analyzed independently by two analysts. Steps were taken to ensure coding agreement. Comments were analyzed within each question. Within each question, themes were defined in order to guide how comments were coded (see **Table 7** for coding of themes). Development of these themes was ongoing and based on both knowledge of the home care program and its clients, and also initial impressions of the comments by reading through them multiple times. The analysis was developed and refined as themes were identified. A codebook was designed to guide analysis and to ensure agreement between analysts. To ensure reliability all coding was independently reviewed by both analysts and consensus reached through discussion on points of disagreement.

Home care follows the Co-ordinated Home Care Program Regulation and the CCHSS described in **Box B**. Throughout the report, these standards and regulations are referenced where client comments relate.<sup>53,54,55</sup> The purpose of referring to these standards and regulations was not to suggest where home care providers may or may not be in compliance with standards and regulations, but to provide context to client comments. Client observations and perceptions alone are not sufficient to evaluate a home care provider's compliance with a specific standard or regulation in the absence of further study.

#### **Box B: Standards**

**Co-ordinated Home Care Program Regulation:** Where a program is approved by the Minister of Health, a regional health authority shall provide the program in accordance with this Regulation. A regional health authority shall ensure that its program is co-ordinated with other agencies providing similar health care and support services.

**Continuing Care Health Service Standards (CCHSS):** The intent of the Continuing Care Health Service Standards is to identify standards for the provision of quality continuing care health services that take into consideration the individual needs, preferences, and abilities of each client. It is important to note that the regional health authority is accountable to Alberta Health for ensuring that these standards are being implemented and adhered to at both the regional and the operational level.

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<sup>53</sup> The Continuing Care Health Service Standards were updated in 2016. However, because the Alberta Home Care Client Experience Survey was conducted in 2015, the standards referenced in this report are the 2008 Continuing Care Health Service Standards.

<sup>54</sup> Co-ordinated Home Care Program Regulation. More information can be found here: [http://www.qp.alberta.ca/documents/Regs/2003\\_296.pdf](http://www.qp.alberta.ca/documents/Regs/2003_296.pdf)

<sup>55</sup> Continuing Care Health Service Standards. More information can be found here: <http://www.health.alberta.ca/documents/Continuing-Care-Standards-2008.pdf>

## Numbers of included comments

Some comments were excluded from the final analysis in each of the questions. Numbers of excluded comments can be seen in **Table 3**. Reasons for exclusion at this stage included:

- Illegible comments
- Comments about areas of healthcare not relevant to home care (i.e., treatment in hospital settings, etc.)
- Comments about accommodations if living in a continuing care facility
- Comments about the survey

**Table 3:** Number of comments provided for each question

Question	Q.29	Q.46	Q.48
Comments provided	743	981	1,175
Comments excluded	50	72	90
Final comments included in analysis	693	909	1,085

## Number of coded statements

Each question was coded into the main categories presented in **Table 4, 5, 6**. The number of coded statements within each category per individual question is presented here.

**Table 4:** Major themes for Q29

Major Themes: Question 29	Number of Coded Statements (N)
Provision of professional services	227
Communication	200
Staff	193
Continuity	104
Scheduling	100
Medication	52
Other services	37
Not useful	37
Safety and security	30
Equipment and supplies	28
Comments about survey	19
Case manager	20
Self-managed care	2
Please contact	2

**Table 5: Major themes for Q46**

Major Themes: Question 46	Number of Coded Statements (N)
Provision of personal care services	377
Staff	334
Communication	323
Continuity	226
Scheduling	204
Not useful	67
Safety and security	64
Other services	58
Medication	49
Case manager	37
Equipment and supplies	18
Comments about survey	7
Self-managed care	6
Please contact	2

**Table 6: Major themes for Q48**

Major Themes: Question 48	Number of Coded Statements (N)
Home assistance	763
Provision of professional services	252
Provision of personal care services	134
Transportation	126
Family and friend help	125
Not useful	90
Equipment and supplies	66
Staff	36
Financial coverage and affordability	52
Other	48
Information about services	42
Scheduling	36
Communication	32
Companion services	28
Exercise and outings	18
Continuity	12
Respite	14

**Table 7: Thematic codes**

<b>Communication</b>	
▪ Communication between staff and the client	▪ Communication between management/office staff and the client
▪ Communication between staff/providers	▪ Communication between family and staff/providers
▪ Communication about changes in scheduling/staffing	▪ General comments about communication
▪ Information about services available	▪ Language barriers
▪ Contact information of staff assigned	
<b>Staff</b>	
▪ Staffing levels	▪ Perceived competency
▪ Choice of staff	▪ Qualities of the staff
<b>Scheduling</b>	
▪ Preference, punctuality, and attendance	▪ Enough time to provide care
<b>Continuity</b>	
▪ Consistent delivery of care	▪ Care plan
▪ Continuity of staff	▪ Continuity and availability of the case manager
<b>Provision of personal care services</b>	
▪ Personal care services provided	▪ Unmet care needs
▪ Hygiene and grooming	▪ Bathing
▪ Nail care	▪ Quality of personal care
▪ Funding or continuation of service	▪ Assistance with personal activities of daily living (e.g., help with eating, transferring, and heavy lifting)
<b>Provision of professional services</b>	
▪ Access to allied health professionals	▪ Healthcare services provided
▪ Unmet care needs	▪ Quality of professional services
▪ Funding or continuation of service	
<b>Equipment and supplies</b>	
▪ Equipment for home assistance	▪ Access to replacement/repair of equipment
▪ Supplies	
<b>Safety and security</b>	
▪ Concern for security of personal possessions	▪ Sense of personal safety
▪ Rough treatment or harm	
<b>Transportation</b>	
▪ Access to transportation	▪ Cost of transportation
<b>Medication</b>	
▪ Provision of medications on time	▪ Provision of correct medications
▪ Communication to refill prescribed medication	▪ Monitoring administration of medication
<b>Case manager</b>	
▪ Case manager help getting services	▪ Follow-up from case manager
<b>Self-managed care</b>	
▪ Privately purchased care and services	
<b>Home assistance</b>	
▪ Housekeeping	▪ Grounds keeping (e.g., yardwork)
▪ Grocery shopping and meals	▪ Home maintenance
▪ Laundry	▪ General shopping
<b>Other</b>	
▪ Respite	▪ Companion services
▪ Documents	▪ Exercise and outings
▪ Assistance with banking	▪ Financial coverage and affordability
▪ Quality of home care services	



## **APPENDIX III: DEVELOPMENT OF THE ALBERTA HOME CARE CLIENT EXPERIENCE SURVEY**

The survey development process was extensive and involved the following processes:

1. Selection of questions
2. Cognitive testing (Phase I and Phase II)
3. Pilot study

### **Phase I: Selection of questions**

#### **Home Health Care - Consumer Assessment of Health Providers and Systems (HHC-CAHPS)<sup>vi</sup>**

The selection of items involved a review of existing questionnaires in the area of continuing care and home health care. Items were initially derived from the HHC-CAHPS, a questionnaire with an extensive development process involving literature reviews, cognitive testing, stakeholder input, survey piloting, and psychometric analyses. In addition, the HHC-CAHPS was adapted and implemented in the Canadian context as a home care survey in New Brunswick in 2012. Implementation in New Brunswick is significant as the home care programs in Alberta and New Brunswick have many parallels, namely that the majority of professional services are delivered by public healthcare, whereas the majority of personal care services are contracted to private organizations.

However, the HHC-CAHPS had some content limitations relative to Alberta's home care context. The items within the survey focused primarily on professional services and not personal care services, and also focused on the frequency of professional services being delivered and less on the experiences of the clients receiving those services.

#### **Home and Community-based Services Experience Survey (HCBS)<sup>vii</sup>**

The HCBS survey was in development by Truven Health Analytics in partnership with the American Institutes for Research. When the draft survey tool was shared with the HQCA, the instrument was still in development, but had undergone similar processes of testing and development as the HHC-CAHPS and was comprised of similar themes. The items within the HCBS were more pertinent to personal care services in the home and community. The selection of questions for the personal care services section of the AHCCES was initially derived from the HCBS.

### **Consultation with stakeholders**

Throughout the development of the questionnaire, the HQCA was in regular consultation with key stakeholders from AH and AHS. Stakeholders advised on relevance of items, key areas of focus, and assisted in contextualizing the existing items to the Alberta population.

## Phase II: Cognitive Testing

Cognitive testing is a systematic approach to testing the validity of questionnaires. This theory-based approach evaluates items within a questionnaire based on the four steps of cognitive response to questions:

1. Comprehension
2. Retrieval/recall
3. Estimation/judgement
4. Response

For example, to answer a question one must know what is being asked (comprehension), recall a past event or time as a reference point for the question (retrieval/recall), appraise the event relative to the question being asked (estimation/judgement), and finally respond to the question based on available responses (response).

Cognitive interviewing uses probing methods to examine all four steps of question answering. Results inform item selection, adapting existing questions to the population, and creating instructions specific to the population.

Cognitive testing was deemed important for the development process for several reasons:

- Most of the existing surveys in home care were not specific to home care in Alberta and/or had not been implemented in the Canadian context.
- Most of the existing surveys focused solely on professional services or personal care services.
- A substantial proportion of long term maintenance and support home care clients are seniors who may have some cognitive impairments.

Cognitive testing was implemented in two phases that are described below.

### Cognitive Testing Part I (January to March 2014)

Part I occurred between January and March of 2014 and focused on cognitively intact<sup>56</sup> home care clients (N = 30) from all five AHS zones, living at home or in a non-designated supportive living facility, and receiving professional services, personal care services, or both. Phase I focused on the understanding of questionnaire items and capturing feedback on the survey process. Phase I also interviewed 11 family members of clients on similar topics.

Findings from Phase I indicated that many clients did not fully understand the scope of home care. For example, some clients expected services beyond the scope of home care to be provided such as in-house meal preparation. In addition, some clients residing in non-designated supportive living facilities had trouble distinguishing between home care staff and facility staff. Clients also had difficulty distinguishing between professional services staff and personal care staff.

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<sup>56</sup> Cognitive Performance Scale score of 0.

In terms of survey processes, clients generally liked the format of the questionnaire and stated they would participate in a self-administered mail-in survey. In addition, family members also provided feedback on which topics covered in the survey were important to them specifically.

The key recommendation from Phase I was to define and provide examples for case managers, professional services staff, and personal care staff.

### **Cognitive Testing Part II (October to December 2014)**

Part II of cognitive testing involved implementing the questionnaire with both cognitively impaired<sup>57</sup> and cognitively intact<sup>58</sup> clients.

In general, cognitively impaired clients had more difficulty completing the questionnaire, differentiating between professional and personal care staff, and identifying their case manager.

Clients were also asked whether they would prefer a shorter, simpler questionnaire. Preferences were mixed, however due to the difficulties in completing the questionnaire and difficulty in differentiating staff, a simpler and shorter questionnaire was regarded as a preferable option for clients with cognitive impairment.

### **Phase III: Pilot study (January to March 2015)**

A pilot study was undertaken in January 2015 to test the survey process of the questionnaire. The pilot surveyed 100 home care clients in the Calgary and Central Zone aged 65 and older who were cognitively intact.<sup>59</sup> An additional 100 cognitively impaired home care clients in the Calgary and Central Zone aged 65 and older with moderate cognitive impairment<sup>60</sup> were also surveyed using a shorter version of the survey with a parallel family version.

Even with the shorter version, clients who had cognitive impairments had difficulty completing the questionnaire, with some returned by a family proxy. The response rate for this group was low (31%) and could not be generalized to the population. In addition, there were more skip errors, contradictory inter-item responses, and inconsistent ratings on global measures.

The key recommendation from the pilot study was to focus solely on cognitively intact clients for the full survey, obtaining the most reliable and generalizable information for this group which makes up a substantial proportion of home care clients overall. The experience of clients with cognitive impairment (and their family members) was recommended to be captured using an in-depth interview and in-person administration of the survey tool.

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<sup>57</sup> Cognitive Performance Scale score of 1 to 4

<sup>58</sup> Cognitive Performance Scale score 0 to 1

<sup>59</sup> Cognitive Performance Scale score 0 to 1

<sup>60</sup> Cognitive Performance Scale score 2 to 3

## Psychometric properties of the final tool

Overall, the final tool demonstrated good psychometric properties for long term supportive and maintenance home care clients, ages 65 and older. The final questionnaire included 55 survey items. Most items were modified versions of questions from existing questionnaires. For the AHCCES survey, questions were analyzed and reported in six sections corresponding to how the questions were grouped in the survey. Though questions relating to similar topics were grouped together in developing the survey, questions were not grouped into specific domains with the intent of forming composites. The internal consistency of each section was measured by Cronbach's alpha with estimates ranging from 0.65-0.88 (**Table 8**). Generally, Cronbach's alpha estimates of 0.70 or greater are considered acceptable.<sup>viii</sup> In addition to true missing data, as survey questions assessed a variety of aspects of care and were only answered if they applied to the respondent, there were also cases of structured missing data.

Construct validity of the questionnaire was assessed through agreement between several ratings of home care experience. The Global Overall Care rating has been previously established as a measure of overall experience in seniors.<sup>vi</sup> Both ratings of professional services and personal care services (*Poor* to *Excellent*) were positively correlated with the Global Overall Care rating (0.70 and 0.73 respectively). They were also correlated with each other (0.80). Furthermore, several individual survey questions as well as summary scores were significantly associated with Global Overall Care in the expected direction, where more positive responses were associated with higher Global Overall Care ratings, supporting construct validity of the questionnaire as a whole. The standardized beta coefficients of these independent variables, from the modelling results with Global Overall Care as the outcome, can be found in **Table 35 of Appendix VIII**.

All questions specifically relating to either professional services or personal care services were gated. For both professional and personal care services, clients were asked to indicate and skip the following section if they did not receive at least three visits. 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 57 responses were excluded; while 60 responses were excluded for personal care services.

While the generation of composites was not decided a priori, two sections of the questionnaire were considered: Treatment by Professional Services Staff and Treatment by Personal Care Services Staff. These two composites were analyzed using Factor Analysis and Structural Equation Modeling. The psychometric properties of these composites can be found in **Table 8**.

**Table 8: Psychometrics**

Questionnaire section	Question numbers	Cronbach's alpha	Per cent non-valid responses per question – Average (Range)	Per cent true missing responses per question – Average (Range)	Correlation between Global Overall Care	Correlation between either Professional or Personal Care Service ratings
Case manager	Q1-Q5, Q49	0.87	21.3 (2.4-73.4)	7.7 (4.7-16.9)	–	–
Care planning	Q6-Q12	0.65	12.6 (5.1-22.2)	7.3 (4.6-12.3)	–	–
Met Needs - Professional Services	Q13-Q21	0.88	19.1 (12.2-38.3)	45.9 (44.6-46.8)	0.39	0.41
Treatment by Professional Services Staff	Q22-Q28	0.84	2.4 (0.1-6.5)	2.2 (0.5-4.6)	0.58	0.60
Met Needs - Personal Services	Q32-Q36	0.74	31.8 (2.1-54.7)	21.5 (19.8-22.4)	0.25	0.27
Treatment by Personal Services Staff	Q37-Q45	0.85	1.3 (0.3-2.8)	1.8 (0.6-4.3)	0.61	0.60

**Development of Composites.** The Treatment by Staff composites referred to the interpersonal relationships between clients and either professional services staff or personal care services staff. The composites had high internal consistency (alpha = 0.84 and 0.85, respectively) and item-scale correlations provided support for distinct composites. Both composites were positively correlated with all measures of overall experience including ratings of Professional Services, Personal Care Services, and Global Overall Care.

**Missing data.** For the two survey sections relating to treatment by professional services staff and treatment by personal care services staff, clients were included in the 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 previously used by OHIO in treating missing values.<sup>ix</sup> As a result, respondents who had at least five valid responses for the seven professional services items (N = 3,815) and seven valid responses for the nine personal care services (N = 5,285) items were included in the generation of composite scores. For the professional services set, 25 per cent of the respondents had at least one question missing. In the personal care services set, 22 per cent of the respondents had at least one question missing. By question, in the professional services set the percentage of missing responses ranged from 0.58 to 10.2 per cent while in the personal care services set the percentage ranged from 0.9 to 7.1 per cent. For the purposes of imputation, missing was regarded as true missing and non-valid responses.

**Factor Analysis.** A confirmatory factor analysis was conducted to determine whether questions within each treatment by staff section (either professional or personal care services) were indeed a part of a single construct. There were seven items relating to Treatment by Professional Services Staff (*Questions 22-28*) and nine items that related to Treatment by Personal Care Services Staff (*Questions 37-45*). The original response options were converted to a 100-point scale (i.e., 100 = Yes, 50 = Partly, 0 = No). Non-relevant responses (“I Don’t Know”) were recoded to missing. Due to missing values, the Expectation-

Maximization (EM) algorithm was used for the factor analysis which computes maximum likelihood estimates.<sup>61</sup> 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. In the final model, though chi-square was significant, other model indices such as the RMSEA, CFI, and TLI suggested good fit (**Table 9**).

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.

**Table 9:** Model fit statistics

	Treatment by Professional Services Staff	Treatment by Personal Care Services Staff
$\chi^2$	229.728	400.687
Goodness of fit (Comparative fit index)	<0.001	<0.001
Root Mean Square Error (RMSEA)	0.034	0.032
AIC	277097.108	478569.329
BIC	277309.522	478851.976

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<sup>61</sup> This approach uses an iterative process, whereby a covariance matrix was produced and is used as an input for the factor analysis.

**Table 10:** Alpha and standardized coefficients

Treatment by Professional Services Staff (Cronbach's alpha: 0.837)		Treatment by Personal Care Services Staff (Cronbach's alpha: 0.845)	
Survey Question	Standardized Coefficient	Survey Question	Standardized Coefficient
<b>Q27:</b> In the last year, my Home Care professional staff listened carefully to my wishes and needs	0.818	<b>Q40:</b> In the last year, Personal Care staff listened carefully to my wishes and needs	0.771
<b>Q23:</b> In the last year, my Home Care professional staff knew what kind of care I needed and how to provide it	0.693	<b>Q43:</b> In the last year, Personal Care staff explained things in a way that was easy to understand	0.707
<b>Q22:</b> In the last year, my Home Care professional staff explained things in a way that was easy to understand	0.669	<b>Q39:</b> In the last year, Personal Care staff treated me with kindness even during difficult or embarrassing tasks	0.686
<b>Q26:</b> In the last year, my Home Care professional staff gave me choices about how care was provided	0.604	<b>Q38:</b> In the last year, Personal Care staff knew what kind of care I needed and how to provide it	0.679
<b>Q25:</b> In the last year, my Home Care professional staff treated me as gently as possible when providing care	0.604	<b>Q44:</b> In the last year, Personal Care staff treated me as gently as possible when providing care	0.622
<b>Q24:</b> In the last year, my Home Care professional staff treated me with courtesy and respect	0.576	<b>Q45:</b> In the last year, Personal Care staff made me feel safe and that my belongings were safe	0.551
<b>Q28:</b> In the last year, my Home Care professional staff made me feel safe and that my belongings were safe.	0.546	<b>Q42:</b> In the last year, Personal Care staff kept me informed about when they could arrive	0.534
		<b>Q37:</b> In the last year, Personal Care staff let me know when they could not come	0.473
		<b>Q41:</b> In the last year, Personal Care staff encouraged me to do things for myself if I could	0.428

## **APPENDIX IV: METHODOLOGY - ALBERTA HOME CARE CLIENT EXPERIENCE SURVEY FOR COGNITIVELY IMPAIRED CLIENTS AND FAMILY CARE GIVERS**

In 2015, face-to-face surveys were conducted with clients (CPS 2 to 3) along with their family members. This involved 50 interviews with clients and their family members evenly distributed across the five AHS zones. The goal of this project was to understand the perception of home care services quality from moderately cognitively impaired clients 65 years of age and older who were not otherwise represented in the main survey.

This project explored client and family member perceptions regarding the drivers of quality and overall experience of home care. Clients were interviewed using a shortened version of the AHCCES, with focus on professional and personal care services. Family members were interviewed using the full Alberta Home Care Survey modified for administration with family members. This interview covered topics including case management, care planning and meetings, family care giver needs, professional services, personal care services, other service needs (for the client), and overall ratings of home care services. These interviews were completed and analyzed by an independent contractor. Analyses of these interviews were designed to provide insight into the barriers and contributors to quality home care services, with the analysis focused on the comments provided by family members and clients over the course of the interview. Quantitative results are provided alongside the qualitative analysis to provide further context.

As per the main survey, the Co-ordinated Home Care Program Regulation and the Continuing Care Health Service Standards are referenced where client comments relate.



## APPENDIX V: RESPONDENT CHARACTERISTICS

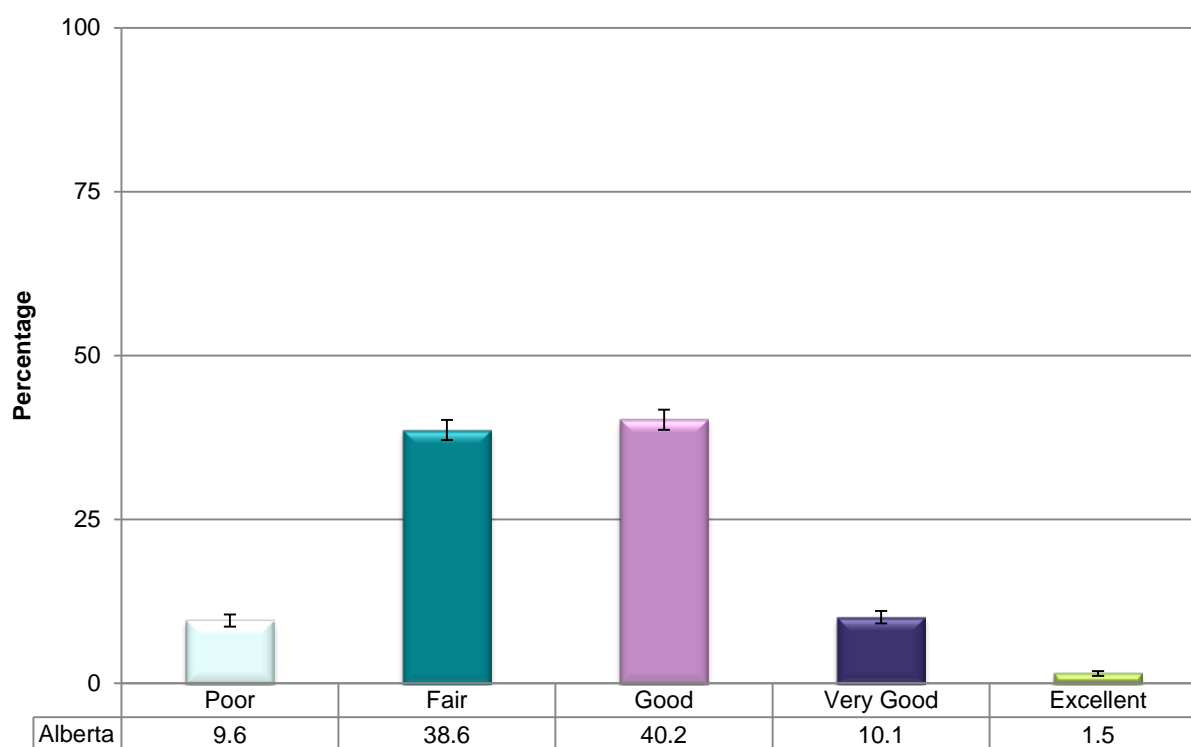
**Table 11:** Zone summary of respondent characteristics

<b>Cognitive Performance Scale (CPS)</b>						
	<b>Alberta N = 7,171</b>	<b>Calgary N = 2,028</b>	<b>Edmonton N = 2,486</b>	<b>Central N = 1,019</b>	<b>North N = 774</b>	<b>South N = 864</b>
	%	%	%	%	%	%
CPS 0	75.1	75.3	75.2	75.6	72.9	75.5
CPS 1	24.9	24.7	24.8	24.4	27.1	24.5
<b>Gender</b>						
	<b>Alberta N = 7,171</b>	<b>Calgary N = 2,028</b>	<b>Edmonton N = 2,486</b>	<b>Central N = 1,019</b>	<b>North N = 774</b>	<b>South N = 864</b>
	%	%	%	%	%	%
Female	72.1	71.8	72.7	75.1	67.4	71.5
<b>Average age</b>						
	<b>Alberta N = 7,171</b>	<b>Calgary N = 2,028</b>	<b>Edmonton N = 2,486</b>	<b>Central N = 1,019</b>	<b>North N = 774</b>	<b>South N = 864</b>
Average age	83.7	83.3	83.8	84.0	83.6	83.9
Range	65 to 106	65 to 105	65 to 106	65 to 102	65 to 106	65 to 102

## Your health and well-being

Two questions asked respondents about their overall health and overall mental and emotional health.

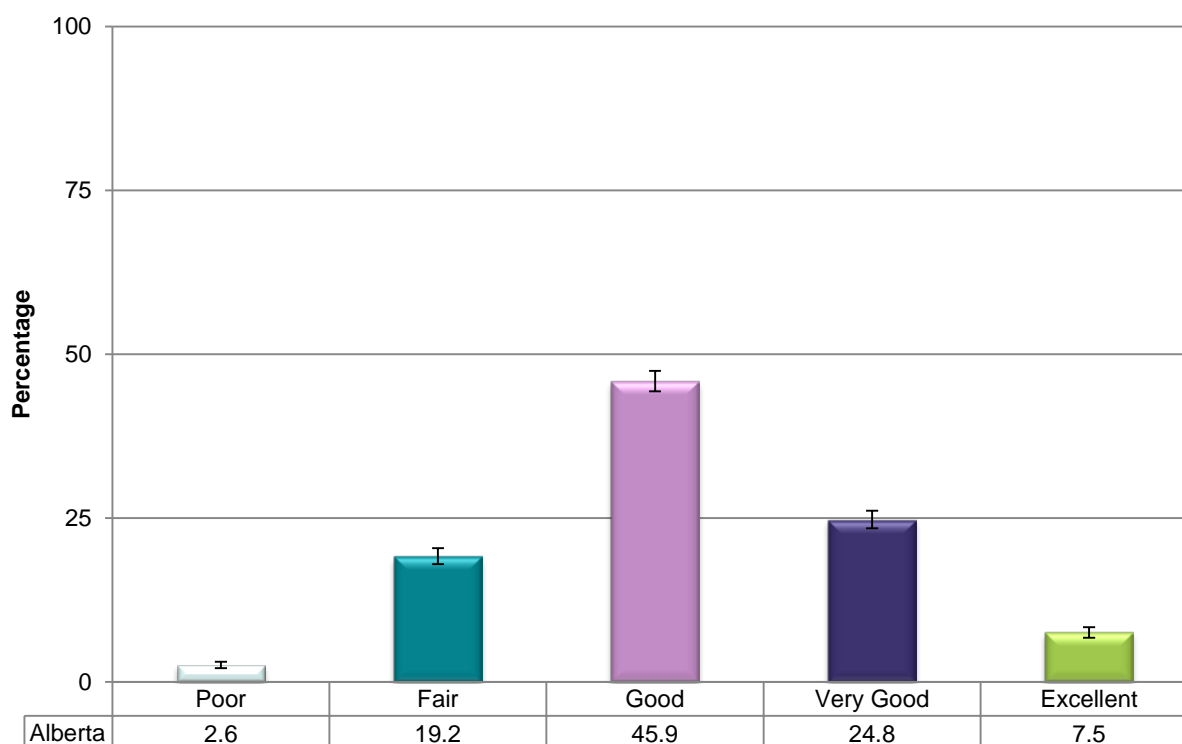
**Figure 25:** Provincial summary of responses for Q52: In general, would you say your overall health is...



**Table 12:** Zone summary of responses for Q52

	Alberta N = 6,812	Calgary N = 1,944	Edmonton N = 2,352	Central N = 957	North N = 732	South N = 827
	%	%	%	%	%	%
Poor	9.6	9.6	11.6	7.4	8.3	7.1
Fair	38.6	37.7	40.6	36.6	38.3	38.2
Good	40.2	40.7	37.9	43.8	40.0	41.6
Very Good	10.1	10.6	8.6	10.2	11.2	11.9
Excellent	1.5	1.4	1.3	2.0	2.2	1.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

**Figure 26:** Provincial summary of responses for Q53: In general would you say your emotional health is...



**Table 13:** Zone summary of responses for Q53

	Alberta N = 6,864	Calgary N = 1,946	Edmonton N = 2,379	Central N = 973	North N = 743	South N = 823
	%	%	%	%	%	%
Poor	2.6	2.0	3.4	2.6	2.6	1.9
Fair	19.2	18.2	22.4	16.2	17.5	17.3
Good	45.9	44.5	44.6	48.3	48.9	47.6
Very Good	24.8	27.1	22.5	25.4	23.6	26.0
Excellent	7.5	8.2	7.1	7.5	7.5	7.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

## APPENDIX VI: ZONE AND QUESTION-LEVEL RESULTS

### Overall measures

**Table 14:** Overall care ratings by AHS zone

<b>Q51:</b> OVERALL, how would you rate the quality of your Home Care Services (including both Professional and Personal Care Services), where 0 is the worst and 10 is the best?						
	<b>Alberta</b> <b>N = 6,647</b>	<b>Calgary</b> <b>N = 1,902</b>	<b>Edmonton</b> <b>N = 2,292</b>	<b>Central</b> <b>N = 930</b>	<b>North</b> <b>N = 716</b>	<b>South</b> <b>N = 807</b>
	%	%	%	%	%	%
Average	8.1	8.1	7.8	8.3	8.3	8.4
99% CI	8.0-8.2	8.0-8.2	7.7-7.9	8.1-8.5	8.1-8.5	8.2-8.6
<b>Q47:</b> OVERALL, how would you rate your Home Care Personal Care Services (please think about all Personal staff together)						
	<b>Alberta</b> <b>N = 5,689</b>	<b>Calgary</b> <b>N = 1,672</b>	<b>Edmonton</b> <b>N = 1,993</b>	<b>Central</b> <b>N = 766</b>	<b>North</b> <b>N = 554</b>	<b>South</b> <b>N = 704</b>
	%	%	%	%	%	%
Poor	1.1	0.8	1.6	1.0	0.5	1.0
Fair	6.5	6.6	8.1	4.2	6.5	4.7
Good	29.7	30.6	32.0	29.5	25.8	24.7
Very Good	37.9	37.3	37.7	38.5	38.6	38.9
Excellent	24.7	24.7	20.7	26.8	28.5	30.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q30:</b> OVERALL, how would you rate your Home Care Professional Services (please think about all Professional staff together)						
	<b>Alberta</b> <b>N = 4,137</b>	<b>Calgary</b> <b>N = 1,139</b>	<b>Edmonton</b> <b>N = 1,414</b>	<b>Central</b> <b>N = 591</b>	<b>North</b> <b>N = 496</b>	<b>South</b> <b>N = 497</b>
	%	%	%	%	%	%
Poor	1.9	1.5	2.9	1.5	1.0	1.2
Fair	8	7.8	9.8	6.3	7.9	5.2
Good	28.3	29.2	31.7	25.5	24.8	22.9
Very Good	36.4	35.6	35.9	37.2	37.3	37.8
Excellent	25.5	25.9	19.7	29.4	29.0	32.8
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

## 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 (**Table 15**).

**Table 15:** Number of valid responses for case manager questions Q1 to Q5, and Q49

Question	N of valid responses	N of non-valid responses
<b>Q1:</b> When my last Case Manager started, they introduced themselves and explained their role in my care.	6,578	258
<b>Q2:</b> In the last year, I was able to reach my Case Manager when I needed her/him.	6,502	225
<b>Q3:</b> In the last year, my Case Manager helped me get all of the Home Care services that I needed.	6,627	171
<b>Q4:</b> In the last year, my Case Manager helped me get changes to my Home Care Services.	4,768	1,971
<b>Q5:</b> In the last year, approximately how many different Case Managers have you had?	5,396	1,272
<b>Q49:</b> In the last year, did your Case Manager help you get these types of services in your community?	694	5,261

**Table 16:** Case manager questions Q1 to Q5, and Q49

<b>Q1:</b> When my last Case Manager started, they introduced themselves and explained their role in my care.						
	<b>Alberta</b> N = 6,578	<b>Calgary</b> N = 1,894	<b>Edmonton</b> N = 2,260	<b>Central</b> N = 915	<b>North</b> N = 701	<b>South</b> N = 808
	%	%	%	%	%	%
Yes	84.0	86.8	82.1	82.7	82.0	85.9
No	5.1	3.3	7.3	4.3	4.6	5.0
I don't know who my Case Manager is	10.9	9.9	10.7	13.0	13.4	9.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q2:</b> In the last year, I was able to reach my Case Manager when I needed her/him.						
	<b>Alberta</b> N = 6,502	<b>Calgary</b> N = 1,859	<b>Edmonton</b> N = 2,239	<b>Central</b> N = 911	<b>North</b> N = 697	<b>South</b> N = 796
	%	%	%	%	%	%
Yes	73.3	75.3	69.2	73.0	76.2	78.1
Partly	12.0	10.9	14.9	11.6	8.2	9.8
No	4.2	3.9	5.4	3.7	3.7	2.8
I don't know who my Case Manager is	10.5	9.9	10.5	11.6	11.9	9.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

<b>Q3: In the last year, my Case Manager helped me get all of the Home Care services that I needed.</b>						
	<b>Alberta N = 6,627</b>	<b>Calgary N = 1,912</b>	<b>Edmonton N = 2,275</b>	<b>Central N = 940</b>	<b>North N = 709</b>	<b>South N = 791</b>
	%	%	%	%	%	%
Yes	77.5	78.6	74.1	77.8	78.8	82.9
Partly	8.5	7.7	10.9	7.9	5.9	6.1
No	6.0	6.3	6.9	5.0	5.9	4.3
I don't know who my Case Manager is	8.0	7.5	8.0	9.4	9.3	6.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q4: In the least year, my Case Manager helped me get changes to my Home Care Services.</b>						
	<b>Alberta N = 4,768</b>	<b>Calgary N = 1,364</b>	<b>Edmonton N = 1,699</b>	<b>Central N = 662</b>	<b>North N = 503</b>	<b>South N = 540</b>
	%	%	%	%	%	%
Yes	69.4	72.3	65.5	69.2	69.8	74.6
Partly	11.2	10.3	13.4	11.6	9.3	7.8
No	10.2	9.0	12.3	8.2	8.9	10.4
I don't know who my Case Manager is	9.2	8.4	8.9	11.0	11.9	7.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q5: In the last year, approximately how many different Case Managers have you had?</b>						
	<b>Alberta N = 5,396</b>	<b>Calgary N = 1,603</b>	<b>Edmonton N = 1,865</b>	<b>Central N = 723</b>	<b>North N = 552</b>	<b>South N = 653</b>
	%	%	%	%	%	%
Just one	64.8	66.3	63.9	64.6	64.7	64.5
2 or 3	30.7	31.1	33.0	28.6	27.2	28.8
More than 3	4.4	2.6	3.2	6.8	8.2	6.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q49: In the last year, did your Case Manager help you get these types of services in your community?<sup>62</sup></b>						
	<b>Alberta N = 694</b>	<b>Calgary N = 194</b>	<b>Edmonton N = 316</b>	<b>Central N = 67</b>	<b>North N = 60</b>	<b>South N = 57</b>
	%	%	%	%	%	%
I needed services but my Case Manager didn't help me	49.4	41.2	53.8	53.7	43.3	54.4
My Case Manager tried to help me but I still didn't get other services	28.7	29.9	28.5	26.9	31.7	24.6
Yes I was helped by my Case Manager to get other services	21.9	28.9	17.7	19.4	25.0	21.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

<sup>62</sup> Q49 excludes respondents who answered "No" to Q48: "In the last year, was there any service of any kind that you felt you needed but didn't get?"

## 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*, *I have no family available*, and *I don't have a family doctor* were excluded from the calculation of percentages (**Table 17**).

**Table 17:** Number of valid responses for care plan and care meeting questions Q6 to Q12

Question	N valid responses	N non-valid responses
<b>Q6:</b> In the last year, I was involved in making my Care Plan	5,986	687
<b>Q7:</b> In the last year, my family was involved in making my Care Plan	5,762	856
<b>Q8:</b> In the last year, my Care Plan included...	6,348	367
<b>Q9:</b> In the last year, Home Care provided...	5,701	933
<b>Q10:</b> In the last year, I was part of a meeting with my Case Manager about my care	5,636	1,129
<b>Q11:</b> In the last year, my family doctor seemed to know about important details of my Home Care Services	5,252	1,590
<b>Q12:</b> If I wanted to change my Home Care Services, I would talk to...	5,533	752

**Table 18:** Care plan and care meeting questions Q6 to Q12

<b>Q6:</b> In the last year, I was involved in making my Care Plan						
	<b>Alberta</b> N = 5,986	<b>Calgary</b> N = 1,739	<b>Edmonton</b> N = 2,098	<b>Central</b> N = 820	<b>North</b> N = 610	<b>South</b> N = 719
	%	%	%	%	%	%
Yes a lot	38.8	42.5	35.2	38.2	38.7	41.3
Yes a little	39.2	38.4	40.5	39.3	37.9	38.7
No not at all	19.5	17.0	22.2	20.0	19.5	16.8
No I don't think I should be involved	2.5	2.1	2.1	2.6	3.9	3.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q7:</b> In the last year, my family was involved in making my Care Plan						
	<b>Alberta</b> N = 5,762	<b>Calgary</b> N = 1,652	<b>Edmonton</b> N = 1,992	<b>Central</b> N = 811	<b>North</b> N = 609	<b>South</b> N = 698
	%	%	%	%	%	%
Yes a lot	34.1	35.2	35.5	31.2	33.5	30.8
Yes a little	31.8	30.5	29.9	36.1	33.5	34.2
No staff didn't include them	15.3	15.0	16.5	13.6	15.1	14.9
No I didn't want family involved	9.6	10.8	8.2	9.5	10.5	10.2
No my family was unable to be involved	9.2	8.5	9.8	9.6	7.4	9.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

<b>Q8: In the last year, my Care Plan included...</b>						
	<b>Alberta</b> <b>N = 6,348</b>	<b>Calgary</b> <b>N = 1,826</b>	<b>Edmonton</b> <b>N = 2,195</b>	<b>Central</b> <b>N = 884</b>	<b>North</b> <b>N = 674</b>	<b>South</b> <b>N = 769</b>
	%	%	%	%	%	%
Most of the things I needed	67.4	69.9	64.0	69.7	66.0	69.8
Some of the things I needed	17.7	17.3	20.4	15.6	15.6	15.5
Almost none of the things I needed	1.6	1.6	1.7	1.0	2.2	1.6
I have not seen my Care Plan	13.3	11.2	13.9	13.7	16.2	13.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q9: In the last year, Home Care provided...</b>						
	<b>Alberta</b> <b>N = 5,701</b>	<b>Calgary</b> <b>N = 1,661</b>	<b>Edmonton</b> <b>N = 1,971</b>	<b>Central</b> <b>N = 793</b>	<b>North</b> <b>N = 598</b>	<b>South</b> <b>N = 678</b>
	%	%	%	%	%	%
Most of the things in my Care Plan	76.1	78.0	72.9	78.8	77.3	77.0
Some of the things in my Care Plan	21.0	19.6	24.2	17.9	19.6	19.8
Almost none of the things in my Care Plan	2.9	2.3	3.0	3.3	3.2	3.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q10: In the last year, I was part of a meeting with my Case Manager about my care</b>						
	<b>Alberta</b> <b>N = 5,636</b>	<b>Calgary</b> <b>N = 1,667</b>	<b>Edmonton</b> <b>N = 1,973</b>	<b>Central</b> <b>N = 754</b>	<b>North</b> <b>N = 566</b>	<b>South</b> <b>N = 676</b>
	%	%	%	%	%	%
Yes	68.2	75.8	64.9	64.6	59.7	70.1
No I wasn't part of the meeting	15.4	12.3	15.8	17.9	20.7	14.8
No there was no meeting	16.4	11.9	19.3	17.5	19.6	15.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q11: In the last year, my family doctor seemed to know about important details of my Home Care Services</b>						
	<b>Alberta</b> <b>N = 5,252</b>	<b>Calgary</b> <b>N = 1,535</b>	<b>Edmonton</b> <b>N = 1,785</b>	<b>Central</b> <b>N = 727</b>	<b>North</b> <b>N = 586</b>	<b>South</b> <b>N = 619</b>
	%	%	%	%	%	%
Yes most of the time	47.2	46.2	41.5	51.0	58.5	50.7
Yes some of the time	26.6	24.6	28.2	26.4	27.8	26.0
No	26.2	29.3	30.3	22.6	13.7	23.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>



<b>Q12: If I wanted to change my Home Care Services, I would talk to...</b>						
	<b>Alberta N = 5,533</b>	<b>Calgary N = 1,633</b>	<b>Edmonton N = 1,906</b>	<b>Central N = 748</b>	<b>North N = 572</b>	<b>South N = 674</b>
	%	%	%	%	%	%
My Case Manager	67.5	73.9	68.5	58.2	56.6	68.5
Other Home Care staff	12.6	9.5	9.6	19.3	20.3	15.0
Family or friends	10.9	9.2	12.4	12.0	12.4	8.0
My family doctor	9.0	7.4	9.4	10.6	10.7	8.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

## Professional 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 19**).<sup>63</sup>

**Table 19:** Number of valid responses for professional services Q13 to Q21

Question	N of valid responses (Answered: Yes, Partly, No)	N of non-valid responses (Answered: I did not need this service or I don't know)
<b>Q13:</b> In the last year, Professional Home Care Services met my needs for managing my pain	2,667	1,159
<b>Q14:</b> In the last year, Professional Home Care Services met my needs for help with medical procedures or therapy (like wound care or physiotherapy).	2,944	872
<b>Q15:</b> In the last year, Professional Home Care Services met my needs for setting up my home so I could move around safely.	2,242	1,605
<b>Q16:</b> In the last year, Professional Home Care Services met my needs for setting up my home so I could do things independently.	2,186	1,630
<b>Q17:</b> In the last year, Professional Home Care staff talked with me about the purpose of my medications	2,956	995
<b>Q18:</b> In the last year, Professional Home Care staff reviewed all of my medications.	2,999	973
<b>Q19:</b> In the last year Professional Home Care staff talked with me about the side effects of my medications	2,861	1,077
<b>Q20:</b> In the last year, Professional Home Care staff talked with me about when to take my medications	2,678	1,252
<b>Q21:</b> In the last year, Professional Home Care staff met my needs for help with IV medication or tube nutrition.	1,084	2,746

**Table 20:** Per cent Met Needs-Professional Services by AHS zone

	Alberta N = 4,076	Calgary N = 1,114	Edmonton N = 1,385	Central N = 581	North N = 499	South N = 497
	%	%	%	%	%	%
Average	47.5	48.9	41.6	47.0	57.1	52.0
99% CI	46.0-49.0	46.1-51.7	39.0-44.2	43.1-50.9	53.0-61.2	47.7-56.3

<sup>63</sup> Responses for this section were retained among those who reported they did not get at least three visits but administrative data indicated otherwise. The decision to include failed-skip respondents was two-fold: (1) Administrative data indicated respondents did receive at least three visits from home care within the past year, and (2) Failed-skip respondents did not significantly differ in their responses relative to correct skip respondents for this section. Responses were set to missing for respondents who reported they did not get at least three visits and was corroborated by administrative data (N = 57).

**Table 21: Professional services Q13 to Q21**

<b>Q13: In the last year, Professional Home Care Services met my needs for managing my pain.</b>						
	<b>Alberta N = 2,667</b>	<b>Calgary N = 712</b>	<b>Edmonton N = 921</b>	<b>Central N = 386</b>	<b>North N = 330</b>	<b>South N = 318</b>
	%	%	%	%	%	%
Yes	54.1	51.8	47.4	57.8	65.8	62.3
Partly	25.9	28.8	26.2	26.2	21.8	22.3
No	20.0	19.5	26.4	16.1	12.4	15.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q14: In the last year, Professional Home Care Services met my needs for help with medical procedures or therapy (like wound care or physiotherapy).</b>						
	<b>Alberta N = 2,944</b>	<b>Calgary N = 797</b>	<b>Edmonton N = 1,023</b>	<b>Central N = 427</b>	<b>North N = 349</b>	<b>South N = 348</b>
	%	%	%	%	%	%
Yes	66.9	65.8	62.3	70.7	72.2	73.0
Partly	15.1	16.8	15.6	15.2	13.5	11.5
No	18.0	17.4	22.1	14.1	14.3	15.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q15: 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 N = 2,242</b>	<b>Calgary N = 650</b>	<b>Edmonton N = 784</b>	<b>Central N = 295</b>	<b>North N = 254</b>	<b>South N = 259</b>
	%	%	%	%	%	%
Yes	49.0	53.8	43.4	49.8	52.4	49.8
Partly	18.8	17.0	19.9	21.7	16.9	18.1
No	32.2	29.1	36.7	28.5	30.7	32.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q16: 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 N = 2,186</b>	<b>Calgary N = 614</b>	<b>Edmonton N = 761</b>	<b>Central N = 307</b>	<b>North N = 258</b>	<b>South N = 246</b>
	%	%	%	%	%	%
Yes	40.9	42.7	36.5	43.0	46.1	41.5
Partly	23.5	23.9	23.1	24.8	22.5	23.2
No	35.6	33.4	40.3	32.2	31.4	35.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

<b>Q17: In the last year, Professional Home Care staff talked with me about the purpose of my medications</b>						
	<b>Alberta N = 2,956</b>	<b>Calgary N = 811</b>	<b>Edmonton N = 971</b>	<b>Central N = 427</b>	<b>North N = 389</b>	<b>South N = 358</b>
	%	%	%	%	%	%
Yes	42.4	43.5	32.6	42.9	58.6	48.0
Partly	16.7	17.7	16.0	18.7	15.2	15.4
No	41.0	38.8	51.4	38.4	26.2	36.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q18: In the last year, Professional Home Care staff reviewed all of my medications.</b>						
	<b>Alberta N = 2,999</b>	<b>Calgary N = 849</b>	<b>Edmonton N = 976</b>	<b>Central N = 422</b>	<b>North N = 379</b>	<b>South N = 373</b>
	%	%	%	%	%	%
Yes	52.2	55.8	40.8	50.5	66.8	60.9
Partly	11.5	11.8	11.7	11.8	9.2	12.1
No	36.4	32.5	47.5	37.7	24.0	27.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q19: In the last year Professional Home Care staff talked with me about the side effects of my medications</b>						
	<b>Alberta N = 2,861</b>	<b>Calgary N = 761</b>	<b>Edmonton N = 970</b>	<b>Central N = 410</b>	<b>North N = 373</b>	<b>South N = 347</b>
	%	%	%	%	%	%
Yes	25.1	26.6	17.6	23.9	37.8	30.5
Partly	15.7	15.9	13.5	15.9	18.0	18.4
No	59.2	57.5	68.9	60.2	44.2	51.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q20: In the last year, Professional Home Care staff talked with me about when to take my medications</b>						
	<b>Alberta N = 2,678</b>	<b>Calgary N = 708</b>	<b>Edmonton N = 915</b>	<b>Central N = 387</b>	<b>North N = 349</b>	<b>South N = 319</b>
	%	%	%	%	%	%
Yes	37.5	36.8	32.5	36.4	53.3	37.6
Partly	11.9	14.1	9.9	11.1	12.6	12.5
No	50.6	49.1	57.6	52.5	34.1	49.8
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q21: In the last year, Professional Home Care staff met my needs for help with IV medication or tube nutrition.</b>						
	<b>Alberta N = 1,084</b>	<b>Calgary N = 289</b>	<b>Edmonton N = 391</b>	<b>Central N = 157</b>	<b>North N = 129</b>	<b>South N = 118</b>
	%	%	%	%	%	%
Yes	20.7	21.5	17.1	24.8	25.6	19.5
Partly	4.3	4.8	3.3	5.1	5.4	4.2
No	75.0	73.7	79.5	70.1	69.0	76.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

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 (**Table 22**).

**Table 22:** Number of valid responses for professional services Q22 to Q28

Question	N of valid responses	N of non-valid responses
<b>Q22:</b> In the last year, my Home Care Professional staff explained things in a way that was easy to understand	3,804	177
<b>Q23:</b> In the last year, my Home Care Professional staff knew what kind of care I needed and how to provide it	3,834	195
<b>Q24:</b> In the last year, my Home Care Professional staff treated me with courtesy and respect	4,068	58
<b>Q25:</b> In the last year, my Home Care Professional staff treated me as gently as possible when providing care	3,956	86
<b>Q26:</b> In the last year, my Home Care Professional staff gave me choices about how care was provided	3,495	364
<b>Q27:</b> In the last year, my Home Care Professional staff listened carefully to my wishes and needs	3,778	178
<b>Q28:</b> In the last year, my Home Care Professional staff made me feel safe and that my belongings were safe.	3,728	183

**Table 23:** Treatment by Professional Services Staff score by AHS zone

	Alberta N = 3,815	Calgary N = 1,041	Edmonton N = 1,309	Central N = 525	North N = 455	South N = 485
	Score	Score	Score	Score	Score	Score
Average	86.7	87.4	83.5	89.0	88.9	89.0
99% CI	85.9-87.5	86.0-88.8	82.0-85.0	87.0-91.0	86.8-91.0	86.9-91.1

**Table 24: Professional services Q22 to Q28**

<b>Q22: In the last year, my Home Care Professional staff explained things in a way that was easy to understand</b>						
	<b>Alberta N = 3,804</b>	<b>Calgary N = 1,036</b>	<b>Edmonton N = 1,291</b>	<b>Central N = 537</b>	<b>North N = 466</b>	<b>South N = 474</b>
	%	%	%	%	%	%
Yes	74.6	75.3	68.6	77.3	79.0	82.3
Partly	15.0	14.5	17.5	13.2	14.2	12.2
No	10.3	10.2	13.9	9.5	6.9	5.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q23: In the last year, my Home Care Professional staff knew what kind of care I needed and how to provide it</b>						
	<b>Alberta N = 3,834</b>	<b>Calgary N = 1,057</b>	<b>Edmonton N = 1,298</b>	<b>Central N = 536</b>	<b>North N = 461</b>	<b>South N = 482</b>
	%	%	%	%	%	%
Yes	75.7	74.8	73.1	78.5	77.7	79.7
Partly	18.5	19.3	20.3	15.5	17.6	15.8
No	5.8	5.8	6.5	6.0	4.8	4.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q24: In the last year, my Home Care Professional staff treated me with courtesy and respect</b>						
	<b>Alberta N = 4,068</b>	<b>Calgary N = 1,109</b>	<b>Edmonton N = 1,386</b>	<b>Central N = 576</b>	<b>North N = 493</b>	<b>South N = 504</b>
	%	%	%	%	%	%
Yes	92.0	92.7	90.3	92.9	93.5	92.5
Partly	6.8	6.5	8.4	5.6	5.5	6.0
No	1.2	0.8	1.4	1.6	1.0	1.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q25: In the last year, my Home Care Professional staff treated me as gently as possible when providing care</b>						
	<b>Alberta N = 3,956</b>	<b>Calgary N = 1,082</b>	<b>Edmonton N = 1,347</b>	<b>Central N = 552</b>	<b>North N = 485</b>	<b>South N = 490</b>
	%	%	%	%	%	%
Yes	91.5	92.8	89.2	93.7	92.0	91.8
Partly	7.1	6.0	8.9	5.6	7.0	6.5
No	1.4	1.2	1.9	0.7	1.0	1.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q26: In the last year, my Home Care Professional staff gave me choices about how care was provided</b>						
	<b>Alberta N = 3,495</b>	<b>Calgary N = 945</b>	<b>Edmonton N = 1,208</b>	<b>Central N = 484</b>	<b>North N = 424</b>	<b>South N = 434</b>
	%	%	%	%	%	%
Yes	61.5	62.2	56.5	64.0	67.2	65.7
Partly	19.2	19.6	19.0	19.2	18.6	19.4
No	19.3	18.1	24.5	16.7	14.2	15.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

<b>Q27: In the last year, my Home Care Professional staff listened carefully to my wishes and needs</b>						
	<b>Alberta N = 3,778</b>	<b>Calgary N = 1,037</b>	<b>Edmonton N = 1,282</b>	<b>Central N = 532</b>	<b>North N = 461</b>	<b>South N = 466</b>
	%	%	%	%	%	%
Yes	77.3	78.2	71.8	80.3	81.8	82.4
Partly	17.0	17.2	20.2	15.6	13.2	12.7
No	5.8	4.6	8.0	4.1	5.0	4.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q28: In the last year, my Home Care Professional staff made me feel safe and that my belongings were safe.</b>						
	<b>Alberta N = 3,728</b>	<b>Calgary N = 1,011</b>	<b>Edmonton N = 1,283</b>	<b>Central N = 519</b>	<b>North N = 455</b>	<b>South N = 460</b>
	%	%	%	%	%	%
Yes	87.6	89.1	84.1	89.6	89.7	89.6
Partly	7.3	6.5	9.6	6.6	4.6	6.5
No	5.1	4.4	6.3	3.9	5.7	3.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

## Personal care services

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 25**).<sup>64</sup>

**Table 25:** Number of valid responses for personal care services Q31 to Q36

Question	N of valid responses (Answered: Yes, Partly, No)	N of non-valid responses (Answered: I don't know and I did not need this service)
<b>Q31:</b> In the last year, how do you feel about the number of different Personal Care staff you have had?	5,485	152
<b>Q32:</b> In the last year, Personal Care staff met my needs for help with showering or bathing	5,006	747
<b>Q33:</b> In the last year, Personal Care staff met my needs for help with getting dressed	3,455	2,164
<b>Q34:</b> In the last year, Personal Care staff met my needs for help with using the bathroom.	1,937	3,649
<b>Q35:</b> In the last year, Personal Care staff met my needs for help with eating	1,643	3,920
<b>Q36:</b> In the last year, Personal Care staff met my needs for help with taking medications	2,578	3,052

**Table 26:** Per cent Met Needs-Personal Care Services by AHS zone

	Alberta N = 5,474	Calgary N = 1,617	Edmonton N = 1,941	Central N = 750	North N = 501	South N = 665
	%	%	%	%	%	%
Average	66.4	68.1	65.6	65.7	62.7	67.8
99% CI	65.3-67.4	66.2-70.0	63.9-67.4	63.0-68.4	59.3-66.2	64.9-70.7

<sup>64</sup> Responses for this section were retained among those who reported they did not get at least three visits but administrative data indicated otherwise. The decision to include failed-skip respondents was two-fold: (1) Administrative data indicates these respondents did receive at least three visits from home care within the past year, and (2) Failed-skip respondents did not significantly differ in their responses relative to correct skip respondents for this section. Responses were set to missing for respondents who reported they did not get at least three visits and was corroborated by administrative data (N = 60).



**Table 27: Personal care services Q31 to Q36**

<b>Q31: In the last year, how do you feel about the number of different Personal Care staff you have had?</b>						
	<b>Alberta N = 5,485</b>	<b>Calgary N = 1,617</b>	<b>Edmonton N = 1,920</b>	<b>Central N = 743</b>	<b>North N = 521</b>	<b>South N = 684</b>
	%	%	%	%	%	%
I'm very happy with the number I've had	44.4	44.0	39.1	51.1	51.8	47.2
I'm OK with the number I've had	47.2	47.1	49.9	43.2	45.5	45.3
I'm not happy at all with the number I've had	8.4	8.9	11.0	5.7	2.7	7.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q32: In the last year, Personal Care staff met my needs for help with showering or bathing</b>						
	<b>Alberta N = 5,006</b>	<b>Calgary N = 1,503</b>	<b>Edmonton N = 1,771</b>	<b>Central N = 671</b>	<b>North N = 447</b>	<b>South N = 614</b>
	%	%	%	%	%	%
Yes	84.7	86.7	81.7	87.8	83.0	86.5
Partly	9.2	8.0	10.9	8.0	10.1	8.0
No	6.1	5.2	7.4	4.2	6.9	5.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q33: In the last year, Personal Care staff met my needs for help with getting dressed</b>						
	<b>Alberta N = 3,455</b>	<b>Calgary N = 1,017</b>	<b>Edmonton N = 1,250</b>	<b>Central N = 457</b>	<b>North N = 278</b>	<b>South N = 453</b>
	%	%	%	%	%	%
Yes	56.9	60.0	56.5	53.6	45.3	61.4
Partly	22.2	19.9	24.2	23.9	23.0	20.1
No	20.9	20.1	19.4	22.5	31.7	18.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q34: In the last year, Personal Care staff met my needs for help with using the bathroom</b>						
	<b>Alberta N = 1,937</b>	<b>Calgary N = 583</b>	<b>Edmonton N = 704</b>	<b>Central N = 250</b>	<b>North N = 185</b>	<b>South N = 215</b>
	%	%	%	%	%	%
Yes	30.2	36.0	30.5	20.8	26.5	27.4
Partly	15.3	12.2	18.3	15.6	15.1	14.0
No	54.5	51.9	51.1	63.6	58.4	58.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

<b>Q35: In the last year, Personal Care staff met my needs for help with eating</b>						
	<b>Alberta N = 1,643</b>	<b>Calgary N = 496</b>	<b>Edmonton N = 586</b>	<b>Central N = 221</b>	<b>North N = 157</b>	<b>South N = 183</b>
	%	%	%	%	%	%
Yes	14.9	17.9	17.2	9.0	10.2	10.4
Partly	11.7	14.1	13.1	9.0	5.7	9.3
No	73.4	68.0	69.6	81.9	84.1	80.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q36: In the last year, Personal Care staff met my needs for help with taking medications</b>						
	<b>Alberta N = 2,578</b>	<b>Calgary N = 706</b>	<b>Edmonton N = 912</b>	<b>Central N = 367</b>	<b>North N = 300</b>	<b>South N = 293</b>
	%	%	%	%	%	%
Yes	44.1	38.1	47.5	43.9	54.7	37.2
Partly	13.7	15.3	12.1	16.3	9.0	16.4
No	42.2	46.6	40.5	39.8	36.3	46.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

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 (**Table 28**).

**Table 28:** Number of valid responses for personal care services Q37 to Q45

<b>Question</b>	<b>N of valid responses</b>	<b>N of non-valid responses</b>
<b>Q37:</b> In the last year, Personal Care staff let me know when they could not come	5,260	257
<b>Q38:</b> In the last year, Personal Care staff knew what kind of care I needed and how to provide it	5,516	174
<b>Q39:</b> In the last year, Personal Care staff treated me with kindness even during difficult or embarrassing tasks	5,502	114
<b>Q40:</b> In the last year, Personal Care staff listened carefully to my wishes and needs	5,449	171
<b>Q41:</b> In the last year, Personal Care staff encouraged me to do things for myself if I could	5,240	222
<b>Q42:</b> In the last year, Personal Care staff kept me informed about when they could arrive	5,568	94
<b>Q43:</b> In the last year, Personal Care staff explained things in a way that was easy to understand	5,283	169
<b>Q44:</b> In the last year, Personal Care staff treated me as gently as possible when providing care	5,560	68
<b>Q45:</b> In the last year, Personal Care staff made me feel safe and that my belongings were safe	5,412	146

**Table 29:** Treatment by Personal Care Services Staff score by AHS zone

	<b>Alberta</b> <b>N = 5,285</b>	<b>Calgary</b> <b>N = 1,563</b>	<b>Edmonton</b> <b>N = 1,859</b>	<b>Central</b> <b>N = 703</b>	<b>North</b> <b>N = 495</b>	<b>South</b> <b>N = 665</b>
	Score	Score	Score	Score	Score	Score
Average	88.6	88.7	86.6	90.7	90.9	90.4
99% CI	88.0-89.2	87.6-89.8	85.5-87.7	89.3-92.1	89.2-92.6	88.9-91.9

**Table 30:** Personal care services Q37 to Q45

<b>Q37:</b> In the last year, Personal Care staff let me know when they could not come						
	<b>Alberta</b> <b>N = 5,260</b>	<b>Calgary</b> <b>N = 1,571</b>	<b>Edmonton</b> <b>N = 1,841</b>	<b>Central</b> <b>N = 696</b>	<b>North</b> <b>N = 509</b>	<b>South</b> <b>N = 643</b>
	%	%	%	%	%	%
Yes	71.9	72.8	68.3	75.4	76.0	72.9
Partly	15.7	16.4	18.8	13.6	10.0	11.8
No	12.4	10.7	12.9	10.9	13.9	15.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q38:</b> In the last year, Personal Care staff knew what kind of care I needed and how to provide it						
	<b>Alberta</b> <b>N = 5,516</b>	<b>Calgary</b> <b>N = 1,628</b>	<b>Edmonton</b> <b>N = 1,946</b>	<b>Central</b> <b>N = 734</b>	<b>North</b> <b>N = 520</b>	<b>South</b> <b>N = 688</b>
	%	%	%	%	%	%
Yes	80.7	80.8	76.8	83.7	83.5	86.0
Partly	16.2	16.1	19.0	14.3	14.0	12.5
No	3.1	3.2	4.3	2.0	2.5	1.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q39:</b> In the last year, Personal Care staff treated me with kindness even during difficult or embarrassing tasks						
	<b>Alberta</b> <b>N = 5,502</b>	<b>Calgary</b> <b>N = 1,621</b>	<b>Edmonton</b> <b>N = 1,925</b>	<b>Central</b> <b>N = 737</b>	<b>North</b> <b>N = 525</b>	<b>South</b> <b>N = 694</b>
	%	%	%	%	%	%
Yes	90.6	90.1	88.4	93.6	92.6	92.9
Partly	7.6	7.6	9.5	5.4	5.1	6.1
No	1.9	2.3	2.1	0.9	2.3	1.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q40:</b> In the last year, Personal Care staff listened carefully to my wishes and needs						
	<b>Alberta</b> <b>N = 5,449</b>	<b>Calgary</b> <b>N = 1,610</b>	<b>Edmonton</b> <b>N = 1,910</b>	<b>Central</b> <b>N = 727</b>	<b>North</b> <b>N = 518</b>	<b>South</b> <b>N = 684</b>
	%	%	%	%	%	%
Yes	80.9	81.2	77.4	82.1	86.3	84.6
Partly	16.3	16.2	19.3	16.1	11.2	12.6
No	2.7	2.5	3.3	1.8	2.5	2.8
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

<b>Q41: In the last year, Personal Care staff encouraged me to do things for myself if I could</b>						
	<b>Alberta N = 5,240</b>	<b>Calgary N = 1,534</b>	<b>Edmonton N = 1,812</b>	<b>Central N = 720</b>	<b>North N = 510</b>	<b>South N = 664</b>
	%	%	%	%	%	%
Yes	72.5	70.5	67.2	77.5	79.4	81.3
Partly	14.0	15.0	16.7	12.6	10.0	9.2
No	13.4	14.6	16.2	9.9	10.6	9.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q42: In the last year, Personal Care staff kept me informed about when they could arrive</b>						
	<b>Alberta N = 5,568</b>	<b>Calgary N = 1,642</b>	<b>Edmonton N = 1,954</b>	<b>Central N = 737</b>	<b>North N = 533</b>	<b>South N = 702</b>
	%	%	%	%	%	%
Yes	69.5	70.7	67.5	69.2	73.4	69.9
Partly	21.3	20.7	23.5	21.3	16.7	19.9
No	9.2	8.6	9.0	9.5	9.9	10.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q43: In the last year, Personal Care staff explained things in a way that was easy to understand</b>						
	<b>Alberta N = 5,283</b>	<b>Calgary N = 1,542</b>	<b>Edmonton N = 1,834</b>	<b>Central N = 717</b>	<b>North N = 519</b>	<b>South N = 671</b>
	%	%	%	%	%	%
Yes	80.7	79.6	77.1	83.4	86.1	86.0
Partly	14.7	15.3	17.3	13.0	11.2	11.0
No	4.6	5.0	5.6	3.6	2.7	3.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q44: In the last year, Personal Care staff treated me as gently as possible when providing care</b>						
	<b>Alberta N = 5,560</b>	<b>Calgary N = 1,633</b>	<b>Edmonton N = 1,959</b>	<b>Central N = 747</b>	<b>North N = 527</b>	<b>South N = 694</b>
	%	%	%	%	%	%
Yes	91.5	92.4	89.1	93.3	94.3	91.9
Partly	7.3	6.5	9.1	6.0	4.6	7.2
No	1.2	1.1	1.7	0.7	1.1	0.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Q45: In the last year, Personal Care staff made me feel safe and that my belongings were safe</b>						
	<b>Alberta N = 5,412</b>	<b>Calgary N = 1,586</b>	<b>Edmonton N = 1,925</b>	<b>Central N = 722</b>	<b>North N = 514</b>	<b>South N = 665</b>
	%	%	%	%	%	%
Yes	91.2	91.4	89.5	92.7	93.2	92.2
Partly	6.3	6.6	7.2	5.7	4.9	5.1
No	2.5	2.0	3.3	1.7	1.9	2.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

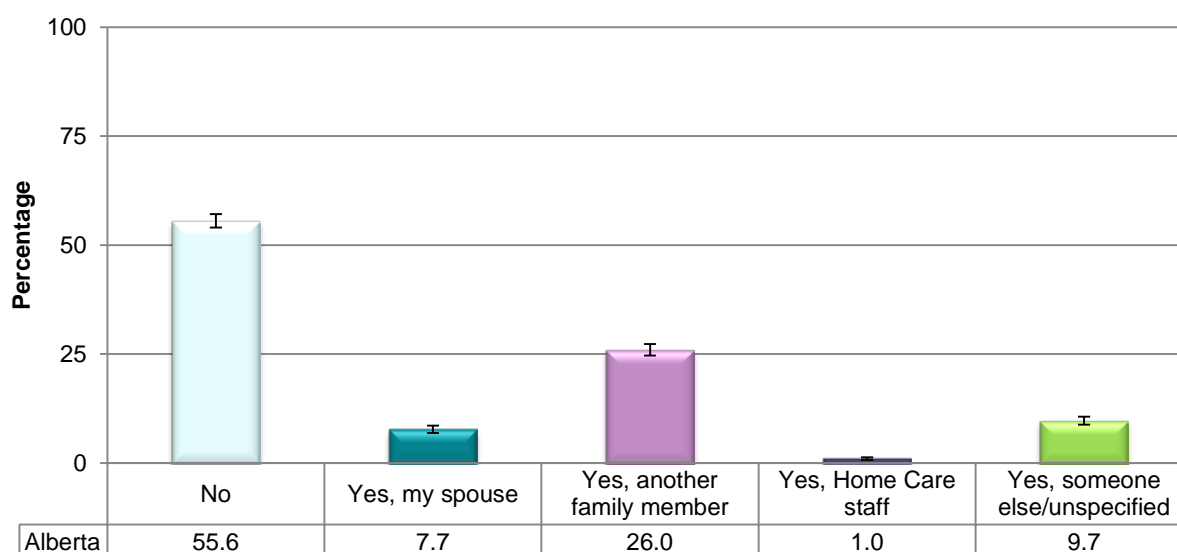
## APPENDIX VII: HELP WITH THE SURVEY

Questions 54 and 55 of the questionnaire were used to evaluate whether help with the survey impacted results.

**Q54: Did someone help you complete this survey?**

**Figure 27**<sup>65</sup> shows that nearly half of respondents had some form of help from another person (44.4%), and ranged from a low of 39.6 per cent in the South Zone to a high of 46.8 per cent in the Edmonton Zone. The help primarily came from another family member other than a spouse.

**Figure 27:** Provincial summary of responses for Q54



**Table 31:** Zone summary of responses for Q54

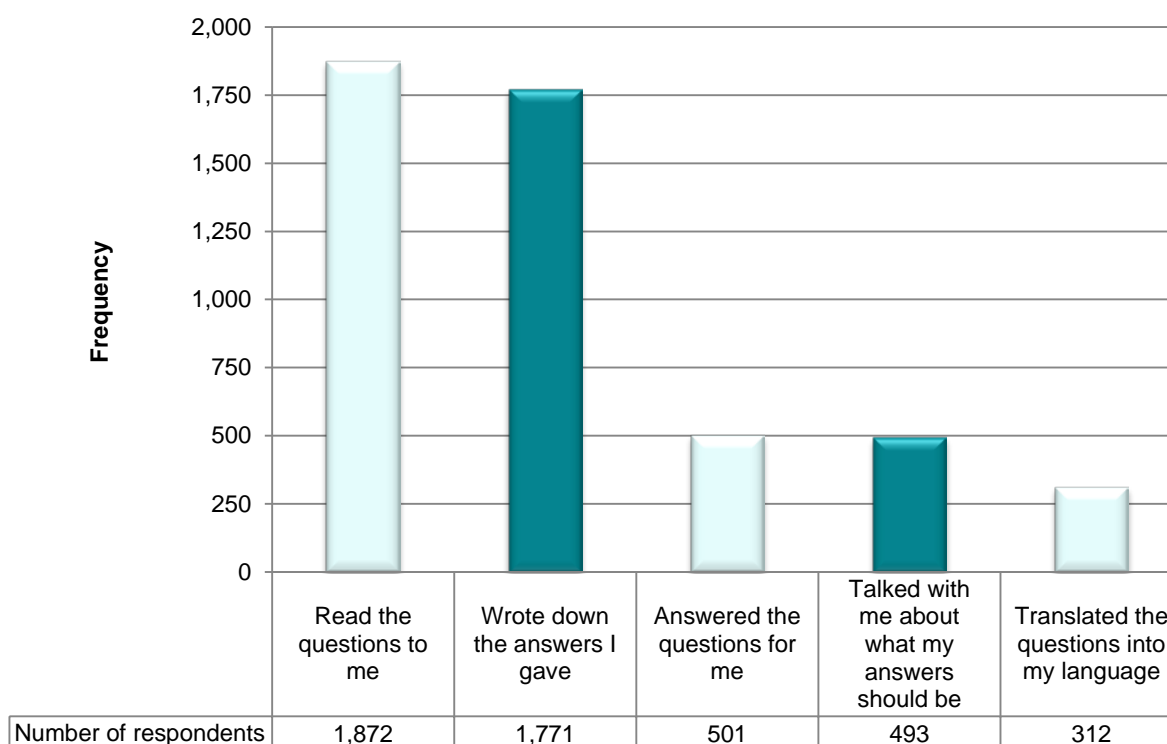
	Alberta N = 6,982	Calgary N = 1,980	Edmonton N = 2,421	Central N = 988	North N = 748	South N = 845
	%	%	%	%	%	%
No	55.6	56.1	53.2	57.6	53.6	60.4
Yes, my spouse	7.7	8.0	7.4	8.5	6.0	8.8
Yes, another family member	26.0	26.2	28.5	23.2	26.1	21.4
Yes, Home Care staff	1.0	0.6	0.7	2.0	1.7	1.2
Yes, someone else/unspecified	9.7	9.1	10.2	8.7	12.6	8.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

<sup>65</sup> Note: Q54 respondents were back-coded to "Yes, someone else unspecified" if they answered "No" or were missing on Q54 but also: (1) still specified or named a person that helped them in Q54 or (2) answered any one of the responses from Q55 with exception to "Help in another way"

Q55: If yes [to Q54], how did that person help you (please mark all that apply)

The majority of respondents who received help reported that the help came in the form of reading the questions to the client, or writing down the answers he or she provided.

**Figure 28:** Provincial summary of responses for Q55



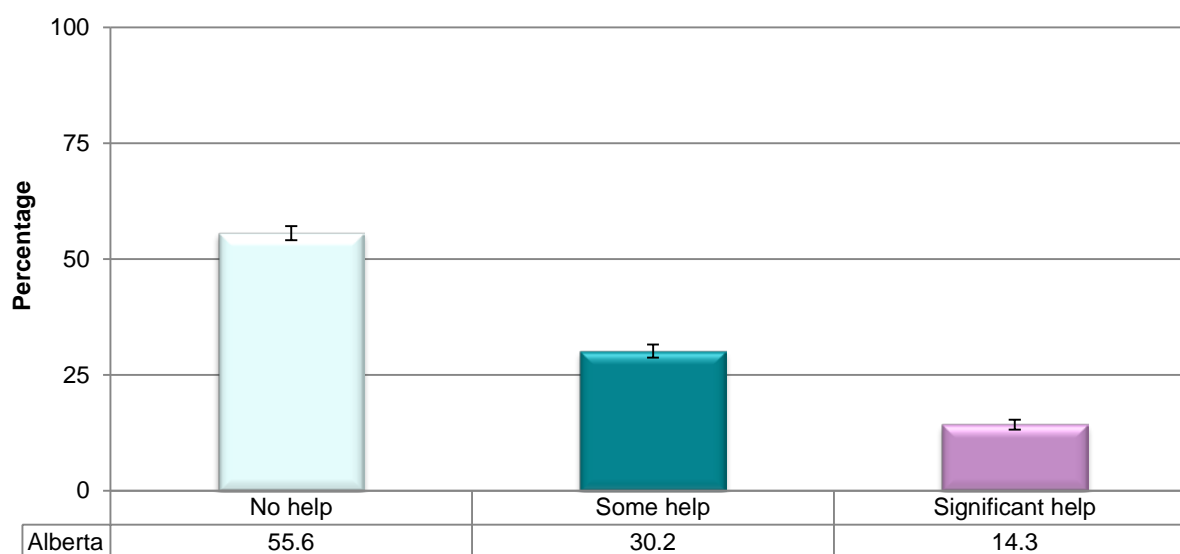
## Significance of help and Global Overall Care ratings

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
  - Q55 “Answered the questions for me”
  - Q55 “Talked with me about what my answers should be”
  - Help from facility or home care staff (searched through comments in Q54 and Q55)

Approximately 14.3 per cent of respondents received significant help in completing the survey.

**Figure 29:** Provincial summary of help in completing the survey



**Table 32:** Zone summary of help in completing the survey

	Alberta N = 6,982	Calgary N = 1,980	Edmonton N = 2,421	Central N = 988	North N = 748	South N = 845
	%	%	%	%	%	%
No help	55.6	56.1	53.2	57.6	53.6	60.4
Some help	30.2	30.2	30.9	28.5	35.0	25.7
Significant help	14.3	13.7	15.9	13.9	11.4	14.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Subsequently, Global 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. **Table 33** indicates that clients who received some form of help (*Some help* and *Significant help*) had significantly lower Global Overall Care ratings than clients who received *No help*. Global Overall Care ratings did not significantly differ between clients that received *Some help* and those that received *Significant help*. Across zones, these results were found to be consistent in the Calgary, Edmonton, and Central Zones.

**Table 33:** Global Overall Care ratings and type of help

	<b>Alberta</b> <b>N = 6,554</b>	<b>Calgary</b> <b>N = 1,871</b>	<b>Edmonton</b> <b>N = 2,261</b>	<b>Central</b> <b>N = 922</b>	<b>North</b> <b>N = 705</b>	<b>South</b> <b>N = 795</b>
	Rating	Rating	Rating	Rating	Rating	Rating
No help	8.2	8.3	7.9	8.5	8.3	8.4
Some help	7.9	8.0	7.6	8.0	8.3	8.3
Significant help	7.9	7.9	7.6	8.1	8.6	8.3



## APPENDIX VIII: MODELING SPECIFICS: GLOBAL OVERALL CARE RATING

### Overall care ratings

Overall client experience was defined as the Global Overall Care rating and individual ratings of professional and personal care services. In identifying drivers of overall quality, several factors were explored to determine their impact relative to the overall care ratings. Associated relationships between factors and the overall care ratings, in addition to findings from client comments, are used to develop drivers of overall client experience. The following factors were identified and are presented from strongest to weakest.

**Table 34:** Factors associated with the Global Overall Care rating

Factors	Relationship with Global Overall Care rating
Treatment by Personal Care & Professional Services Staff score (0 to 100 scale where the higher the score the more positive the experience)	Clients who rated their Treatment by Professional or Personal Care Services Staff positively reported higher Global Overall Care ratings.
How clients felt about the number of different personal care staff (Q31, top box result)	Clients who responded as being “ <i>Very happy with the number</i> ” of different personal care staff reported higher Global Overall Care ratings than clients who were only “ <i>Ok</i> ” or “ <i>Not happy at all</i> ” with the number of different staff (9.0 vs 7.4 out of 10, respectively)
Percentage of Met Needs-Professional Services and Met Needs-Personal Care Services (0 to 100 per cent)	Clients who reported a higher percentage of needs being met reported higher Global Overall Care ratings.
Home care provided services in care plan (Q9, top box result)	Clients who received most of the services outlined in their care plan reported significantly higher Global Overall Care ratings than clients who received only some or none of the services in their care plan (8.5 vs 7.1 out of 10, respectively)
Involvement in making the care plan (Q6, top box result)	Clients who were involved a lot in making their care plan had significantly higher Global Overall Care ratings than clients who were involved a little or not at all (8.7 vs 7.7 out of 10, respectively).
Case manager helped get home care services needed (Q3, top box result)	Clients whose case manager helped them get all the home care services that they needed had significantly higher Global Overall Care ratings than clients whose case manager did not help them get all the services that they needed (8.5 vs 6.7 out of 10, respectively).
Ability to reach their case manager (Q2, top box result)	Clients who were able to reach their case manager when they needed her/him had significantly higher Global Overall Care ratings than clients who were not able to reach their case manager (8.5 vs 7.0 out of 10, respectively).
Geographic location (Rural, Urban vs Metro)	Clients who lived in Rural (8.4 out of 10) and Urban (8.2 out of 10) areas had significantly higher Global Overall Care ratings than clients who lived in Metro areas (7.9 out of 10). For full modelling results see <b>Table 35</b> .

## Regression models

A multiple regression model was constructed to determine which specific factors influence the Global Overall Care rating and the ratings of professional and personal care services. A statistical significance level of 0.01 was used throughout the analyses. Regression models were compared on diagnostic statistics such as adjusted R-squared, and model assumptions were checked. Transformations for highly skewed distributions and alternative categorizations were explored.

Variables selected from client characteristics and select survey questions were included in the analysis to explore whether they changed the relationships of interest. These covariates included: age, gender, CPS-scale, help with the survey, involvement in the care plan, and taking part in care meetings. Inclusion in the model was based on strength of standardized beta coefficients, their associated p-values, and their contribution to R-squared. Covariates that were excluded were not significantly associated with the Global Overall Care ratings ( $p > 0.01$ ), had small beta coefficients, or did not contribute to R-squared relative to other similar and correlated covariates. Covariates that were excluded were CPS-scale and taking part in care meetings.

Professional services factors and personal care services factors were analyzed in separate models. An overall model including all factors was constructed to confirm results from the separate models. Furthermore, ratings on professional and personal care services (*Poor* to *Excellent*) were analyzed following similar procedures. Since both ratings of professional and personal care services outcomes were measured on a five-point word anchored scale, these variables were dichotomized with *1* representing the most positive response (top-box response, *Excellent*) and *0* representing all other responses. A logistic regression model was used in the analyses with the previously determined factors and the appropriate professional or personal service variables. While multiple models are presented, conclusions are based after consideration of all models.

**Table 35:** Adjusted regression models of Global Overall Care rating, ratings of professional services, and ratings of personal care services

	Global Overall Care: Professional factors only	Global Overall Care: Personal factors only	Global Overall Care: All	Professional Services rating	Personal Care Services rating
Factors	Standardized beta coefficients				
Treatment by Personal Care Services Staff score	–	0.39	0.28	–	0.49
Treatment by Professional Services Staff score	0.39	–	0.18	0.45	–
Number of different personal care staff	–	0.20	0.19	–	0.28
Per cent Met Needs-Personal Care Services	–	NS	NS	–	NS
Per cent Met Needs-Professional Services	0.08	–	NS	0.13	–
Home care provided most services outlined in care plan	0.12	0.12	0.10	0.11	0.07
Involvement in care plan	0.06	0.07	0.05	0.07	0.07
Case manager helped get all home care services needed	0.08	0.08	0.06	0.05	NS
Able to reach case manager	0.08	0.07	0.06	0.06	NS
Geography (Metro referent group)					
<i>Rural</i>	0.08	0.06	0.05	0.07	0.05
<i>Urban</i>	0.05	0.05	0.05	0.06	NS
Other model characteristics					
Constant	2.84	3.66	3.04	-7.00	-7.28
N	2,433	3,241	1,805	2,435	3,244
R-Squared	0.39	0.45	0.49	–	–
Adjusted R-Squared	0.39	0.45	0.48	0.19 (Pseudo R-squared)	0.24 (Pseudo R-squared)
p-value	<0.0001	<0.0001	<0.0001	<0.0001	<0.0001

Note: Global Overall Care estimates from a linear regression model. Professional and personal care services estimates are from a logistic regression model. All coefficients statistically significant at alpha=0.01. Models adjusted for: Receiving help completing the survey, service frequency, age, and gender.

## 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 that includes a client's assessed unmet health care needs, related health care 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 coordinate care transitions across care settings. All home care clients are assigned to a case manager.<sup>66</sup>

**Cognitive Performance Scale score (CPS):**<sup>67</sup> Is a measure of the cognitive impairment, or lack thereof, of individuals assessed by 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.

**Confidence interval:** A range of values that include the true population value. Where figures are presented, confidence intervals are attached to results in order to aid the reader in gauging statistically significant differences. As a general rule, intervals that do not overlap typically reflect significant differences between results. In contrast, intervals that overlap typically do not reflect significant differences between results.

**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.

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<sup>66</sup> Alberta Health Services (2014). Provincial Responsibilities and Accountabilities: AHS Continuing Care-Case Manager, Client/Family and designated supportive living site.

<sup>67</sup> InterRAI Scale Measures: Cognitive Performance Scale score. More information can be found here: <http://www.interrai.org/scales.html>

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

**Maintenance clients:** One type of home care client. These clients 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. In addition, areas immediately surrounding Calgary and Edmonton, known as commuter communities, are also included (Metro Influenced Areas).<sup>68</sup>

**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, defined as populations less than 25,000 and/or greater than 200 kilometres from a Metro or Urban centre.<sup>68</sup>

**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 score is the percentage of responses to the most favorable point on a scale.

**Urban:** Using postal code classifications, defined as major urban centres with populations of greater than 25,000 but less than 500,000. In addition, local geographic areas surrounding these urban centres are also included (Moderate Urban Influenced).<sup>68</sup>

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<sup>68</sup> Postal code classifications defined using AHS and Alberta Health's Official Standard Geographic Areas.

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210, 811 – 14 Street NW  
Calgary, Alberta, Canada T2N 2A4  
T: 403.297.8162 F: 403.297.8258  
E: [info@hqca.ca](mailto:info@hqca.ca) [www.hqca.ca](http://www.hqca.ca)