



**ALBERTA SENIORS
HOME CARE CLIENT
EXPERIENCE SURVEY**

Provincial Report

November 2019

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



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

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

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“Excellent service. It is important that I stay in my own home.”

BACKGROUND

Home care

Alberta's continuing care system provides Albertans of advanced age or disability with the healthcare, personal care, and accommodation services they need to support their daily activities, independence, and quality of life. There are three streams of continuing care tailored to the client's level of need:

1. **Home care** is provided to those able to live independently.
2. **Supportive living** is provided in a shared accommodation setting recognizing different degrees of independence.
3. **Long-term care** includes facility living such as nursing homes and auxiliary hospitals.

The **home care** stream is the focus of this report.

As of 2018-19, nearly 83,000 individual Albertans were receiving home care services compared to 73,000 clients in 2014-15.

Clients are categorized into six main groups: acute, rehabilitation, long term supportive, end-of-life, maintenance, and wellness. Each client is assigned a case manager who: assesses their needs using a standardized assessment tool, such as the Resident Assessment Instrument – Home Care (RAI-HC); develops a personalized care plan; and coordinates access and delivery of care and services as outlined in the care plan.

Home care offers two primary types of healthcare services:

- **Professional services** are typically provided by Alberta Health Services (AHS), such as nurses or therapists, and can include: (1) assessment of health status and/or medical conditions; (2)

performing treatments and procedures; and (3) rehabilitation to maximize function.

- **Personal care services** are typically provided by AHS or by service providers contracted by AHS, such as healthcare aides, and can include: (1) personal hygiene; (2) dressing; (3) toileting and incontinence management; and (4) mobilization or transferring.

Additional home care services include health promotion, home and community supports, socialization, palliative care, rehabilitation, and support for family caregivers or others who assist clients.

The Alberta Seniors Home Care Client Experience Survey

Purpose

The *2018 Alberta Seniors 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). This is the second iteration of the survey which was first conducted in 2015. The purpose of the survey was to obtain feedback, from seniors (65+ years of age) who were long term supportive and maintenance clients, to inform quality improvement efforts by identifying potential improvement opportunities and areas of success related to home care client experience across Alberta.

Importance of surveying home care clients

This report describes the current state of home care from the clients' perspective and provides home care providers and other

stakeholders with information that can be used for ongoing monitoring and quality improvement.

The information in this report is meant to support a culture of continuous quality improvement that is evidence-based. Specifically, for participating providers and facilities, this survey can be used as one source of information for *Standard 19: Quality Improvement Reporting* under the *Continuing Care Health Service Standards (CCHSS¹)*. One section of this Standard requires that operators have processes to gather client experience feedback regarding the quality of care and services provided.

It is important to note that client experience alone should not be used to assess provider performance in the absence of other information, such as client demographics (e.g., average client age); level of client need; and, other quality measures such as those derived from the RAI-HC, complaints and concerns, accreditation results, and CCHSS compliance. This report provides one possible use or interpretation of the survey findings. Stakeholders may choose to interpret the findings differently depending on their role and specific context in the home care system.

Experience of cognitively unwell clients and their informal caregivers

To capture the experiences of cognitively unwell clients, a project was conducted in parallel to the main provincial survey that explored their experiences and their informal caregivers experiences in depth.

¹ [Continuing Care Health Service Standards](https://open.alberta.ca/publications/9781460138441) located: <https://open.alberta.ca/publications/9781460138441>

SURVEY PROCESS AND METHODOLOGY

The survey instrument

Home care clients were surveyed using the *2018 Alberta Seniors Home Care Client Experience Survey*, a 56 question self-report assessment of various topics about the client's experience with home care and the services home care delivers and/or manages. The survey was first developed in 2014 by the HQCA, in collaboration with AHS and Alberta Health (AH), to assist in understanding and assessing the client experience in home care and because a provincial-level home care survey for Alberta did not exist. Slight modifications were made to the 2018 survey based on feedback from stakeholders.

Details about the survey development as well as changes from the 2015 survey can be found in **Appendix II** and **Appendix III** respectively.

Survey protocol

The survey focused on seniors who were long term supportive and maintenance clients. The primary reasons for focusing on this population was:

- ▶ The majority of home care clients are seniors (80%).
- ▶ The majority of home care clients are long term supportive and maintenance clients (72%).

Surveying this client population allows for a more focused approach in obtaining specific and actionable client experience feedback.

The HQCA mailed surveys to all eligible home care clients across Alberta from October 12, 2018 to March 15, 2019.

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

For more information, see **Appendix II**.

Analytical and reporting methods

Top box results

A “top box” approach is used to present only the most favourable response(s) for a question. In this report, the “top box/top 2 box” approach simplifies reporting, identifies areas of success, and can identify a potential goal to work towards by focusing on improving the most favourable response. Responses for each question by AHS zone can be found in **Appendix V**.

Overall client experience

Overall client experience is measured by (1) a measure that asks clients whether the home care program supports them to stay at home (Question 54), (2) the Overall Care rating (Question 51), ratings of (3) professional services (Question 31), and (4) personal care services (Question 48).

Results by survey year

Results from the 2015 survey are presented (**in grey**) alongside the 2018 results. The 2015 results are not included if the question was new to the 2018 survey or the 2018 version of the question was modified enough to potentially change question meaning.

Differences in provincial-level results across survey cycles are noted where they are statistically significant. While observed

differences across survey year may help identify opportunities for improvement or areas of success for the province, it is important to be aware that differences could be due to other factors, such as the survey population and changes to the questionnaire. As always, the information in this report should be interpreted and used with other sources of information that assess quality of home care services.

Comparison groups

Geographic location was shown to have a strong impact on the ratings of client experience of home care and differences were more apparent when classifying areas as metropolitan, urban, or rural as opposed to AHS zone. Therefore, throughout the report, results are presented by the following geographic areas:

- ▶ **Metropolitan (Metro):** The cities of Calgary and Edmonton, and areas immediately surrounding Calgary and Edmonton, known as commuter communities.
- ▶ **Urban:** Major urban centres with populations over 25,000 people but less than 500,000 and local geographic areas surrounding these urban centres.
- ▶ **Rural:** Rural centres and surrounding areas with less than 25,000 people and/or areas greater than 200 kilometres from a metro or urban centre.

Survey differences across geographic areas are noted when they are statistically significant. Question-level results by AHS zone can be found in **Appendix V**.

Drivers of client experience

To help in identifying opportunities for improvement, based on survey results and client comments, **five drivers** of client

experience were identified as strongly influencing the client's overall home care experience. Drivers were identified and ordered from strongest to weakest influence on overall client experience through a combination of survey findings and support from client comments or client comments alone:

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

The first three drivers were identified through a combination of questions asked in the survey as well as client comments, while drivers four and five emerged as areas of importance primarily through client comments. For more information, see **Appendix II**.

Treatment by home care staff

Two measures were calculated to summarize how professional and personal care staff treated clients. Each measure includes 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**.

Actions for improvement

Survey questions that (1) have strong relationships to the Overall Care Rating as a driver of client experience, and (2) have significant room for improvement based on the provincial top-box score for each survey question (i.e., the lower the score the more room for

improvement), were identified as Actions for Improvement. For more information, see **Appendix VIII**.

Open-ended feedback

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

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

In addition to the three questions above, clients were able to provide further comments they had about their home care services at the end of the survey. These additional comments provided further insights to understand clients' experiences with home care and were included in the analysis.

Of the total 6,914 respondents, **2,348** provided a comment, representing 34 per cent of all respondents.

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

Geographic differences in client experience were analyzed by the proportion of comments in each theme in each geographic area.

They are reported when meaningful differences in client comments were found. For more information, see **Appendix II**.

Experience of cognitively unwell clients and their informal caregivers

In 2018, in addition to the survey, face-to-face interviews were conducted with clients (aged 65 or older) who were cognitively unwell but able to provide their informed consent to participate in an interview (defined as a Cognitive Performance Score (CPS) of 2 or 3 – mild to moderate intact); receiving long term supportive and/or maintenance home care services; and, their informal caregivers cohabitated with them in their private home.

Two types of interviews were done. The first involved speaking with a client and their informal caregiver together about the client's experiences with home care and sought to answer four key questions:

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

The second follow-up interview took place separately with the informal caregiver about their experience of caregiving. In total, 54 face-to-face interviews were completed, 27 with clients and 29 with informal caregivers across Alberta, in both rural, urban, and metro geographic locations.

The results of cognitively well and cognitively unwell clients are combined throughout this report where they align. New insights are presented in Section 3. Detailed methodology and results of the client's perspective of the interview project can be found in **Appendix IX**.

The complete results of the caregiver experience will be available in a separate report, available on the HQCA website:

<https://hqca.ca/studies-and-reviews/>.

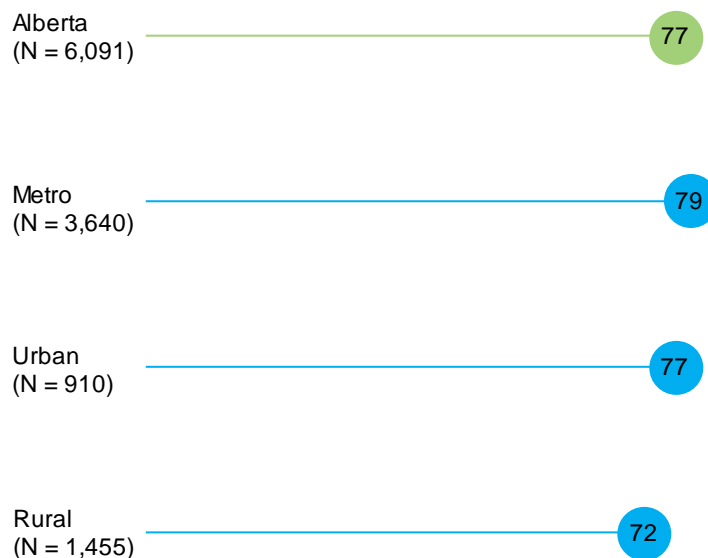
SECTION 1: OVERALL CLIENT EXPERIENCE

Does home care help clients stay at home?

An important goal of home care is to support clients to remain at home safely and independently for as long as possible (Question 54). This question was added to this iteration of the survey based on the recommendation of stakeholders.

The majority of home care clients reported that *Yes* home care helped them stay at home, however the percentage was higher in metro geographic areas compared to rural geographic areas. For results by AHS zone see **Table 5** in **Appendix V**.

% who said *Yes* home care helped them stay at home in 2018

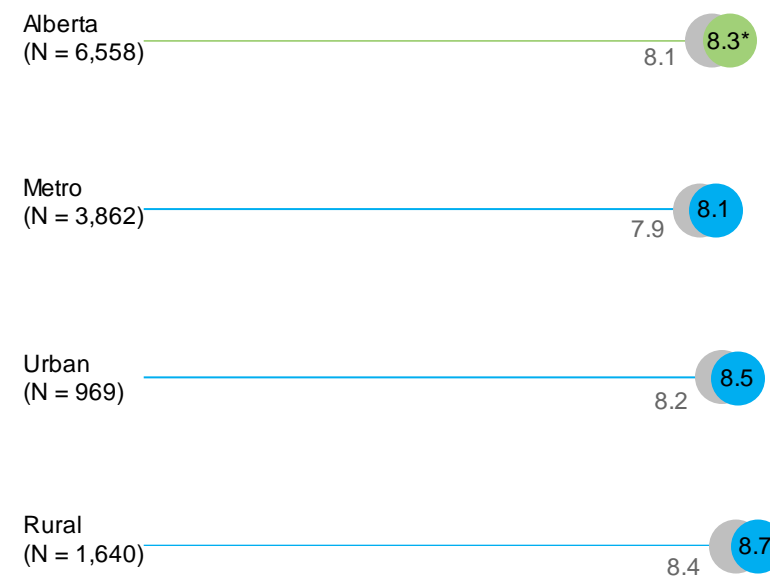


How did clients rate home care overall?

Clients rated their overall experience with home care on a scale from 0 (worst) to 10 (best) (Question 51).

On average, clients living in rural areas had more positive ratings, followed by clients in urban areas, then clients in metro areas. Provincially, clients rated their overall experience with home care services higher in 2018 at 8.3 out of 10, compared to 8.1 out of 10 in 2015. For results by AHS zone see **Table 6** in **Appendix V**.

Average Overall Care Rating (0 to 10) for 2018 (and 2015)

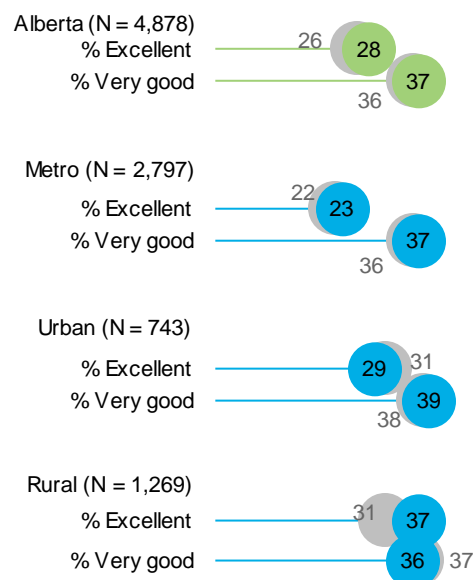


How did clients rate professional services overall?

Clients rated their overall experience with professional services on a scale from *Poor* to *Excellent* (Question 31). The top 2 box responses (*Excellent* and *Very Good*) across geographic area are presented below.

Clients living in rural areas had more positive professional services ratings, followed by clients in urban areas, then clients in metro areas. Approximately 28 per cent of clients rated their professional services as *Excellent* compared to 26 per cent in 2015. For all response categories see **Table 6** in **Appendix V**.

How did clients rate professional services overall in 2018 (and 2015)?

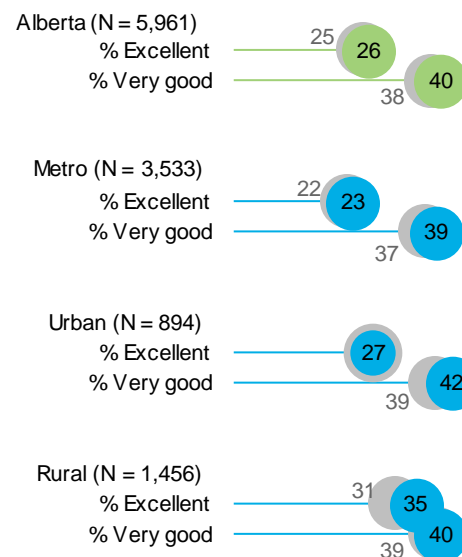


How did clients rate personal care services overall?

Clients rated their overall experience with personal care services on a scale from *Poor* to *Excellent* (Question 48). The top 2 box responses (*Excellent* and *Very Good*) across geographic area are presented below.

Overall, ratings of personal care services were similar to professional care services and the Overall Care rating in that clients living in rural areas had the highest average ratings. Approximately 26 per cent of clients rated their personal care services as *Excellent* compared to 25 per cent in 2015. For all response categories see **Table 6** in **Appendix V**.

How did clients rate personal care services overall in 2018 (and 2015)?



SECTION 2: DRIVERS OF CLIENT EXPERIENCE

Using survey findings and client comments, **five drivers** of home care client experience were identified. These drivers identify what most strongly impacts a client's overall experience of home care at the provincial level. The five drivers are presented in order of strongest to weakest influence on the ratings of overall client experience as well as their importance according to client comments:

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

Understanding the drivers of client experience can assist in prioritizing quality improvement efforts by identifying areas of success that can be leveraged and where opportunities for improvement exist.

It is important to consider the drivers as suggestions from the client's perspective and to note that client experience is one tool, among many, to understand the quality of home care services.



“Home care I receive at [my residence] is always **above and beyond my expectations**. Workers at all levels make me feel like family and they always make me **feel safe and loved**. My wish is to spend the rest of my life here because of **the wonderful care** I receive.”

Driver 1: Relational Care

Relational Care refers to how clients felt they were treated by home care staff and the interpersonal relationships they have with them.

From the client's perspective, the more positive treatment by staff, the more positive their overall experience.

What's in this section?

- ▶ Overall 0 to 100 score for *Treatment by Professional Services Staff*.
- ▶ Overall 0 to 100 score for *Treatment by Personal Care Staff*.
Note: Questions are prioritized based on the following criteria:
 - Strength of the question as a driver of overall client experience
 - Room for improvement, based on the provincial top-box score (i.e., the lower the score the more room for improvement)

Questions are presented in this order for each subsection that comprise multiple questions.

- ▶ Question 32: how clients felt about the number of personal care staff.
- ▶ A summary of themes based on client comments, with client quotes.



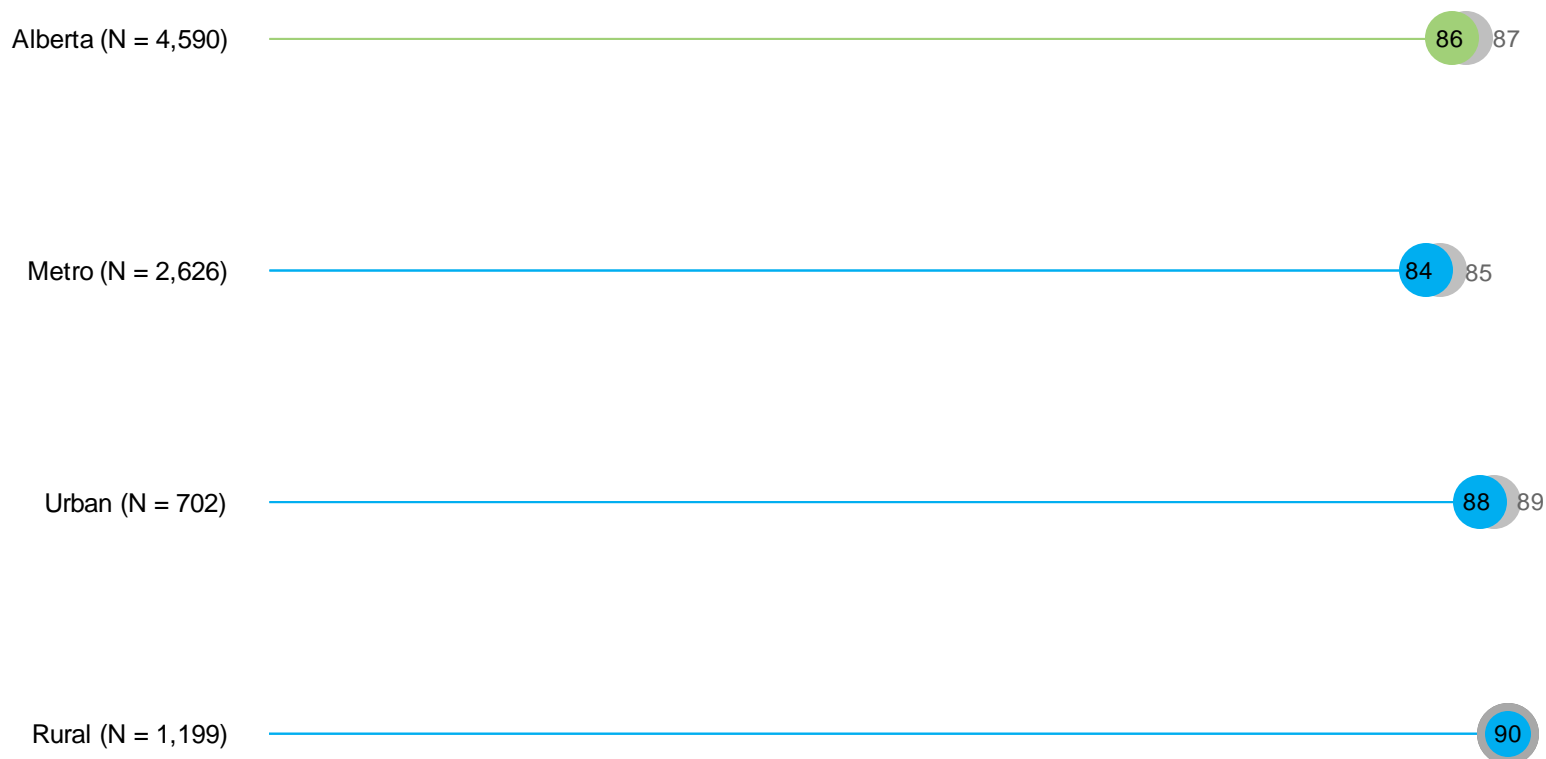
"I would prefer if **caregivers are not changed frequently**. It helps me **keep rapport** with caregivers so I do not have to explain my requirements frequently."

What are clients saying about Treatment by Professional Services Staff?

This measure combines multiple questions about how clients felt they were treated by professional services staff (Questions 23 to 29). These questions were summarized into a single score from 0 to 100, where 0 was the least positive response and 100 was the most positive response. Average scores by geographic area and year are presented.

Provincially, the Treatment by Professional Services Staff average score was 86 out of 100, compared to 87 out of 100 in 2015. Treatment by professional services staff was more positive in rural and urban areas compared to metro areas.

Treatment by professional services staff (0 to 100) for 2018 (and 2015)



Note: Where the 2018 and 2015 numbers are the same, only one number is shown.

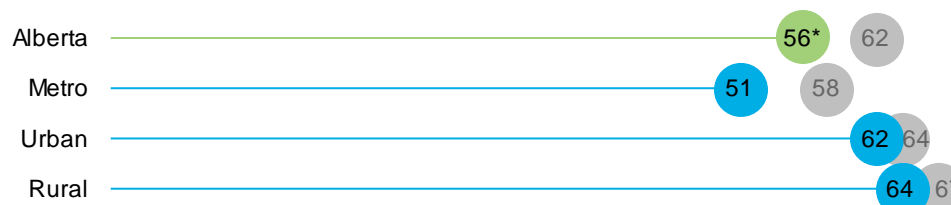
What questions make up the score for Treatment by Professional Services Staff? – *continued*

Questions 23 to 29 make up the score for Treatment by Professional Services Staff. The top box response for each question is reported by geographic area and year. For question-level results by AHS zone see **Table 12** in **Appendix V**.

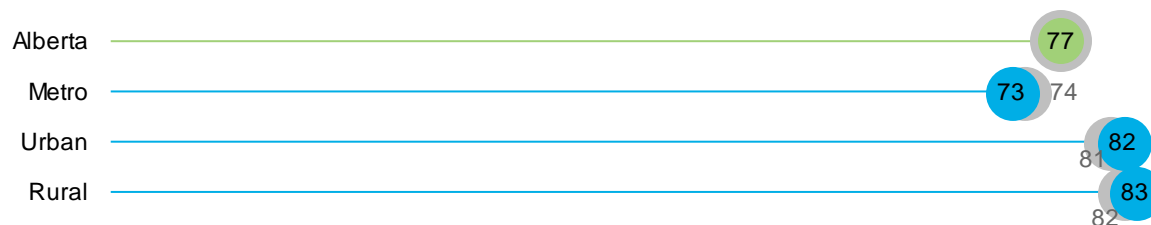
In the last 6 months...

% Yes in 2018 (and 2015)

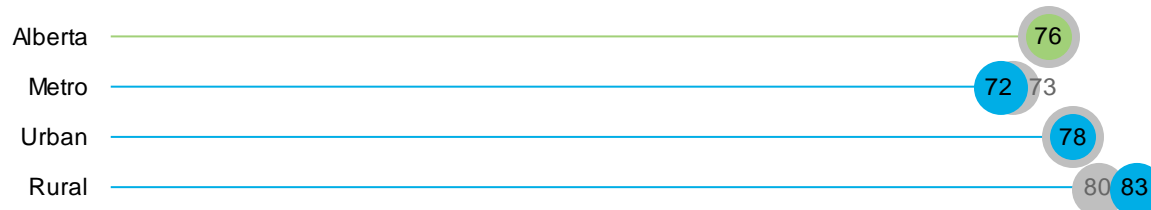
Q27: my professional home care staff gave me choices about how care was provided.
(N = 4,208)



Q28: my professional home care staff listened carefully to my wishes and needs.
(N = 4,571)



Q24: my professional home care staff knew what kind of care I needed and how to provide it.
(N = 4,645)



*Indicates a statistically significant difference at $p < 0.01$. Note: Where the 2018 and 2015 numbers are the same, only one number is shown.

What questions make up the score for Treatment by Professional Services Staff? – *continued*

In the last 6 months...

% Yes in 2018 (and 2015)



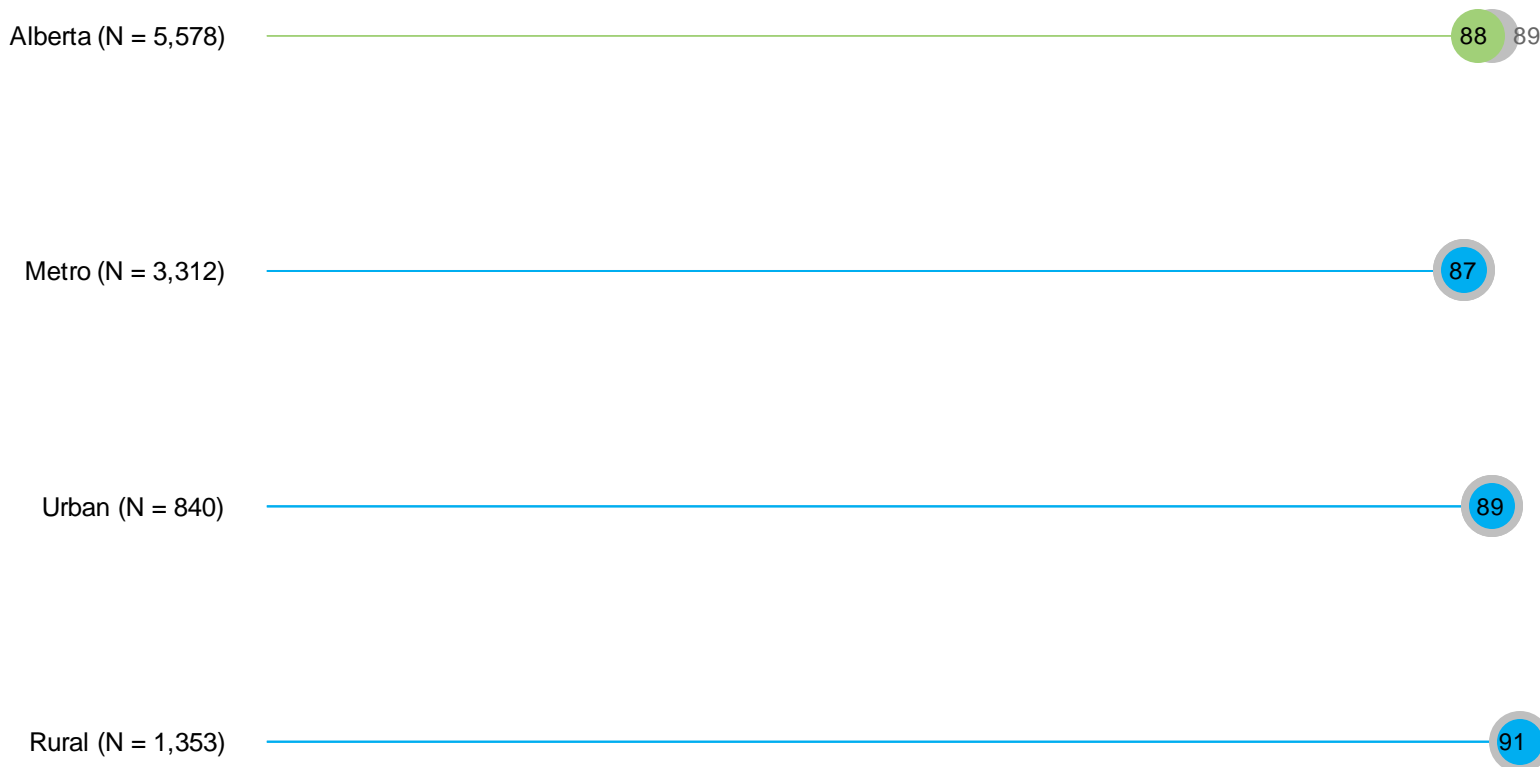
Note: Where the 2018 and 2015 numbers are the same, only one number is shown.

What are clients saying about Treatment by Personal Care Services Staff?

This measure combines multiple questions about how clients felt they were treated by personal care staff (Questions 38 to 46). These questions were summarized into a single score from 0 to 100, where 0 was the least positive response and 100 was the most positive response. Average scores by geographic area and year are presented.

Provincially, the Treatment by Personal Care Services Staff average score was 88 out of 100, compared to 89 out of 100 in 2015. Treatment by personal care services staff was most positive in rural areas followed by urban areas then metro areas.

Treatment by personal care services staff (0 to 100) for 2018 (and 2015)



Note: Where the 2018 and 2015 numbers are the same, only one number is shown.

What questions make up the score for Treatment by Personal Care Services Staff? – *continued*

Questions 38 to 46 make up the score for Treatment by Personal Care Services Staff. The top box response for each question is reported by geographic area and year. For question-level results by AHS zone see **Table 15** in **Appendix V**.



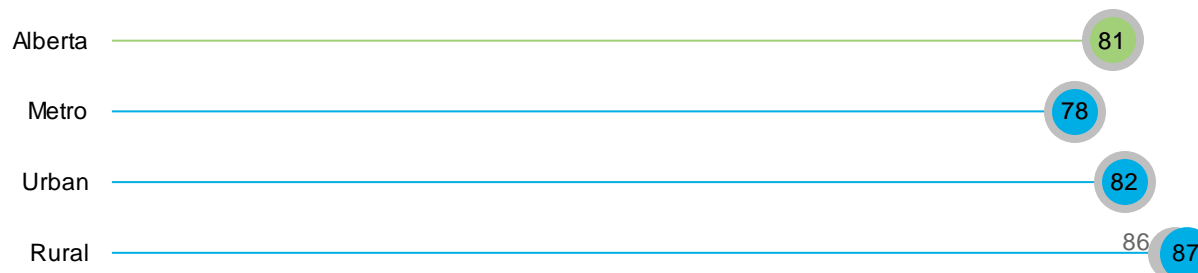
Note: Where the 2018 and 2015 numbers are the same, only one number is shown.

What questions make up the score for Treatment by Personal Care Services Staff? – *continued*

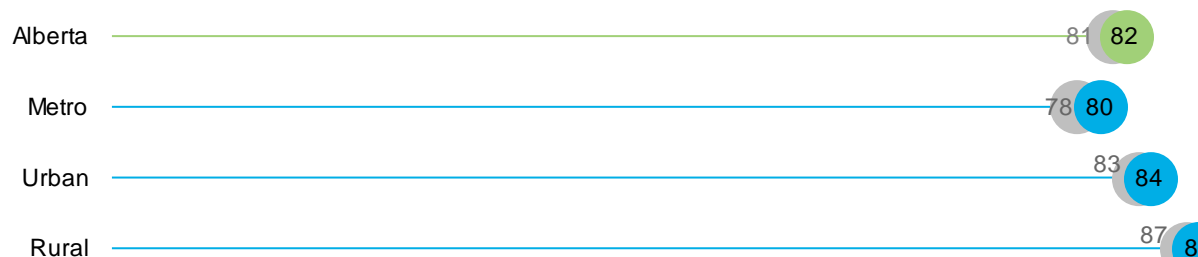
In the last 6 months...

% Yes in 2018 (and 2015)

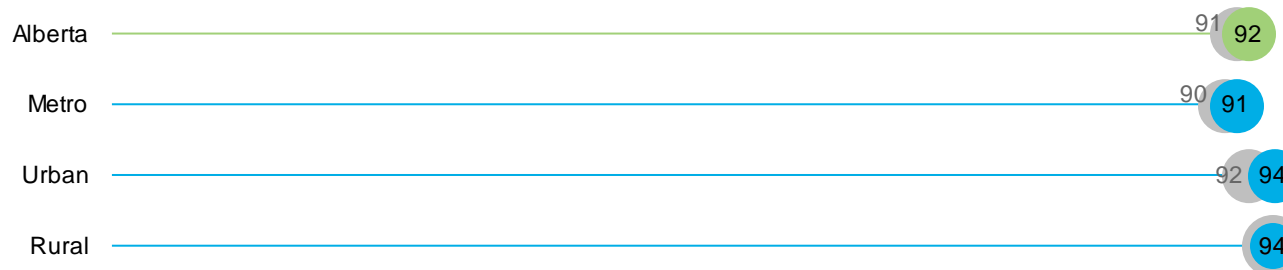
Q39: personal care staff knew what kind of care I needed and how to provide it.
(N = 5,802)



Q44: personal care staff explained things in a way that was easy to understand.
(N = 5,569)



Q45: personal care staff treated me as gently as possible when providing care.
(N = 5,857)



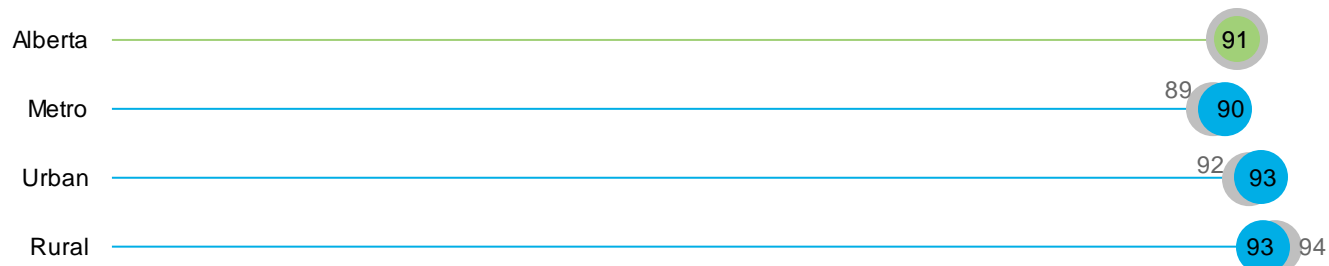
Note: Where the 2018 and 2015 numbers are the same, only one number is shown.

What questions make up the score for Treatment by Personal Care Services Staff? – *continued*

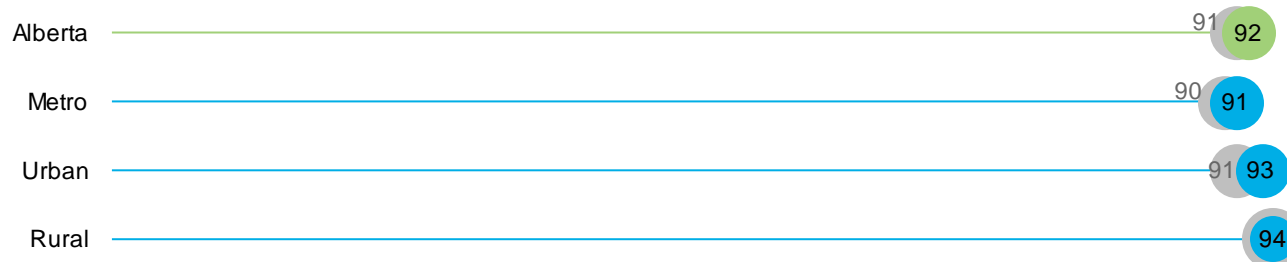
In the last 6 months...

% Yes in 2018 (and 2015)

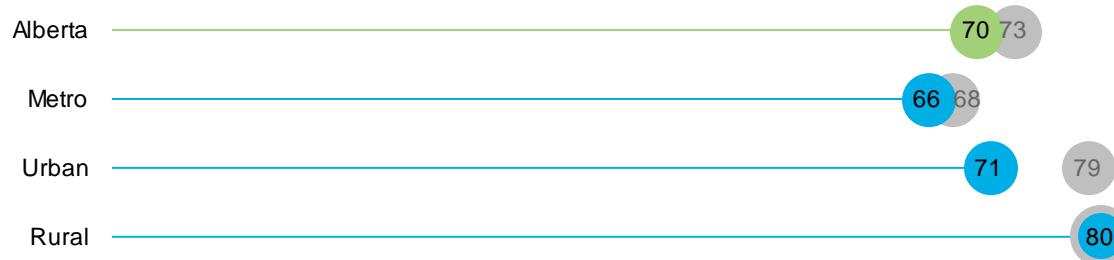
Q40: personal care staff treated me with kindness even during difficult or embarrassing tasks.
(N = 5,764)



Q46: personal care staff made me feel safe and that my belongings were safe.
(N = 5,650)



Q42: personal care staff encouraged me to do things for myself if I could.
(N = 5,439)



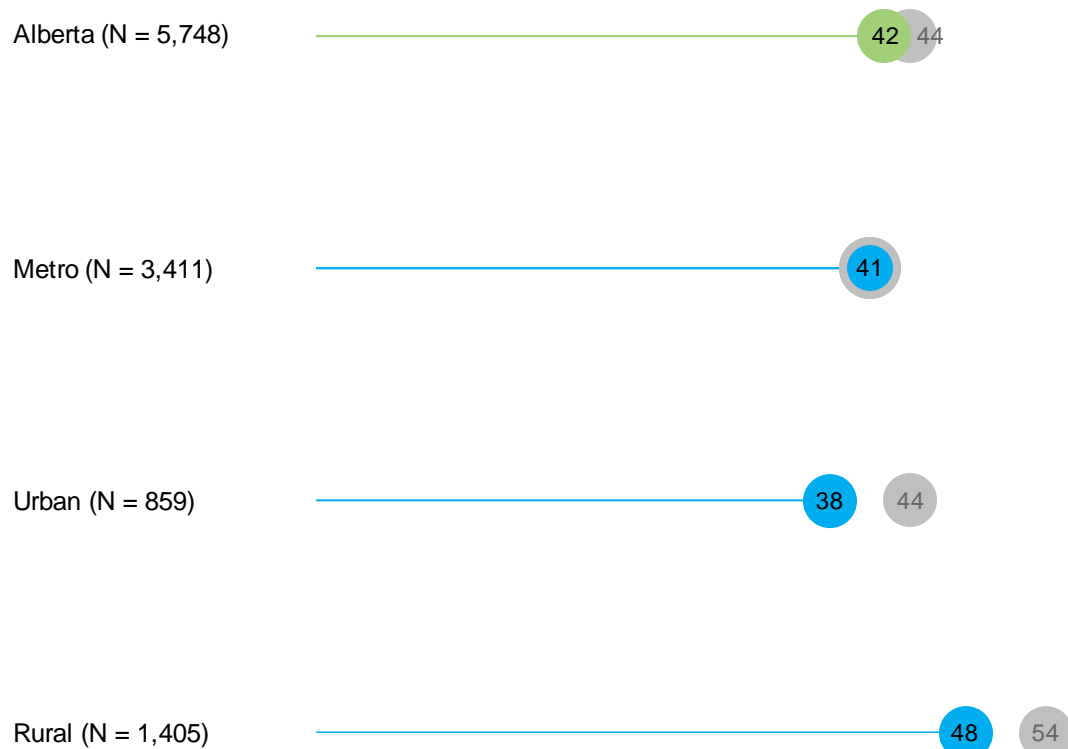
Note: Where the 2018 and 2015 numbers are the same, only one number is shown.

How did clients feel about the number of different personal care staff they had?

Clients were asked how they felt about the number of different personal care staff they had (Question 32). The top box response is reported below by geographic area and year.

Provincially, 42 per cent of clients reported they were “Very happy with the number of different personal care staff” they had compared to 44 per cent in 2015. The percentage in 2018 was highest in rural areas compared to both urban and metro areas. For results by AHS zone see **Table 13** in **Appendix V**.

% very happy with number of different personal care staff in 2018 (and 2015)



Note: Where the 2018 and 2015 numbers are the same, only one number is shown.

Open-ended feedback: What are clients saying about Relational Care?

How clients felt they were treated by home care staff was the strongest driver of overall client experience. Client comments to *'Do you have any concerns about your Home Care Professional Services' or '...Personal Care Services?'* provided insights into how they are and would like to be treated, as well as what aspects of their relationships with staff contribute to a more or less positive experience with home care. These aspects are summarized below as key elements of Relational Care and are followed by additional details about Relational Care presented as themes.

Key elements of Relational Care from the client's perspective²:

- ★ Encourage staff to be kind, caring, patient, and gentle when delivering care.
- ★ Encourage staff to bring a positive attitude to the work, take a personal interest in clients' lives, and engage them in conversation.
- ★ Encourage staff to listen to client and family wishes and needs in a kind, courteous, and respectful manner.
- ★ Provide opportunities for staff to improve their care delivery skills with medication, wound care, bathing and drying, lifting the client, and compression socks.
- ★ Respect client's desire for independence and support accordingly, while remaining flexible and willing to offer extra help when needed.
- ★ Encourage staff to inform clients of what they are doing before they do it.
- ★ Provide opportunities for new or replacement staff to be better informed about client needs.

"Every healthcare worker has been so caring and helps me to understand what I should be doing to help me to regain my health."

"I hope that they don't change the caregiver. When I get comfortable with one caregiver they change her and send a new one, then I have to start all over again."

² Includes perspectives of both cognitively well and unwell clients.

Open-ended feedback: What are clients saying about Relational Care – *continued*

The following pages provide additional details about Relational Care presented as themes identified from qualitative analysis.

Personal interaction

Clients felt more comfortable with staff and their care when **staff were considerate and communicative, and treated clients as a person with dignity and respect.**

When staff appeared to be rude and disrespectful, lazy or were on their cellphones, clients felt their care and wellbeing was not a priority. This contributed to negative experiences in general.

Clients said they valued when staff listened to their needs, questions, and suggestions as it positively impacted their relationship and how their care was provided.

Clients wanted their interactions with home care staff to be friendly and personable so that it fostered meaningful and trustful relationships.

Clients in rural areas more often expressed their positive experiences with staff who are friendly, caring, respectful, and attentive, while metro and urban clients expressed more mixed experiences.

“[Home care] workers at all levels make me feel like family and they always make me feel safe and loved.”

“My home care nurse [name] is very kind and listens to me and is very patient and understanding.”

Open-ended feedback: What are clients saying about Relational Care – *continued*

Continuity of staff

Clients felt it was important to have the **same home care staff on a regular basis** to form trusting relationships built on familiarity with their needs and care routine.

When clients had different staff often it was hard for them to adjust, as staff were not knowledgeable about their care. Clients said this made them feel embarrassed and not safe.

Clients said they constantly had to explain and teach different staff how to provide their care, which contributed to their dissatisfaction.

Urban clients more often expressed concerns with consistency of home care staff.

“I like to keep the same people helping me. It's more comfortable and safe.”

Knowledge of needs

Clients felt more positive about their experience when staff were **professional, knowledgeable about and attentive towards their needs, and knew how to provide them with care.**

Clients said a lack of adequate knowledge related to how to perform their care negatively impacted their experience. They felt frustrated when they needed to provide staff with training when receiving care.

Clients stated the need for training most when staff was inconsistent and unfamiliar with their care plan.

As a result, clients felt staff could improve their care provision skills.

Clients in urban areas expressed additional knowledge and training needs for staff.

“The good ones are not there on a daily basis and the others, we constantly have to go over what they are supposed to do when they come.”

Driver 2: Client Needs and Expectations

This driver refers to the degree to which clients felt their service needs were met, which includes what services clients said they needed but did not get.

Clients felt less positive about their overall experience when their needs were not met to their expectations or they had unmet service needs including services that may be beyond their care plan or the scope of home care.

What's in this section?

- ▶ Professional service needs (Questions 14 to 22)
- ▶ Personal service needs (Questions 33 to 37)

Note: Questions are prioritized based on the following criteria:

- Strength of the question as a driver of overall client experience
- Room for improvement, based on the provincial top-box score (i.e., the lower the score the more room for improvement)

Questions are presented in this order for each subsection that comprise multiple questions.

- ▶ Question 49: services clients felt they needed but didn't get.
 - To help prioritize improvements the top areas of need from client comments are presented from the greatest need to least.
- ▶ Question 50: did case managers help clients get these other services.



“Housekeeping, grocery, yard maintenance, etc. are not provided in the care plan, and I **depend on family and private agencies**. Professional agencies are paid by me.”

What are clients saying about Professional Service needs?

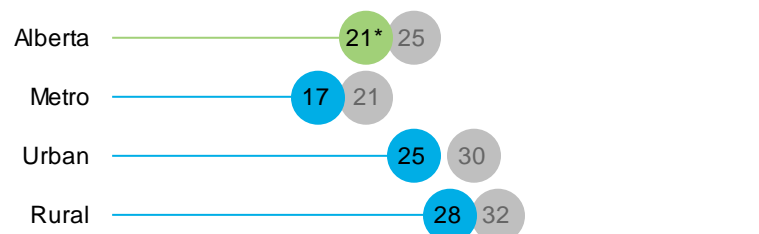
Questions 14 to 22 relate to whether clients felt their professional service needs were met, including their medication-related needs. The top box response is reported by geographic area and survey year below.

Provincially, the percentage of needs being met was lower in 2018 than in 2015 for two of the three questions presented below. For question-level results by AHS zone see **Table 10** in **Appendix V**.

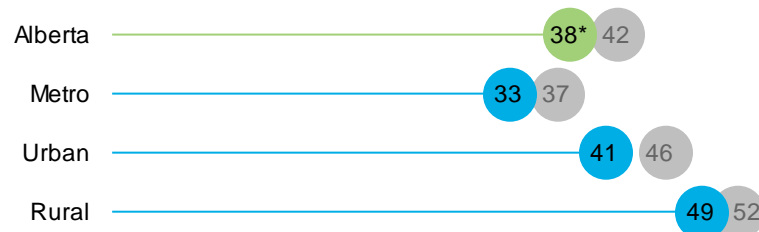
In the last 6 months...

% Yes needs were met in 2018 (and 2015)

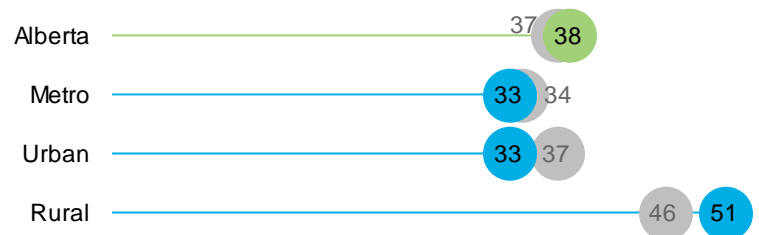
Q21: professional home care staff talked with me about the side effects of my medications.
(N = 3,385)



Q19: professional home care staff talked with me about the purpose of my medications.
(N = 3,355)



Q22: professional home care staff talked with me about when to take my medications.
(N = 3,012)

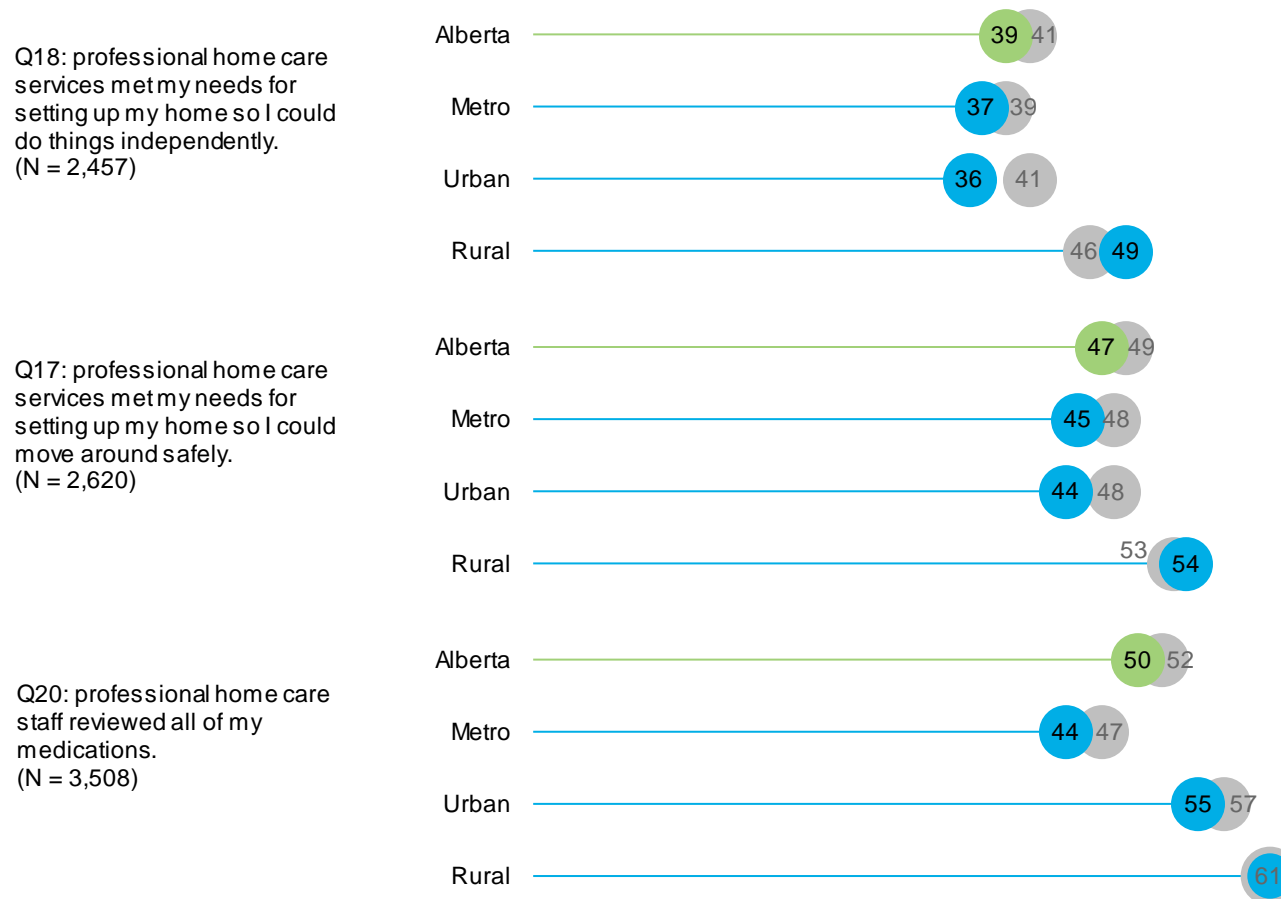


*Indicates a statistically significant difference at $p < 0.01$

What are clients saying about Professional Service needs? – *continued*

In the last 6 months...

% 'Yes' needs were met in 2018 (and 2015)



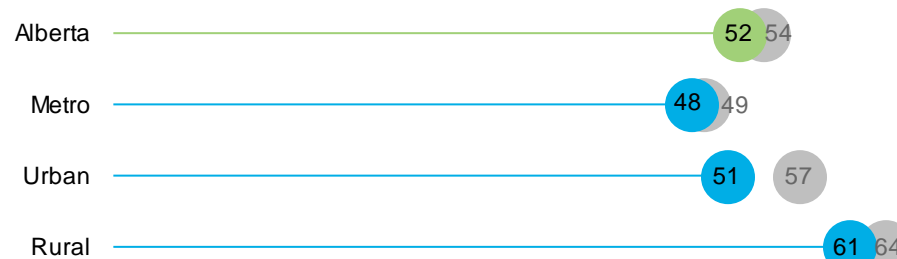
Note: Where the 2018 and 2015 numbers are the same, only one number is shown.

What are clients saying about Professional Service needs? – *continued*

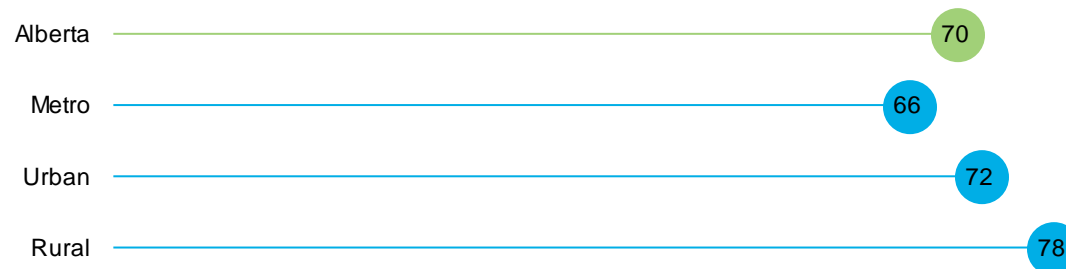
In the last 6 months...

% 'Yes' needs were met in 2018 (and 2015)

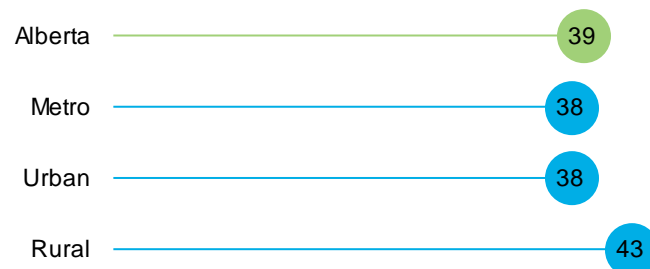
Q14: professional home care services met my needs for managing my pain.
(N = 3,135)



Q15: professional home care services met my needs for help with medical procedures (like wound care).
(N = 3,080)



Q16: professional home care services met my needs for help with therapy (like physiotherapy).
(N = 2,618)



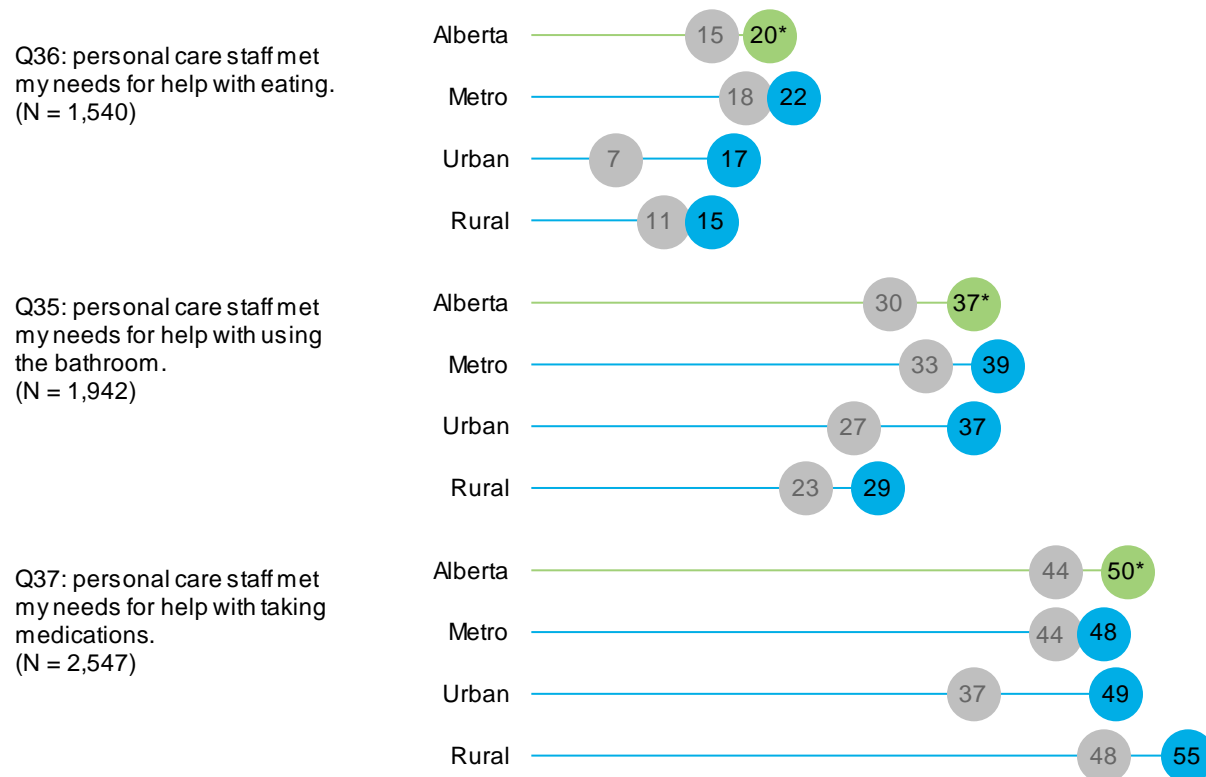
Note: No comparisons by survey year are presented for Question 15 and 16 due to questionnaire changes making them incomparable.

What are clients saying about Personal Care Service needs?

Questions 33 to 37 relate to whether clients felt their personal care service needs were being met. The top box response is reported by geographic area and survey year below. All percentages of needs being met were lower in 2015 than in 2018 with the exception of Question 33. For question-level results by AHS zone see **Table 13** in **Appendix V**.

In the last 6 months...

% Yes needs were met in 2018 (and 2015)



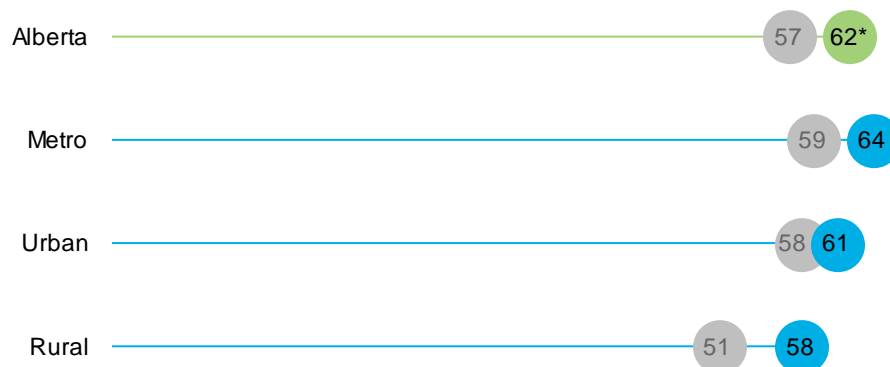
*Indicates a statistically significant difference at $p < 0.01$

What are clients saying about Personal Care Service needs? – *continued*

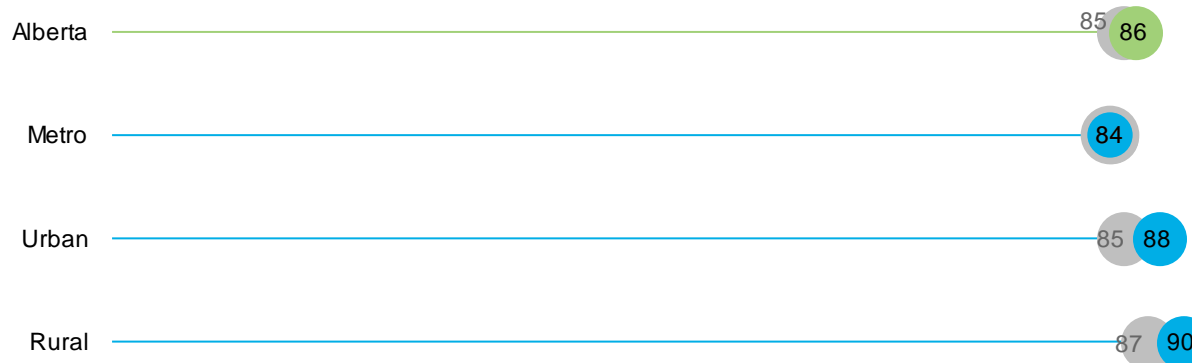
In the last 6 months...

% Yes needs were met in 2018 (and 2015)

Q34: personal care staff met my needs for help with getting dressed.
(N = 3,510)



Q33: personal care staff met my needs for help with showering or bathing.
(N = 4,976)



*Indicates a statistically significant difference at $p < 0.01$

What are clients saying about their unmet service needs?

In addition to meeting clients' needs for services currently provided by home care, it is important to know about clients unmet needs regardless of whether they are within the scope of home care or included in their care plan. Clients were asked if there was any other service they felt they needed but didn't get (Question 49), and whether their case manager helped them get these services (Question 50). Due to changes to these two survey questions in 2018, the 2015 results cannot be compared and are not presented here. All response categories for 2018 can be found in **Table 7 in Appendix V**.

Q49: 'In the last year, was there any service of any kind that you felt you needed but didn't get?'

19% yes
Alberta (N = 6,303)

22% yes
Metro (N = 3,717)

14% yes
Urban (N = 931)

14% yes
Rural (N = 1,569)

% Yes client was helped by case manager to get the service (Q50 in 2018)

Alberta
(N = 849)



Metro
(N = 591)



Urban
(N = 96)



Rural
(N = 149)



There were a number of clients who indicated that they did not have an unmet service need yet still indicated whether their case manager helped them get these other types of services. These clients may be referring to their case manager helping them get other types of services in general. When these clients are included, the percentage helped by their case manager to get services was higher than the percentages shown above.

Open-ended feedback: What are the top 5 unmet service needs?

To get a complete picture of client experience it is important to know what clients' unmet needs are, or the other services clients felt they needed but were not currently getting. Clients that expressed unmet service needs in Question 49 were able to provide a comment. The five unmet service needs mentioned most by clients are presented below.

What cognitively well clients said their top five unmet service needs are

1. **Housekeeping** like cleaning the bathroom, bedroom, and kitchen; dusting; vacuuming or sweeping and washing the floors, dishes and windows; changing and making the bed; and taking out the garbage.
2. **Grounds keeping** like yard work, cutting the grass, gardening; raking and packing leaves; snow removal from sidewalks, driveways, walkways, and steps.
3. **Grocery assistance** like delivering, picking up, carrying, and putting away groceries, as well as going with clients to get groceries.
4. **Bathing** like helping the client fully bathe in a shower, tub, or sponge bath, and providing additional bathing day options, preferably more than once per week.
5. **Therapies** like more access to, or more time with, physiotherapy, massage therapy, and exercise therapy in the client's home on a regular basis.

"Housekeeping that used to be given to me, but I don't get these services and I can't pay for them."

"Snow removal services, outdoor yard work help in summer."

"I would love to be able to have physical therapy or massage help for my pain."

Open-ended feedback: What else are clients saying about their unmet service needs

The following pages provide additional details about areas of need presented as themes identified from qualitative analysis.

Household help

Clients felt **more help with housekeeping** like cleaning floors, bathrooms, and bedrooms, would allow them to retain independence and remain at home.

While clients frequently said family or friends provided assistance with household tasks, many said barriers were paid private support, being unaware of available services, or being denied assistance by home care.

Clients in urban areas more often expressed a need for help with housekeeping.

What household help did clients feel they needed?

- ▶ Grounds keeping e.g., yard work and snow removal
- ▶ Grocery assistance e.g., pick-up and delivery
- ▶ Laundry e.g., wash, fold, and put away clothing
- ▶ General shopping for personal or medicinal items

“It would also be helpful to have services for things such as grocery shopping.”

Personal care

Clients desired **more frequent, thorough, and unrushed bathing** to help them feel clean, supported, and safe.

Many clients felt their current bathing service was not enough to meet their needs. When they asked home care for an additional bath or shower many were not approved.

For personal care, like bathing, clients said they would be more comfortable if staff were consistent and their preferred gender.

Clients in metro areas more often requested an increase in the frequency of bathing.

What other help did clients feel they needed?

- ▶ Meal preparation and cooking
- ▶ Cutting finger and toe nails on a regular basis
- ▶ Cutting and styling hair
- ▶ Shaving
- ▶ Dressing

“They want to give me only one shower per week. That is unacceptable. Personal hygiene and hair shampoo is needed at least twice weekly.”

Open-ended feedback: What else are clients saying about their unmet service needs – *continued*

Professional care

Clients said they needed improved **access to, or more time with, physiotherapy and massage therapy**.

Clients felt these services would improve their wellbeing by reducing pain and muscle soreness, and improving circulation and management of their medical conditions.

Clients felt ease of accessing services through timely assessments, shorter wait times, and in-home visits would be beneficial.

Urban and metro clients expressed the greatest need for physiotherapy and massage therapy.

What other services did clients feel they needed?

- ▶ Medication pick-up and delivery
- ▶ Giving medication consistently and accurately
- ▶ Mobility and general exercise, like walking
- ▶ Foot care
- ▶ Wound care

“Exercise and physiotherapy in my home on a regular basis (minimum weekly) much like I have a weekly bath.”

Transport

Clients expressed the need for **reliable, convenient, and affordable transportation to get to and from medical appointments**.

Clients said they relied on family or friends to drive them and used, or were in need of, taxi or bus services.

Related to taxi and bus services, clients often reported that these options were unaffordable, unreliable, and did not always accommodate clients who used wheelchairs or walkers.

Rural clients expressed the greatest need for accessible and affordable transportation to and from medical appointments.

What other places did clients need transportation to?

- ▶ Grocery store
- ▶ Community activities
- ▶ Personal shopping

“The only other service I need is a transportation service to medical appointments.”

Open-ended feedback: What else are clients saying about their unmet service needs – *continue*

Equipment and supplies

Clients felt they needed improved **access to and maintenance of equipment and supplies**.

Clients said more timely assessments, ordering, and delivery of items would be helpful, as well as more help from staff to get, clean, or repair needed equipment or supplies.

Clients wanted to be kept informed about the status of their request or order, with financial assistance to cover the cost of these services.

Rural clients more often requested safety equipment, mobility aids, and medical supplies compared to metro and urban clients.

What equipment or supplies did clients say they need?

- ▶ Walkers and wheelchairs
- ▶ Oxygen, catheters, and compression stockings
- ▶ Toilet and bath seats
- ▶ Safety railings, grab bars, ramps, and stair lifts

“My [mobility device] needs cleaning and fixing. I told my case manager and [they] gave me the phone number for a service...I need help to make the arrangements...and I need help to pay for that.”

Driver 3: Care Planning and Case Management

Care planning is defined as how the case manager assesses each client and creates an individual care plan, while case management refers to managing and coordinating the delivery of client care.

Clients stated that available and responsive case managers who follow up regularly are crucial to identify, obtain, and receive consistent home care services they need to stay at home.

What's in this section?

- ▶ Questions 1 and 6: If clients know their case manager and if they had just one case manager.
- ▶ Questions 2 to 5: Questions related to case management.
- ▶ Questions 7 to 13: Questions related to care planning and care meetings

Note: Questions are prioritized based on the following criteria:

- Strength of the question as a driver of overall client experience
- Room for improvement, based on the provincial top-box score (i.e., the lower the score the more room for improvement)

Questions are presented in this order for each subsection that comprise multiple questions.

- ▶ A summary of themes based on client comments, with client quotes.



“I would like to know who my case manager is. I would like to know who to call if my services need to be increased.”

What are clients saying about case management?

New to the 2018 survey, clients were asked whether they know their case manager (Question 1). As in the 2015 survey, clients were also asked how many different case managers they had in the last year (Question 6).

While the majority of clients know their case manager, this percentage was higher in metro areas compared to both urban and rural areas. The majority of clients had just one case manager in the last year, however this percentage was lowest in urban areas. Overall, the percentage of clients who had just one case manager was 63 per cent in 2018 compared to 65 per cent in 2015.

For results by AHS zone see **Table 7** in **Appendix V**.

% Yes they know their case manager in 2018

Alberta
(N = 6,601) 82

Metro
(N = 3,899) 84

Urban
(N = 984) 81

Rural
(N = 1,630) 78

% who had just one case manager in 2018 (and 2015)

Alberta (N = 5,397) 63 65

Metro (N = 3,267) 64 65

Urban (N = 773) 57 65

Rural (N = 1,282) 64 65

What are clients saying about case management? – *continued*

Questions 2 to 5 relate to case management. The top box response category by geographic area for each question is presented below. For question-level results by AHS zone see **Table 7 in Appendix V**.



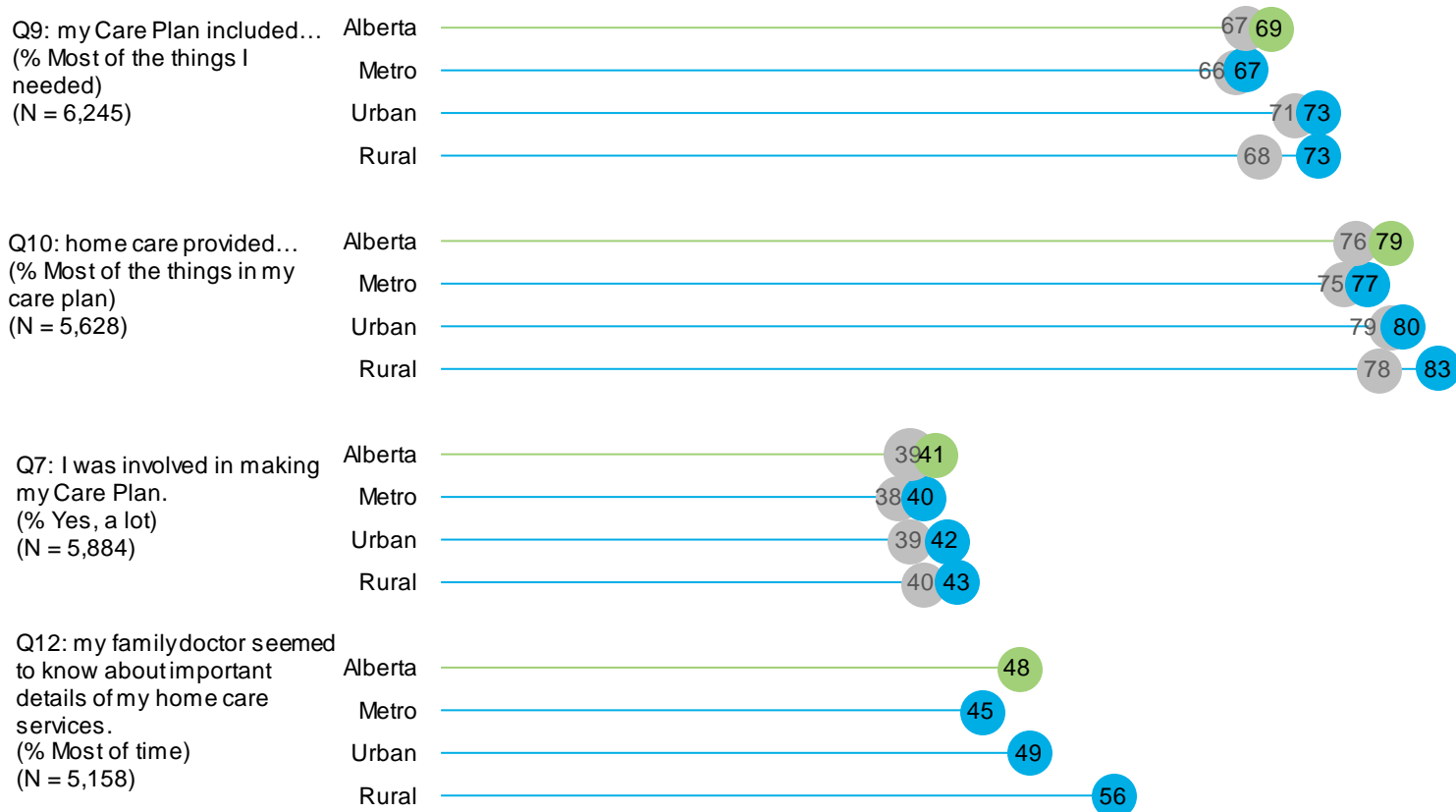
Note: No comparisons by survey year are presented due to questionnaire changes making them incomparable.

What are clients saying about care planning and care meetings?

Questions 7 to 13 relate to care planning and care meetings. The top box response category by geographic area for each question is presented below. Generally, the results were higher for 2018 compared to 2015. For question-level results by AHS zone see **Table 9** in **Appendix V**.

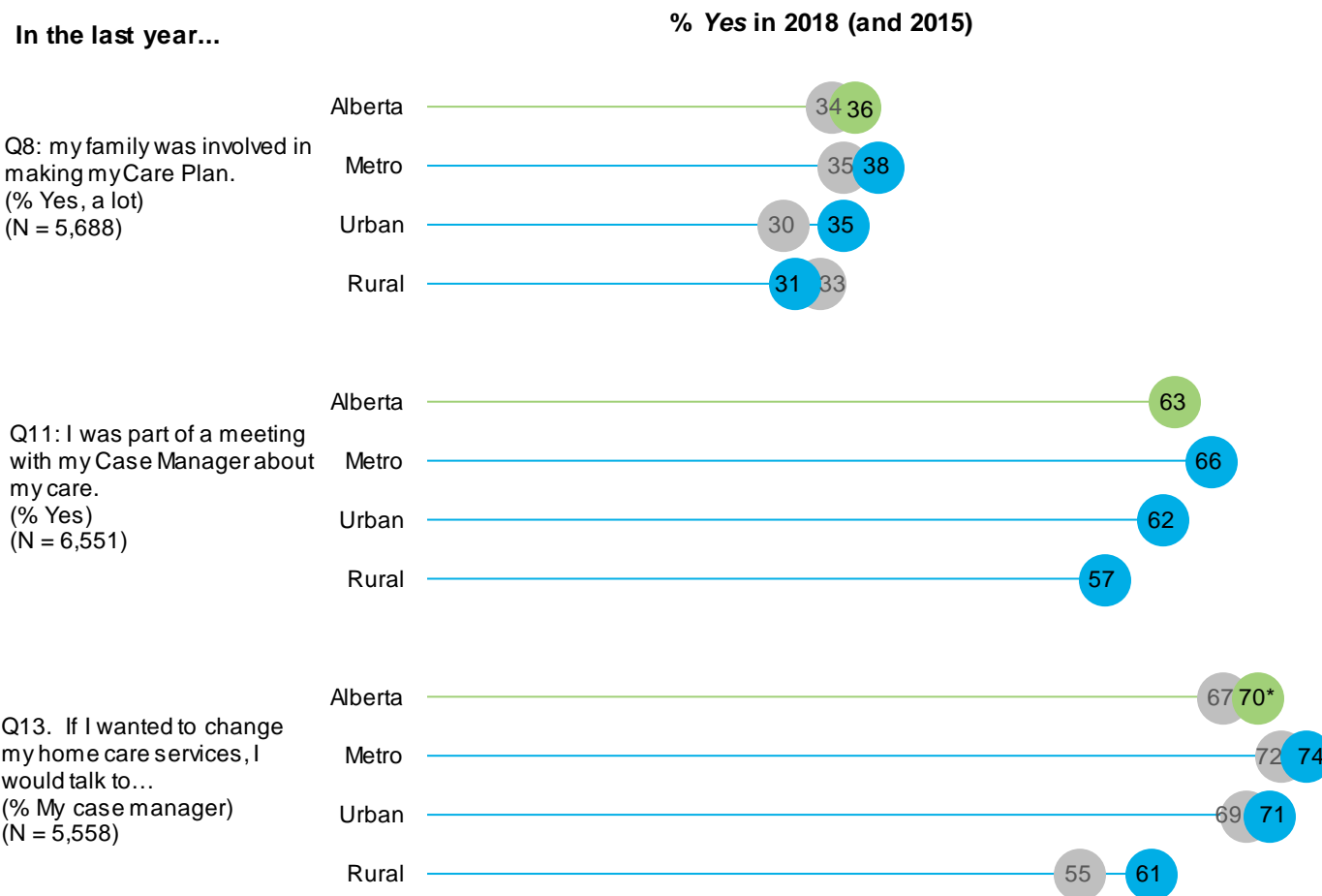
In the last 6 months...

% Yes in 2018 (and 2015)



Note: Different response categories are presented in 2018 for Q12, therefore the 2015 results are not presented here.

What are clients saying about care planning and care meetings? – *continued*



*Indicates a statistically significant difference at $p < 0.01$. Note: Different response categories are presented in 2018 for Q11, therefore the 2015 results are not presented here.

What are clients saying about getting help with equipment?

Questions 52 and 53 relate to the case manager helping to acquire or get repair services for equipment, such as wheelchairs or walkers, among those respondents who asked their case manager for help.

More clients in rural areas asked their case manager for help with equipment compared to both urban and metro areas. For those who did require help with equipment, the majority were helped by their case managers. For results by AHS zone see **Table 7** in **Appendix V**.

% Yes asked case manager for help with equipment in 2018

Alberta
(N = 6,369) 36

Metro
(N = 3,759) 35

Urban
(N = 939) 32

Rural
(N = 1,585) 40

% Yes case manager helped with equipment in 2018

Alberta
(N = 2,172) 83

Metro
(N = 1,259) 82

Urban
(N = 286) 86

Rural
(N = 597) 84

Open-ended feedback: What are clients saying about Case Management and Care Planning?

Client comments to *'Do you have any concerns about your Home Care Professional Services'* or *'...Personal Care Services?'* provided insights into what aspects of case management and care planning contribute to a more or less positive experience with home care. These aspects are summarized below as key elements of Case Management and Care Planning and are followed by additional details about Case Management and Care Planning presented as themes.

Key elements of Case Management and Care Planning from the client's perspective³:

- ★ Involve clients in care planning and getting their needs addressed.
- ★ Encourage all staff to read and be informed about the client's care plan and provide care as outlined and in the same way.
- ★ Proactively managing expectations regarding what home care can and cannot do to meet clients' needs at home.
- ★ Easy communication with a case manager which entails:
 - Introducing themselves so clients know who they are
 - Availability by phone within 24 hours
 - Openness to discussing increased care needs beyond the annually scheduled assessment
 - Regularly checking-in with clients to discuss their health and care
 - Seeking to resolve concerns in a timely manner
 - Provide regular assessments and more often than annually if needed

"Not all staff give the same level of care. Some are thorough and do everything on the care plan. Some only do some of the things and don't do them well. Some do everything, but none of them well."

"I want my case manager to visit me once a month to discuss my overall health needs please. And to call me before they come."

³ Includes perspectives of both cognitively well and unwell clients.

Open-ended feedback: What are clients saying about Case Management and Care Planning?

The following pages provide additional details about Case Management and Care Planning presented as themes identified from qualitative analysis.

Care plan and consistent delivery of care

Clients felt they **did not receive consistent care**, as staff did not always provide the care required on their care plan or services were provided differently across home care staff.

Clients said that although their needs were outlined in their care plan, home care staff were unaware of the details, especially with new or non-regular staff.

Clients felt more regular assessments by their case manager would be beneficial.

Urban clients spoke more often about issues related to their care plan.

“It would be better to check the care plans before all the questions.”

Case managers

Clients desired **improved availability of, and more frequent and responsive communication with**, their case manager in order to help them identify, discuss, and obtain services they need to live at home.

When a client’s case manager was not available to speak with, did not return their calls, or disagreed on their care needs it negatively affected their experience. In some cases, clients were not aware of who their case manager was.

Infrequent visits, a lack of follow through on care requests, or requests not being approved impacted their ability to get all the services they needed.

Clients liked when their case manager listened to them, helped them get services in a timely manner, and followed up to ensure their needs were met.

“I require more care. Can't reach the case manager as they are never available. Unsure who the new one is.”

Driver 4: Scheduling

Scheduling refers to the availability, punctuality, and attendance of home care staff, and also client perception of how much time staff is given to provide care. It also includes communication about scheduling such as arrival times, delays, or changes to visits.

Scheduling was discussed by a large proportion of clients who were receiving both professional and personal care services clients. This driver was informed by open-ended feedback, and not survey questions. Clients expressed a high level of frustration and uncertainty with scheduling that consequently negatively impacted their daily lives, the care received, and thus their overall experience.

Clients felt it is important staff arrive for their scheduled visits, communicate delays and changes in a timely manner, and provide unrushed and complete care in the expected amount of time.

When clients felt staff informed them of schedule changes they had more positive overall home care experiences.

What's in this section?

- A summary of themes based on client comments



“Home care does not let me know when they are coming and they do not let me know when they cannot come.”

Open-ended feedback: What are clients saying about Scheduling?

Client comments to *'Do you have any concerns about your Home Care Professional Services' or '...Personal Care Services?'* provided insights into client scheduling needs and preferences for professional and personal care services and highlighted what aspects contribute to a more or less positive experience with home care. These aspects are summarized below as key elements of Scheduling and are followed by additional details about Scheduling presented as themes.

Key elements of Scheduling from the client's perspective⁴:

- ★ Provide opportunities to enhance staffs' ability to be reliable and punctual for their visits.
- ★ Enhance consistency of scheduling so that clients can expect staff to arrive within a particular timeframe on particular days of the week.
- ★ Consider client needs and preferences for specific visit times when scheduling appointments.
- ★ Improve processes to better communicate to clients when staff will arrive, notifying if there are delays or changes, and who will be coming to their home within 24 hours.
- ★ Enhance flexibility in that appointments can be rescheduled as needed.
- ★ Consider the ways staff could be better informed, in a timely manner, about clients' requests to change or cancel their visits.
- ★ Provide opportunities for staff to schedule enough time, such as with driving and buffer time between clients, to ensure care is unrushed and clients' needs are appropriately and safely met.

"They change the times for my services frequently and without asking or letting me know about changes. This makes it very hard for me to schedule appointments and to be ready when they arrive."

"Not enough time given for travel which comes out of my allotted time. This should be given by company."

⁴ Includes perspectives of both cognitively well and unwell clients.

Open-ended feedback: What are clients saying about Scheduling? – *continued*

The following pages provide additional details about Scheduling presented as themes identified from qualitative analysis.

Attending client visits

Clients felt it was important that they have a **consistent and predictable schedule** so their needs could be better met.

Clients voiced frustration about their care when the timing of their scheduled visits changed often, and when staff arrived too early, too late, or not at all. Concerns were raised about the correct timing of home care for the giving of medications and help with putting on and taking off compression socks.

Many felt this uncertainty in regards to scheduling negatively impacted their day and was difficult to adjust to, especially on weekends, as many felt unable to plan errands, outings, and medical appointments.

Clients in metro areas were more concerned about timing of visits, especially on weekends.

“Sometimes they arrive late or do not show up at all.”

“They arrive at different times. We can handle a little variation of arrival time like 15 or 30 minutes, but when its 2 hours that's too hard an adjustment for us.”

Communication about scheduling

In general, clients felt they could be **more informed** about their scheduled home care visits.

Clients were frustrated when they were not informed, or given enough notice, by home care, especially about changes in staff or staff being late. Clients said this is important to know as it impacts their ability to receive consistent care.

Metro clients expressed these issues more often.

“I need to know approximately when home care is coming each day, if changes in time occur, we should be notified by phone as early as possible.”

Open-ended feedback: What are clients saying about Scheduling? – *continued*

Clients felt staff **were rushed to provide care, which made them feel undervalued** as a person and **negatively impacted the quality of care** received.

Allocated time for care needs

Clients felt home care staff were given too many clients and had overbooked schedules, which contributed to late arrivals, missed or incomplete care, and not having enough time because 'the next client is waiting.' Some clients felt that care was rushed because their home care office or provider was short-staffed.

Most clients said they wanted staff to spend more time with them to complete their care and discuss their needs or requests for additional help.

Clients in urban areas spoke more often about feeling rushed in their care.

“They are too rushed and do the least possible [care] for me. Claiming a lack of time. They seem overloaded.”

Driver 5: Information Sharing and Communication Processes

Information Sharing and Communication Processes is defined as the ways in which home care staff communicate with clients and with each other. This includes how information is exchanged, staff responsiveness to client concerns, language barriers, and the transparency and availability of information.

This driver was identified from the large volume of client comments related to communication processes and sharing information, and its impact on client care.

Overall, it was important to clients that home care staff were easy to contact and available to speak with when needed, were receptive to and resolved their concerns in a timely manner, and informed them about available home care services.

What's in this section?

- A summary of themes based on client comments



“Every time a change in treatment was made at a doctor's appointment, **extra time was spent by family** to make sure the case worker got the information and then care workers got proper info. Somehow **communications need to be better** and prompt **between all parties.**”

Open-ended feedback: What are clients saying about Information Sharing and Communication Processes?

Client comments to *'Do you have any concerns about your Home Care Professional Services' or '...Personal Care Services?'* provided insights into how they are and would like to be communicated with and what aspects of communication contribute to a more or less positive experience with home care. These aspects are summarized below as key elements of Information Sharing and Communication Processes and are followed by additional details about Information Sharing and Communication Processes presented as themes.

Key elements of Information Sharing and Communication Processes from the client's perspective⁵:

- ★ Encourage home care staff to regularly communicate with clients.
- ★ Improve the way clients and staff exchange messages with each other.
- ★ Encourage staff to be available for and responsive to client concerns and resolve them in a timely manner, such as with client requests to change the staff providing the client's care.
- ★ Consider learning opportunities for home care staff whose first language is not English in order to improve communication between clients and staff.
- ★ Improve the flow of communication and information among home care staff, the home care office or provider, and other professionals so they are informed about clients' care needs.
- ★ Provide information to clients and their family members, about what services are or are not available through the home care program, so clients understand what services are available.
- ★ Provide information to clients about how to apply or qualify for additional services they might need.

“Everything gets lost in translation, you explain to them, they give a total different version to office.”

“I have not been counseled on what kind of home care services I could have i.e., physiotherapy.”

⁵ Includes perspectives of both cognitively well and unwell clients.

Open-ended feedback: What are clients saying about Information Sharing and Communication Processes?

Communication with clients

Clients had more positive home care experiences when they were able to engage in **reciprocal communication** with home care staff, as it **allowed them to be more informed and involved in their care**.

Clients expressed the need for more and improved communication with home care staff about their care. For example, they would like to be consulted about their needs.

“The caregivers only tell patients what they think the patient should know.”

Clients expressed challenges with giving and receiving information to and from home care, as they felt staff were not available when needed, did not always return calls or follow up, or found the process of returning a call difficult.

“Nobody returns a call in decent time.”

Experiences are similar across geographic areas.

Expressing and resolving concerns

Clients valued when they were able to **express, discuss, and resolve their concerns in a timely manner**.

Clients had a more positive home care experience when staff were easy to reach and followed up, were open and listened to them, and addressed their concerns when first expressed.

Some clients wanted their concerns approached in a kind, confidential, and non-defensive way.

Urban and metro clients spoke more about being unable to express and resolve their concerns.

“A few times home care staff were not very professional so I reported this to the coordinator and [they] dealt with it.”

Open-ended feedback: What are clients saying about Information Sharing and Communication Processes? – *continued*?

Language barriers

Clients felt the **inability to effectively communicate in a common language** affected their ability to connect with staff and discuss their care needs.

Clients said slow and clear communication, and clarifying what is said or asked for, would be beneficial. This suggestion was also voiced by clients who said they were hard of hearing.

Clients in metro areas described these concerns more often compared to urban and rural areas.

“Sometimes communication is difficult between myself and care staff. As I am hard of hearing and their English is challenging to understand at times.”

Communication between all involved in client care

Clients desired **better communication between all staff involved in their care, especially between home care staff and the home care office or provider**, to enhance consistency of care and resolve scheduling issues.

When home care staff, case managers, and other professionals, like physicians, did not communicate client information with each other aspects of client care were missed. When this occurred clients expressed frustration.

Urban clients more often expressed these issues.

“How does that happen that the worker doesn't know what they are supposed to do, didn't the home care company tell the person?”

Information about services

In general, clients desired **more information about home care and the services it provides**.

Many felt unaware of what home care services were available (e.g., physiotherapy, housekeeping and laundry), the costs, and who to talk to about their care and how to make changes.

Rural and metro clients more often spoke about needing more information about home care.

“[I am] never fully aware of what we can obtain in home care.”

SECTION 3: EXPERIENCE OF COGNITIVELY UNWELL CLIENTS – ADDITIONAL INSIGHTS

While there are similar experiences of home care services between cognitively well and cognitively unwell clients, there are some differences. The in-depth interviews conducted with cognitively unwell clients provided additional insights regarding their experience with home care. These insights are presented below. For additional details, see **Appendix IX**.

Experience with accessing home care

For the cognitively unwell clients that participated in an interview, most were referred to home care by hospital staff after being admitted to hospital or by their family doctor in the community. In a few instances, the clients' informal caregivers had heard about home care through their personal networks or through community resources and contacted a local home care office themselves.

While many clients recognized they needed additional support, some struggled to accept this help initially. Their identity as an independent person, capable of meeting their own needs, was being challenged. For many, accepting help was embarrassing – particularly because the type of help they needed made them feel vulnerable. However, all were motivated to continue to live at home and accepted that help was needed to be able to do so. Their homes were a source of comfort and the place where they had raised their families.

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

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

What impact does home care have?

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

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

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

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

What would enable clients to stay at home?

While some cognitively unwell clients said they had no unmet needs, others identified needs that would be helpful to enable them to continue to live at home.

What cognitively unwell clients said were their unmet service needs

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

What would prevent clients from continuing to live at home?

Cognitively unwell clients felt there are three main circumstances that would prevent them from continuing to live at home:

- ▶ If a client's health declined to the point where they required round the clock care, are immobile, incontinent, and do not expect home care or their informal caregiver to provide the support needed.
- ▶ If their informal caregiver is unable to continue to provide support, including if the informal caregiver's own health declines or they are physically unable to help.
- ▶ If home care cannot provide enough support to keep the client at home.

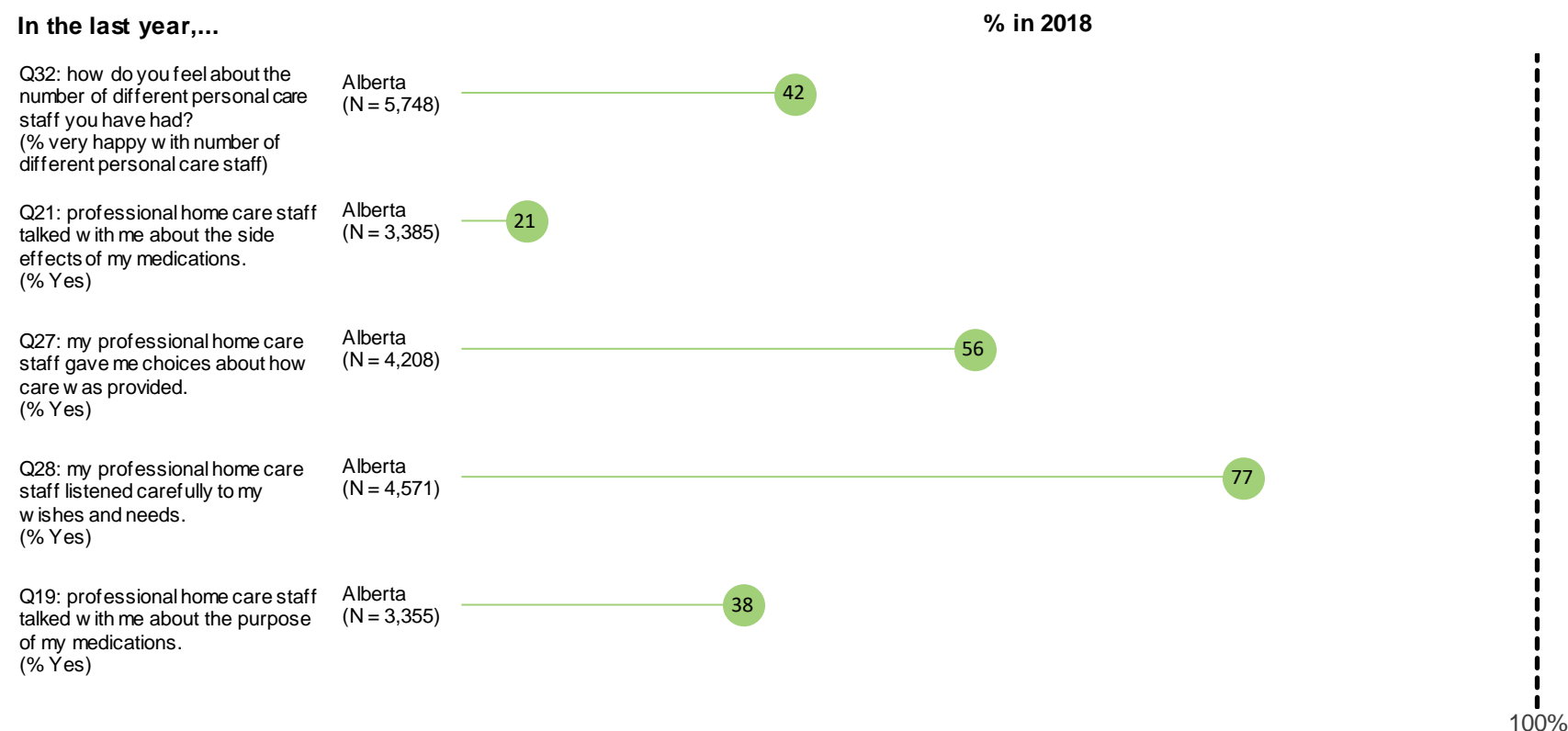
“...when we get to the point where home care can't give us the healthcare we need, then we'll probably have to go to some nursing home or some place that can give you that extra care.”

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

SECTION 4: ACTIONS FOR IMPROVEMENT

In response to stakeholder requests for assistance in interpreting the survey results and identifying improvement opportunities, the HQCA further examined the individual questions that comprise the first three drivers of overall client experience (i.e., Relational Care, Client Needs and Expectations, and Care Planning and Case Management). These questions were selected based on (1) the strength of the question as a driver of overall client experience, and (2) room for improvement (i.e., the lower the score the more room for improvement). From this analysis the questions were ranked and the top five, at the provincial level, are presented below. For more details see **Appendix VIII**.

Top five survey questions



From these five survey questions, the HQCA determined the following Actions for Improvement. If implemented, these actions have the greatest potential to improve overall client experience at the provincial level i.e., increase the Overall Care Rating. It is important to note that client experience is not the only source of information to determine improvement priorities. Other sources such as client demographics (e.g., average client age); level of client need; and, other quality measures such as those derived from the RAI-HC, complaints and concerns, accreditation results, and CCHSS compliance should also be considered. The Actions for Improvement provide one possible use or interpretation of the survey findings. Stakeholders may choose to interpret the findings differently depending on their role and specific context in the home care system.



Actions for Improvement

Action 1

Question 32 in the survey asked home care clients: *how do you feel about the number of different personal care staff you had?* (see page 19). The analysis, as described above, determined that an improvement in the results for this question has the greatest potential to increase home care clients' Overall Care rating. Provincially, only 42 per cent of clients reported they were *Very happy with the number of different personal care staff* they had, providing room for improvement.

Home care client comments also provide important insights. Clients felt it was important to have the same home care staff on a regular basis to form trusting relationships built on familiarity with their needs and care routine. When clients had different staff, often it was hard for them to adjust as staff were not knowledgeable about their care. Clients said this made them feel embarrassed and not safe. Clients said they constantly had to explain and teach different staff how to provide their care. Clients stated the need for training most when staff were inconsistent and unfamiliar with their care plan. Urban clients more often expressed concerns with consistency of home care staff.

- Alberta Health Services and contracted home care providers work together to fully understand client's concerns and expectations with care continuity and develop strategies to address these concerns.

Action 2

Question 19 in the survey asked home care clients whether professional home care staff talked with them about the purpose of their medications. Provincially, 38 per cent of clients said *Yes*. Question 21 in the survey asked home care clients whether professional home care staff talked with them about the side effects of their medications. Provincially, 21 per cent of clients said *Yes*.

- Alberta Health Services consult with professional home care staff and home care clients on what tools and support staff need in order to improve communication about medication-related information with their home care clients.

Action 3

Question 28 asked home care clients whether professional home care staff listened carefully to their wishes and needs. Provincially, 77 per cent of clients said *Yes*. Question 27 in the survey asked home care clients whether professional home care staff gave them choices about how care was provided. Provincially, 56 per cent of clients said *Yes*.

- Alberta Health Services consult with professional home care staff and home care clients on what tools and support staff need in order to strengthen their relationships with clients, specifically to more carefully listen to clients' wishes and needs, and where possible, provide an opportunity for client engagement and choice in how care is provided and managing client expectations and understanding, when choice may be limited.



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