



**2022-23 FACILITY-BASED
CONTINUING CARE FAMILY
EXPERIENCE SURVEY REPORT**

PROVINCIAL RESULTS

April 2024

Improving Healthcare Together

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

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INTRODUCTION

Alberta's continuing care system provides people living in Alberta with the healthcare, personal care, and accommodation services they need to support their activities of daily living, independence, and quality of life. There are three streams of continuing care to meet the diverse needs of clients in Alberta, and include: home care, designated supportive living (DSL), and long term care (LTC).¹

The Health Quality Council of Alberta (HQCA) conducted a facility-based continuing care (FBCC) family experience survey in two of these streams, DSL (levels 3,4 and 4D) and LTC, to obtain feedback from family members of residents across Alberta about the quality of care and services residents received. We conducted this survey from July 2022 to January 2023 in collaboration with Alberta Health (AH) and Alberta Health Services (AHS).

Our objectives are to:

- Describe the current state of facility-based continuing care from the perspective of family members of residents receiving care.
- Assist in identifying improvement opportunities and areas of success, and to provide AH, continuing care operators, and leaders within continuing care with information that can be used for ongoing monitoring and quality improvement across Alberta.

The four key measures used to present the survey results include:

1. Overall Care Rating (a measure of family members' overall opinion of the site)
2. Propensity to Recommend
3. Four Dimensions of Care (each represent a set of questions that share a similar theme)
 - i. Staffing, Care of Belongings, and Environment;
 - ii. Kindness and Respect;
 - iii. Providing Information and Encouraging Family Involvement; and,
 - iv. Meeting Basic Needs.
4. Food Rating Scale

To support system-level improvement, the HQCA identifies **Actions for Improvement** for consideration by AH, continuing care operators, and leaders within continuing care. If implemented, with the collaboration of both family members and residents, these actions have the potential to improve overall family member and resident experience. Moving forward, the HQCA will continue to monitor resident and family experiences as changes are made to the delivery of continuing care services, and the standards, policy, and legislation that support that delivery.

Concurrent to the family experience survey, the HQCA conducted a resident experience survey, which surveyed residents in facility-based continuing care sites. The results of this survey can be

¹ Facility-Based Continuing Care Review: [health-improving-quality-life-residents-facility-based-continuing-care-2021-04-30.pdf \(alberta.ca\)](#). For more information, see [What is Continuing Care? | Alberta Health Services](#)

found in a separate report, the *HQCA's 2022-23 Facility-based Continuing Care Resident Experience Survey*.²

A note on the survey and the results

Previously in 2021, the HQCA conducted the COVID-19 Continuing Care Study which differed in that the survey was specifically designed to better understand resident and family member experiences and perceptions about public health orders and their implementation by sites during the most restrictive time of the COVID-19 pandemic (March to July 2020).

The HQCA recognizes that continuing care was, and continues to be, significantly impacted by the COVID-19 pandemic, which may have affected how sites provided care and services, ultimately impacting the experiences of residents and their family members. To address some of the concerns around the pandemic context, the period of time family members were asked to reflect on when answering questions was changed from the 'last six months' (which was used in previous survey iterations), to the 'last three months' in the current survey. This allowed family members to provide meaningful feedback and reflect on a time frame from their more recent visits, while avoiding potential influence from the COVID-19 Omicron wave, which occurred before surveying began, or any health orders in place at the time.

Since the HQCA began surveying in LTC in 2008 and in DSL in 2015, there have been minimal differences across years in the results at the provincial level. While differences were seen in results for specific survey questions when comparing results from previous survey iterations to the HQCA's COVID-19 Continuing Care Study³, the results from this current FBCC survey are similar to what was observed pre-pandemic. The Actions for Improvement - staffing, cleanliness, and hygiene - have also remained the same over time. Even though some of the findings summarized in this report might not be new, they continue to reveal and reinforce valuable opportunities to make system-level changes that will improve overall family and resident experience.

The results of the survey show that there are sites across the province that are providing exceptional care and experiences according to families. However, the variations of results across sites reveal that the experiences reported by families on the quality of care and services are not consistent across Alberta.

Many factors contribute to family members' experiences at a site. Family experience should be used to assess overall site performance, along with other information, such as site demographics (i.e., average age of residents and percentage male/female), level-of-need of the resident population, other quality measures such as those derived from the InterRAI^(TM) *Resident Assessment Instrument* (RAI), resident/family complaints and concerns, accreditation results, and compliance with Continuing Care Health Service Standards (CCHSS).

² <https://hqca.ca/reports/facility-based-continuing-care-survey-long-term-care-and-designated-supportive-living/>

³ COVID-19 Continuing Care Study: Family Experience Survey Provincial Results (hqca.ca)

2022-23 PROVINCIAL RESULTS

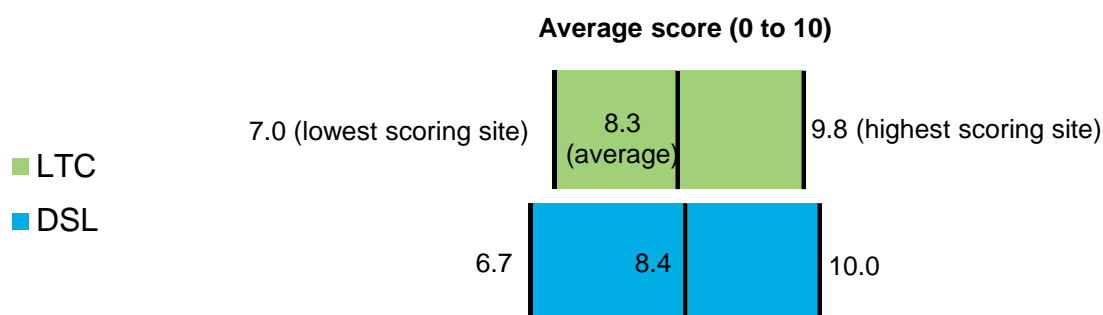
Overall Care Rating

How did family members assess their sites?

Family members rated the overall care at their resident’s site from 0 to 10 (with 0 being the worst care possible and 10 being the best).

Provincially, the average Overall Care Rating by family members was 8.3 out of 10 for LTC and 8.4 out of 10 for DSL. There was no statistically significant difference found between LTC and DSL. Individual site averages ranged from 6.7 to 10 out of 10 across LTC and DSL.

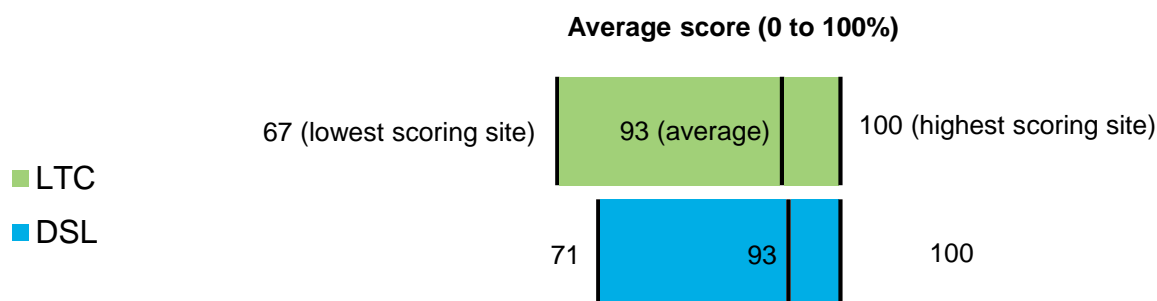
Note: when there is a wider range in scores, it demonstrates greater variability in care across the province.



Propensity to Recommend

Would family members recommend the site their resident lives in?

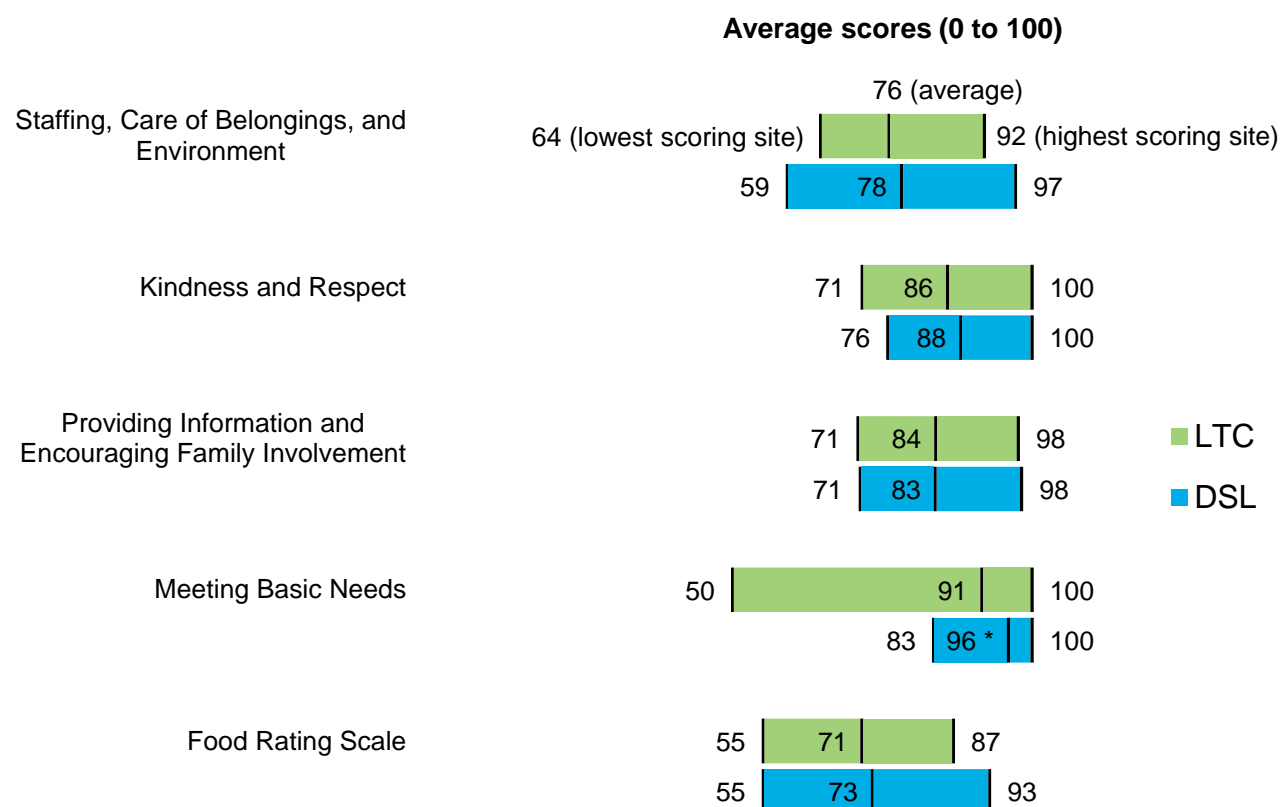
Another important indicator of a family member’s experience with a site is whether they would recommend the site to someone needing facility-based continuing care. Provincially, the average percentage of family members who said *Yes*, that they would recommend the site was 93 per cent for both LTC and DSL. Individual site averages ranged from a low of 67 to a high of 100 per cent across LTC and DSL.



Dimensions of Care and Food Rating Scale

What aspects of care and services influence family members' overall experience?

Dimensions of Care are comprised of a set of survey questions that share a similar theme. A summary score for these questions is calculated on a 0 to 100 scale; where the higher the score, the more positive the experience. The Food Rating Scale is a single question that reflects family members' experiences with the food at a site. These Dimensions of Care have been shown to influence overall experience as measured by the Overall Care Rating.



Note: An asterisk beside the result () represents a statistically significant difference between the LTC and DSL results. Statistical significance represents a mathematical difference and may not represent meaningful or clinical variation.*

What do the Dimensions of Care and the Food Rating Scale results tell us?

The average scores differ across dimensions. Provincially the highest average score was seen for Meeting Basic Needs, where the lowest average scores were seen for the Food Rating Scale and Staffing, Care of Belongings, and Environment.

The only statistically significant difference seen between the LTC and DSL scores was for Meeting Basic Needs, where the average score was higher in DSL compared to LTC.

The wide range in scores within each Dimension of Care and the Food Rating Scale highlights variability among sites. For example, for Meeting Basic Needs, despite the average of 91 for LTC, the site scores range from a low of 50 to a high of 100.

SITE CHARACTERISTICS

The relationship between site characteristics and the Overall Care Rating, Propensity to Recommend, Dimensions of Care, and Food Rating Scale were explored. Analyses were conducted at the provincial level, and all site characteristics (site size, operator type, geography, and zone) were considered simultaneously, along with the level of care (i.e., DSL or LTC). A minimum threshold for reliability needed to be met for site-results to be publicly reported and included in these tables, therefore these analyses represent results for the 165 sites that met this threshold ([Appendix III](#)).

Note: All average scores presented in this section are the scores for LTC and DSL combined.

Site Size

Does site size influence results?

Site size was measured by the total number of spaces (LTC and DSL) at each site.⁴

Generally, there are overall higher scores at smaller sites (sites with less spaces) compared to the larger sites (Table 1). This pattern or difference was statistically significant (that scores increased, as the size of the site decreased) for all measures, except for Meeting Basic Needs.

Table 1:Total number of spaces (N = 165 sites)

Measure	25 spaces or less (N = 17 sites)	26-50 spaces (N = 37 sites)	51-100 spaces (N = 37 sites)	100 spaces or more (N = 74 sites)	Statistical significance ⁵
Overall Care Rating (0-10)	9.1	8.5	8.3	8.2	Yes
Propensity to Recommend (%)	99	94	93	92	Yes
Dimensions of Care (0 to 100)					
Staffing, Care of Belongings, and Environment	85	79	76	74	Yes
Kindness and Respect	92	88	86	84	Yes
Providing Information and Encouraging Family Involvement	89	85	83	82	Yes
Meeting Basic Needs	97	94	94	91	No
Food Rating Scale	77	76	71	70	Yes

Note: Statistical significance represents a mathematical difference while considering the influence of operator type, geography, zone, and level of care, and may not represent meaningful or clinical variation.

⁴ Data was obtained from AHS's bi-annual bed survey at the time of survey rollout. Sites included in the HQCA's analyses (N = 165) ranged in spaces from 12 to 495.

⁵ The statistical analysis was conducted using the actual number of spaces but are presented as categories for the purposes of the table.

Operator Model

Does operator model influence results?

Three Alberta Health Services (AHS) defined operator models were examined to determine their influence on the family members' experiences with the care and services provided.⁶ The three operator models are:

- AHS – publicly operated by or wholly owned subsidiary of AHS.
- Private – owned by a private for-profit organization.
- Not-for-profit – owned by a not-for-profit or faith-based organization.

AHS sites had on average higher scores compared to Private sites for Overall Care Rating and Propensity to Recommend. Overall, the differences in scores across operator models were small and not statistically significant (Table 2).

Table 2: Operator model (N = 165 sites)

Measure	AHS (N = 45 sites)	Not-for-profit (N = 56 sites)	Private (N = 64 sites)	Statistical significance
Overall Care Rating (0-10)	8.6	8.5	8.1	Private < AHS
Propensity to Recommend (%)	95	94	90	Private < AHS
Dimensions of Care (0 to 100)				
Staffing, Care of Belongings, and Environment	78	78	75	No
Kindness and Respect	87	87	85	No
Providing Information and Encouraging Family Involvement	85	84	82	No
Meeting Basic Needs	93	94	93	No
Food Rating Scale	72	74	70	No

Note: Statistical significance represents a mathematical difference while considering the influence of number of spaces, geography, zone, and level of care, and may not represent meaningful or clinical variation.

⁶ There may be other operator models than the three reported above (for example, private not-for-profit housing bodies); however, the choice was made to use operator models defined and categorized by AHS.

Geographic Location

Does urban or rural setting influence results?

Geography was based on the site’s postal code and defined as:

- Urban:
 - Cities of Calgary and Edmonton proper and their surrounding commuter communities.
 - Major urban centres with populations greater than 25,000 and their surrounding commuter communities.
- Rural:
 - Populations less than 25,000 and/or greater than 200 kilometres away from an urban centre.

Of the 165 sites eligible for site-level analyses, 61 sites were classified as rural, and 104 sites were classified as urban. Though LTC and DSL rural sites in general had higher scores than urban sites, the differences were small and not statistically significant (Table 3).

Table 3: Urban versus Rural (N = 165 sites)

Measure	Urban (N = 104 sites)	Rural (N = 61 sites)	Statistical significance
Overall Care Rating (0-10)	8.3	8.5	No
Propensity to Recommend (%)	92	94	No
Dimensions of Care (0 to 100)			
Staffing, Care of Belongings, and Environment	76	78	No
Kindness and Respect	86	88	No
Providing Information and Encouraging Family Involvement	82	85	No
Meeting Basic Needs	93	94	No
Food Rating Scale	72	73	No

Note: Statistical significance represents a mathematical difference while considering the influence of number of spaces, operator type, zone, and level of care, and may not represent meaningful or clinical variation.

AHS Zone

Does AHS zone influence results?

Sites were classified into their respective AHS zone.

There were several statistically significant differences found in scores between the AHS zones. Specifically, the differences in scores for the Overall Care Rating, Propensity to Recommend, Staffing, Care of Belongings, and Environment and Meeting Basic Needs Dimensions of Care were lower in the North and South zones (Table 4).

Table 4: AHS zones (N = 165 sites)

Measure	Calgary (N = 38 sites)	Edmonton (N = 45 sites)	Central (N = 42 sites)	North (N = 23 sites)	South (N = 17 sites)	Statistical significance
Overall Care Rating (0-10)	8.4	8.3	8.5	8.3	8.5	North < Calgary
Propensity to Recommend (%)	92	94	94	90	94	North < Calgary, Central, Edmonton
Dimensions of Care (0 to 100)						
Staffing, Care of Belongings, and Environment	76	76	80	74	76	North < Calgary, Central South < Central
Kindness and Respect	86	86	88	86	87	No
Providing Information and Encouraging Family Involvement	83	82	85	83	85	No
Meeting Basic Needs	93	93	95	92	91	South < Calgary, Edmonton
Food Rating Scale	70	72	73	71	75	No

Note: Statistical significance represents a mathematical difference while considering the influence of number of spaces, operator type, geography, and level of care, and may not represent meaningful or clinical variation.

QUESTION-LEVEL RESULTS FOR THE DIMENSIONS OF CARE

Each Dimension of Care is made up of a set of questions that share a similar theme. The top-box response for each question is presented by DSL and LTC. Top-box scoring presents the most positive/desirable response which helps to prioritize improvements.⁷ Any negatively worded questions were reverse coded so that the top-box response is still the most positive/desirable response. The actual response presented is found at the end of each question. For the other response options to these questions by AHS zone, see [Appendix VI](#).

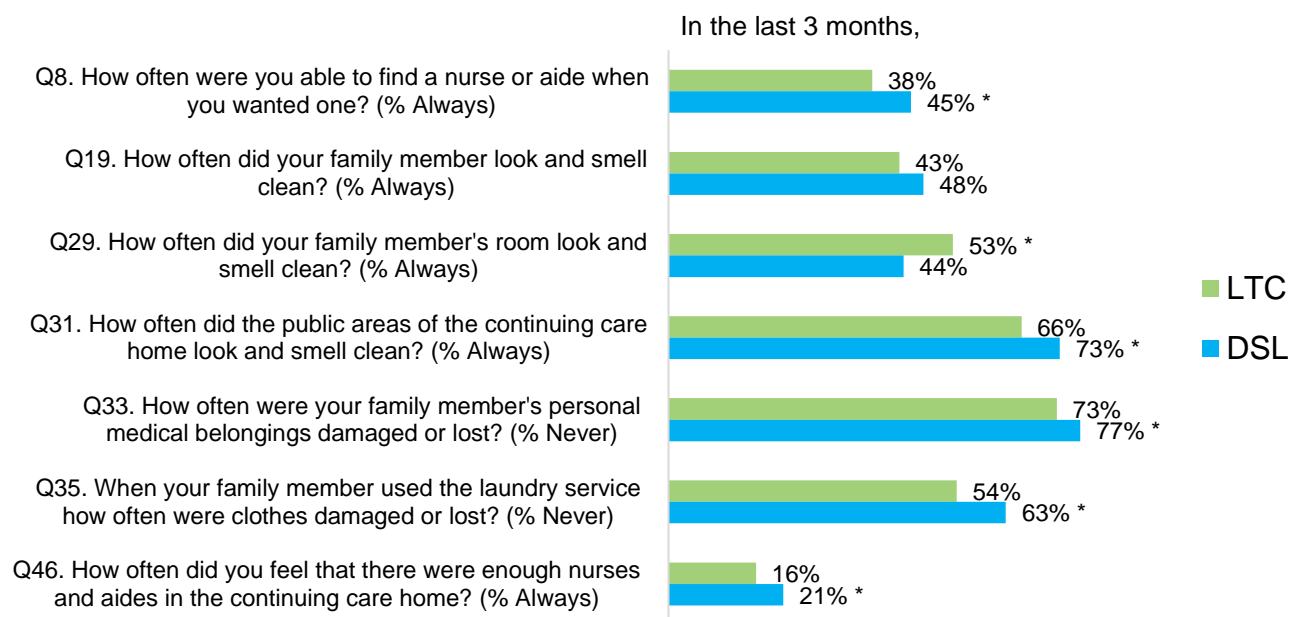
These results show that within each Dimension of Care the results for individual questions vary, with some questions having a higher percentage of positive responses than others. For some questions, the percentage of positive responses also varies between LTC and DSL and these are indicated throughout.

Staffing, Care of Belongings & Environment

Family members were asked to reflect on their experiences with a range of topics, including staff availability, security of residents' clothing and personal belongings, laundry services, and condition and cleanliness of resident rooms and common areas.

There were differences seen between the top-box responses on several of these questions (Q8, Q29, Q31, Q33, Q35, Q46). For almost all the differences seen, the percentage of family members who chose the most positive response was statistically higher in DSL than in LTC.

Low question-level results help to identify specific opportunities for improvement.



Note: An asterisk beside the result (*) represents a statistically significant difference between the LTC and DSL results. Statistical significance represents a mathematical difference and may not represent meaningful or clinical variation.

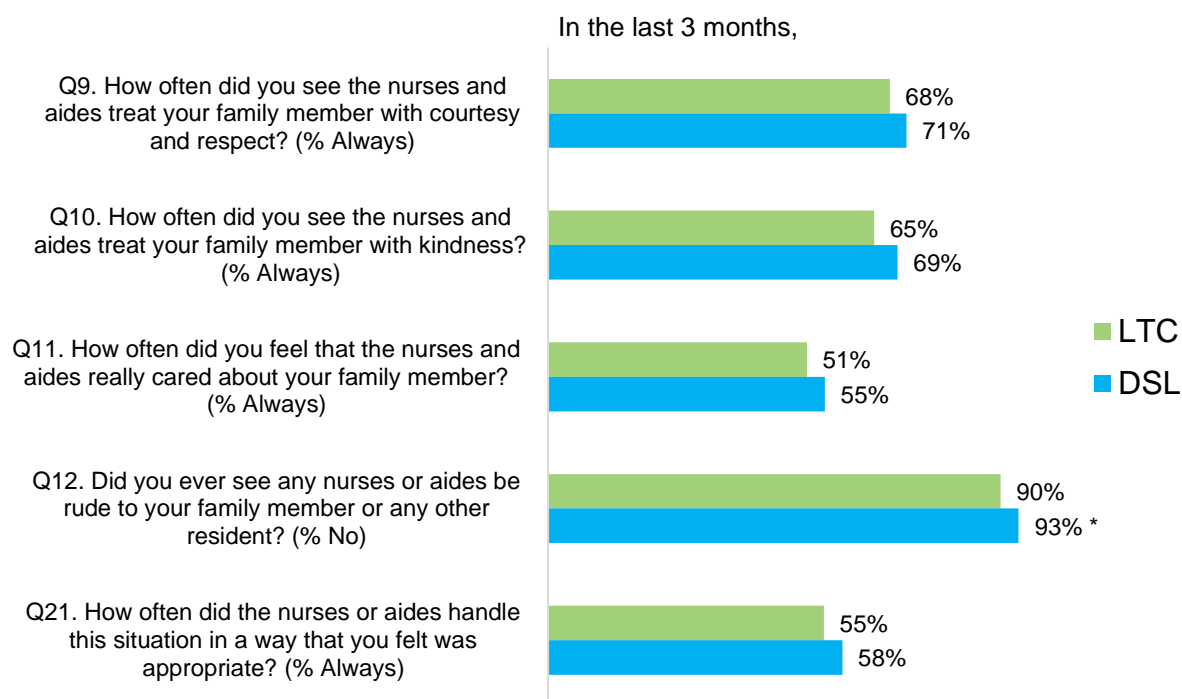
⁷ Research supports the use of this approach among best practices in identifying customer-driven improvement opportunities. For more information see: Garver M. Customer-driven improvement model: best practices in identifying improvement opportunities. *Industrial Marketing Management* 2003 Jul; 32(6): 455-466.

Kindness & Respect

Family members were asked about their experiences with the way staff treat and interact with residents.

There was one difference seen (Q12) where the percentage of family members who chose the most positive response for DSL was statistically higher compared to LTC.

Low question-level results help to identify specific opportunities for improvement.



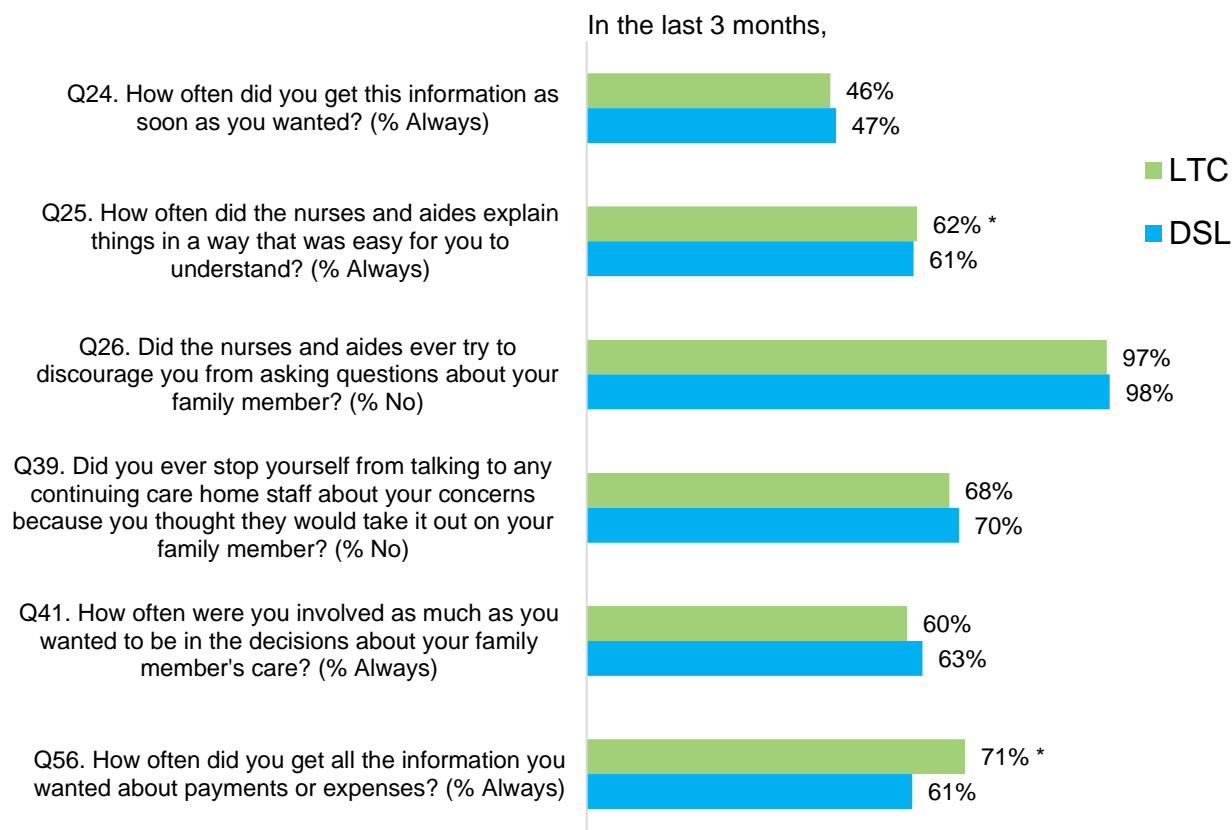
Note: An asterisk beside the result (*) represents a statistically significant difference between the LTC and DSL results. Statistical significance represents a mathematical difference and may not represent meaningful or clinical variation.

Providing Information & Encouraging Family Involvement

Family members were asked to reflect on their experiences with the degree to which they felt informed about their resident, involved in decisions, and able to express and resolve their concerns.

There were two differences (Q25, Q56) seen where the percentage of family members who chose the most positive response was statistically higher in LTC compared to DSL.

Low question-level results help to identify specific opportunities for improvement.



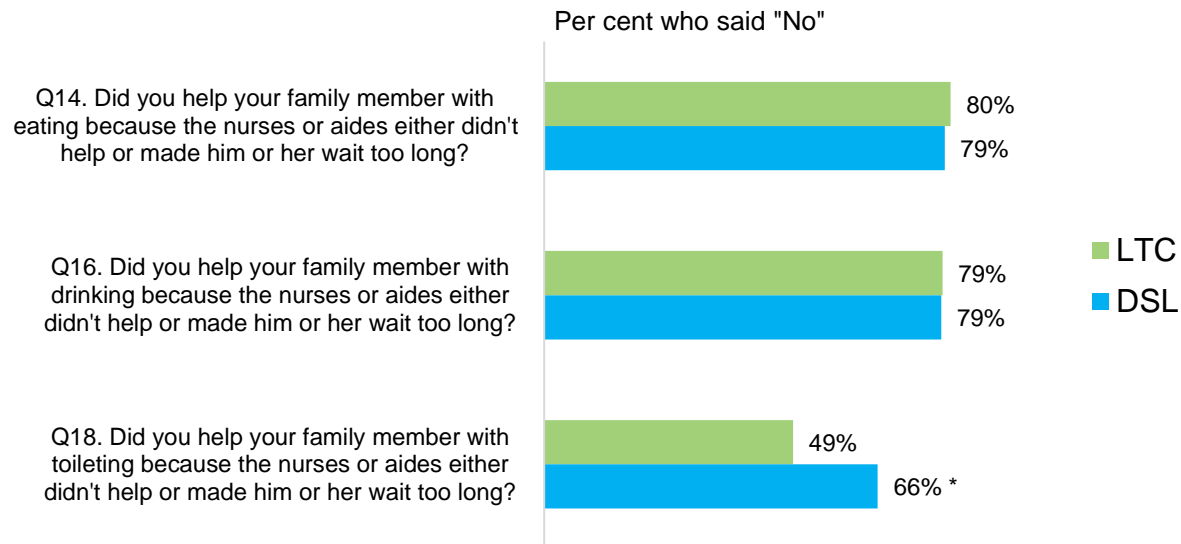
Note: An asterisk beside the result (*) represents a statistically significant difference between the LTC and DSL results. Statistical significance represents a mathematical difference and may not represent meaningful or clinical variation.

Meeting Basic Needs

Family members were asked to reflect on their experiences with whether or not residents' needs were met, and the ways family members helped to meet resident needs.

There was one difference seen (Q18) where the percentage of family members who chose the most positive response was statistically higher in DSL compared to LTC.

Low question-level results help to identify specific opportunities for improvement.



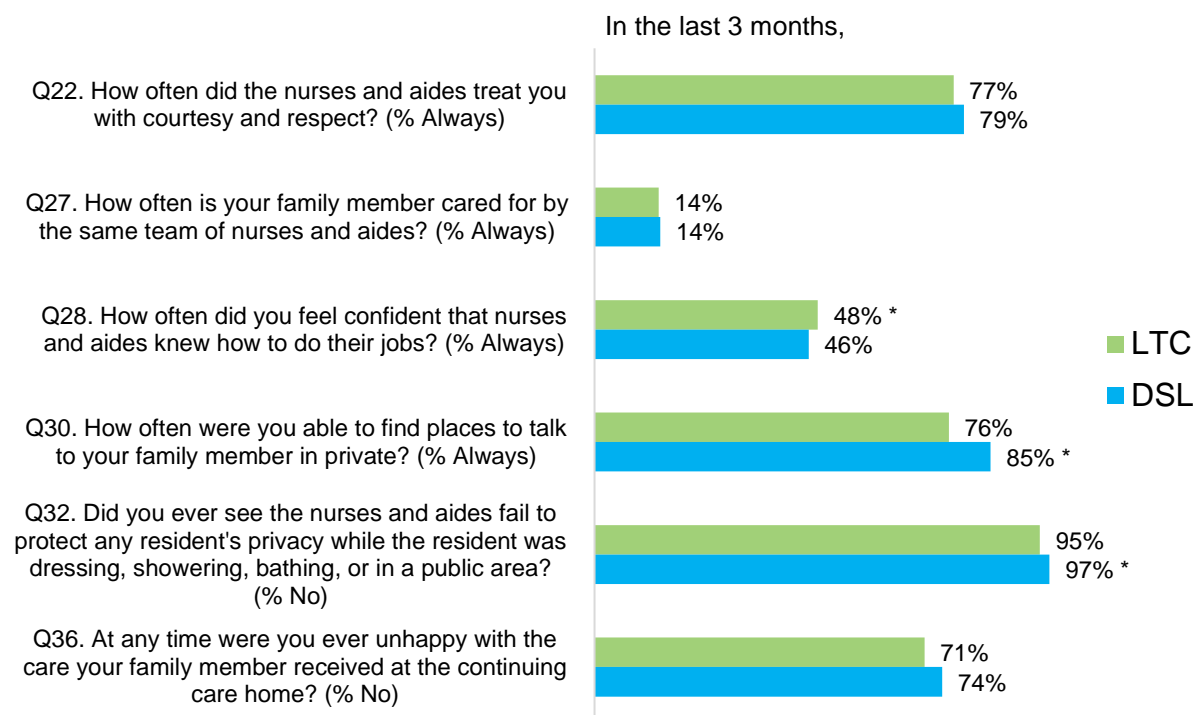
Note: An asterix beside the result (*) represents a statistically significant difference between the LTC and DSL results. Statistical significance represents a mathematical difference and may not represent meaningful or clinical variation.

Additional Care Questions

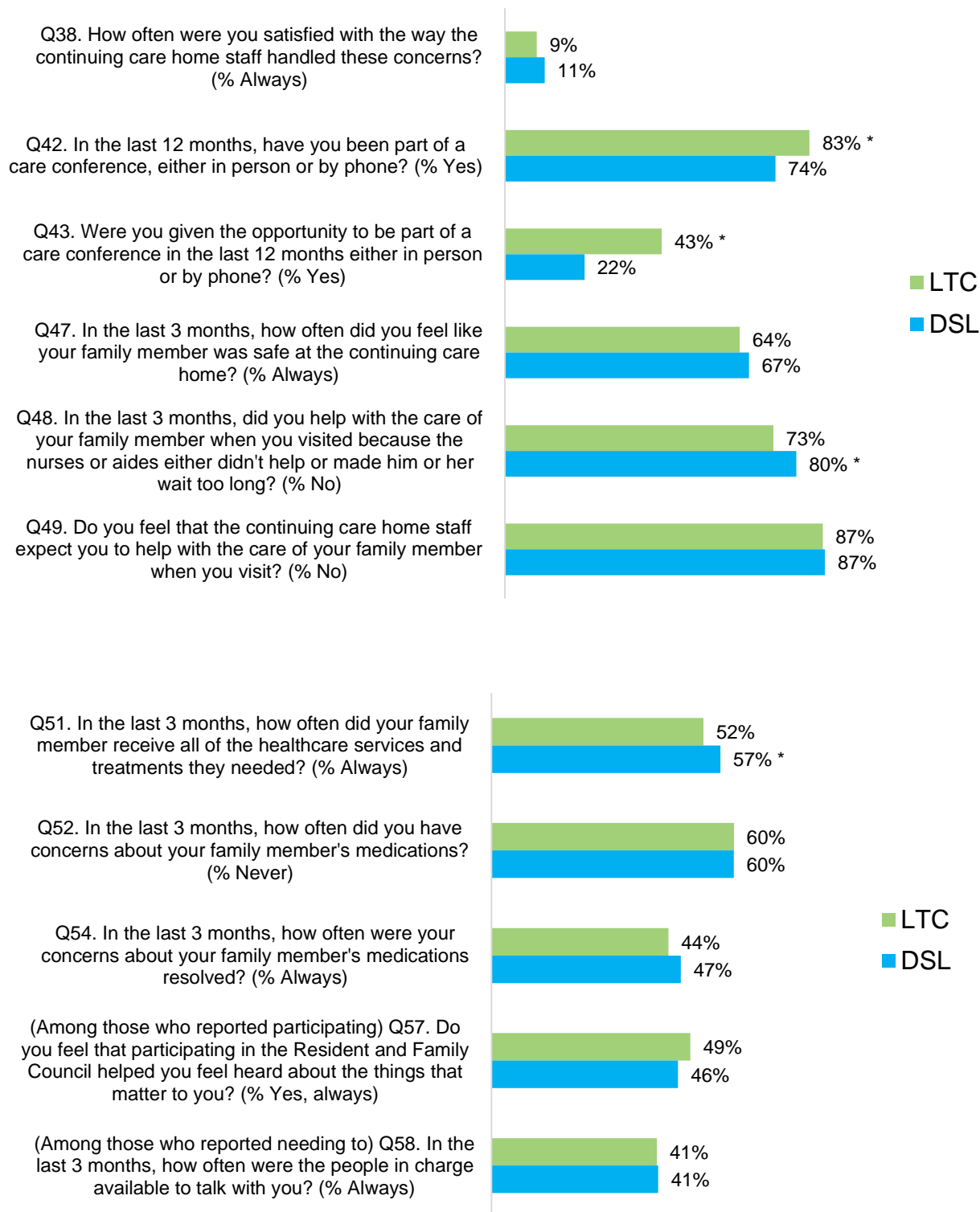
Although the additional care questions were not included in the questions that make up each Dimension of Care, they still provide important information about the care and services provided in LTC and DSL sites.

Differences between LTC and DSL were seen between percentages and varied by question (Q28, Q30, Q32, Q42, Q43, Q48, Q51).

Low question-level results help to identify specific opportunities for improvement.



Note: An asterisk beside the result (*) represents a statistically significant difference between the LTC and DSL results. Statistical significance represents a mathematical difference and may not represent meaningful or clinical variation.



Notes: An asterisk beside the result (*) represents a statistically significant difference between the LTC and DSL results. Statistical significance represents a mathematical difference and may not represent meaningful or clinical variation.

For Q57 only those who reported participating were included in calculating the top-box percentage; therefore responses of I don't know, I did not participate, and No Resident and Family Council were not included.

For Q58 only those who reported needing to talk to a person in charge were included in calculating the top-box percentage; therefore responses of I did not need this were not included.

ACTIONS FOR IMPROVEMENT

The HQCA identified **Actions for Improvement**, that Alberta Health, operators, and leaders in the continuing care can undertake to have the greatest potential to improve overall experience as measured by the Overall Care Rating.

Throughout the survey there are question level results that are low. However, the Actions for Improvement were determined by first identifying five survey questions that had:

1. the strongest influence over the overall experience, and
2. the greatest amount of room for improvement (i.e., the lower the score, the greater the room for improvement).

Through this examination, two Actions for Improvement emerged relating to the themes of Staffing, and Cleanliness and Hygiene. These actions are described in detail in the following sections. Family members' comments were examined for insights and suggestions that may support achievement of these actions. Family members believe these changes need to happen to improve care for their loved ones. Furthermore, the Actions for Improvement and associated family members' suggestions aligned with findings from the *Alberta Facility-Based Continuing Care Review Final Report*.

The HQCA also examined whether site characteristics (zone, geography, operator type, number of spaces) are associated with more positive overall experience with respect to the five survey questions. This was done to better understand what might be influencing the results.

The HQCA acknowledges that family experience is only one source of information that can be used to determine improvement priorities. Other quality measures should be consulted, such as those derived from the *Resident Assessment Instrument* (RAI), complaints and concerns, accreditation results, and Alberta Health Continuing Care Health Service Standards (CCHSS) compliance. The Actions for Improvement presented below reflect one interpretation of the survey findings. Individuals responsible for quality improvement in LTC and DSL sites may choose to interpret the findings differently depending on site specific context.

Survey questions that informed Actions for Improvement

Q8. How often were you able to find a nurse or aide when you wanted one?
Always: 38% (LTC); 45% (DSL)

Q28. How often did you feel confident that nurses and aides knew how to do their jobs?
Always: 48% (LTC); 46% (DSL)

Q46. How often did you feel that there were enough nurses and aides in the continuing care home?
Always: 16% (LTC); 21% (DSL)

Q19. How often did your family member look and smell clean?
Always: 43% (LTC); 48% (DSL)

Q29. How often did your family member's room look and smell clean?
Always: 53% (LTC); 44% (DSL)



Action for Improvement

Staffing

Alberta Health, continuing care operators, and leaders within continuing care develop strategies, in collaboration with residents and families, to address concerns with staffing levels, availability of staff, and confidence in ability of staff.

Three of the five questions most impactful to overall experience, and in most need of improvement, pertain to staffing:

1. being able to find a nurse or aide when needed (Q8),
2. being confident in the skills and abilities of staff (Q28),
3. and feeling like there were enough nurses and aides (Q46).

Policy directions and recommendations from the *Alberta Facility-Based Continuing Care Review Final Report*⁸ align with this action:

- Policy Direction #5: “Increase staffing hours and consistency of staffing to improve quality of care” and the four recommendations within this policy direction.
- Policy Direction #11: Learn from COVID-19 experience to prevent future spread of infectious diseases in FBCC sites and improve resident quality of life and care, specifically:
 - Recommendation #39: Resolve labour force issues proactively to maintain needed staffing levels at FBCC sites during pandemics and outbreaks.

Suggestions from family member comments that support achievement of this action

In their comments, many family members raised concerns that there are insufficient staff in facility-based continuing care to meet residents’ basic needs. Also, they felt that due to poor staff continuity because of turnover, absence or illness, temporary agency and casual staff were utilized more frequently. Temporary and casual staff were considered less knowledgeable (e.g., in knowing the context of the LTC or DSL site or the unique needs of the residents), skilled, and motivated to get to know residents personally.

“Casual staff do not know the residents, do not form relationships with them, tend to care less for them and are not invested in residents, the healthcare

⁸ <https://open.alberta.ca/publications/improving-quality-life-residents-facility-based-continuing-care-review-recommendations>

team that they are a part of, or even the facility itself. I have confidence in the full-time staff members that care for my loved one.”

Insufficient staffing and poor staff continuity were viewed by family members as contributing to missed, rushed, or delayed care and services for residents, and were felt to adversely impact residents’ quality of life, dignity, autonomy, physical health, mental health, safety, and quality of care. Family members also noticed negative impacts to staff themselves, observing staff burnout and compassion fatigue. Further, this impacted family members themselves, who felt compelled to complete care tasks or hire private companions to supplement gaps in care and ensure residents needs were met.

“The nurses and aides seemed 'burned out' due to their overloaded duties. Some of the staff have lost their compassion and we do not think it is their fault.”

To address these concerns, family members made the following suggestions:

- **Increase the number of staff available in facility-based continuing care**, fill vacant positions, and maintain a roster of on-call staff in case of staff absence. The *Alberta Facility-Based Continuing Care Review Final Report* also recognized issues around workload, employment conditions, labour supply, and staff shortages.
- **Develop provincial policies concerning staffing ratios** that take into consideration factors like resident acuity and whether these ratios should be fixed or fluctuate. This suggestion aligns with the *Alberta Facility-Based Continuing Care Review Final Report*, which recommended direct care hours be increased to 4.5 worked hours per resident day for LTC and up to 4.0 worked hours per resident day for DSL within a four-year period.
- **Improve staff continuity**. Consider strengthening staff retention strategies, for example offer full-time permanent positions, and provide consistent and reliable scheduling, mentorship of new staff, and ensure market competitive compensation. Recommendation #19 of the *Alberta Facility-Based Continuing Care Review Final Report* is to “[support] FBCC operators to implement consistent staffing assignments” that aims, in part, to address the issues around workload, employment conditions, labour supply, and staff shortages.
- **Improve staff visibility and accessibility** for example, stagger staff breaks and shift changes and provide volunteer opportunities for care tasks and companionship.
- **Enhance residents’ physical autonomy** by improving resident strength and mobility, such as by investing in physiotherapy, occupational therapy, and installing mobility aids in resident suites.

Cleanliness and Hygiene

Alberta Health, continuing care operators, and leaders within continuing care develop strategies, in collaboration with family members and residents, to address concerns with resident hygiene and room cleanliness.

Two of the five questions most impactful to overall experience, and in most need of improvement pertained to cleanliness and hygiene:

1. The resident looking and smelling clean (Q19)
2. And the resident’s room looking and smelling clean (Q29).

Suggestions from family member comments that support achievement of this action

In their comments, family members expressed it is important residents live in a clean, scent-free, and comfortable home-like environment, however they found resident rooms were not always clean or scent-free. Family members cleaned residents’ suites themselves to address cleanliness issues.

“[The resident’s] room is always dirty. I have cleaned it myself multiple times.”

To address these concerns, family members made the following suggestions:

- **Regularly and thoroughly clean resident rooms and common areas**, to ensure they are free of dust, dirt, unpleasant odours, and stains.
- **Promptly conduct maintenance and repairs** when needed, such as replace lighting or repaint stained walls.

Relatedly, many family members described residents’ personal hygiene as not always well maintained, adversely impacting resident health, dignity, comfort, appearance, and self-esteem. For example, many family members noted their loved one only received one bath per week, looked unkempt, and smelled poorly.

“They are not showering [the resident] twice a week. When I question this, I am told they are short staffed and can’t do it. This is basic hygiene and should be a priority, but it is not. It is to the point that I had the staff train me to be the second aide so that I can help and ensure [the resident] is showered.”

To address these concerns, family members suggested:

- **Residents’ hygiene needs to be addressed** by keeping residents’ faces and hands clean, attend to oral hygiene, support grooming (e.g., shaving and brushing hair), and ensure residents are wearing clean clothing.
- **Residents receive two baths per week** as per CCHS standard 14.0.⁹

⁹ Alberta Health Continuing Care Health Service Standard 14.0 Oral Care Assistance and Bathing Frequency in Publicly Funded Supportive Living and Long-Term care Facilities. For more information see: [Continuing Care Health Service Standards 2018 \(alberta.ca\)](https://www.alberta.ca/continuing-care-health-service-standards-2018)

Site characteristics associated with actions for improvement

What site characteristics are associated with family ratings of staffing, cleanliness and hygiene questions?

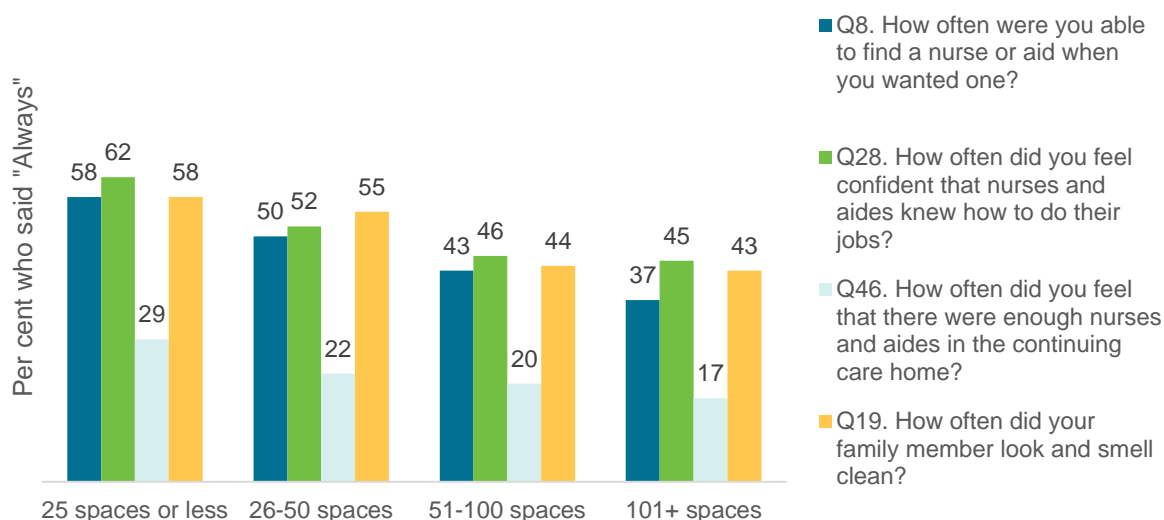
Consideration of the characteristics of the site (e.g., size, AHS zone, geographic location, operator model) offer insights as to what might contribute to a more positive overall experience with respect to the five questions that informed the Actions for Improvement. We explored the relationships between the questions and the site characteristics and only present the questions where there are statistically significant differences.

Site Size

Does site size influence the Actions for Improvement?

There was a statistical difference in the percentage of family members who chose *Always* for all three staffing questions. The percentage who chose *Always* increased with decreasing number of spaces. Similarly, the percentage of family members who *Always* felt that their loved one looked and smelled clean increased as the size of the site decreased.

Out of all the site characteristics considered (size of the site, AHS zone, geographic location, operator type), the most consistent relationship was with site size; where the likelihood of positive overall experiences increased as the size of the site decreased.



Note: The statistical analysis was conducted using the actual number of spaces but are presented as categories for the purposes of this graph.

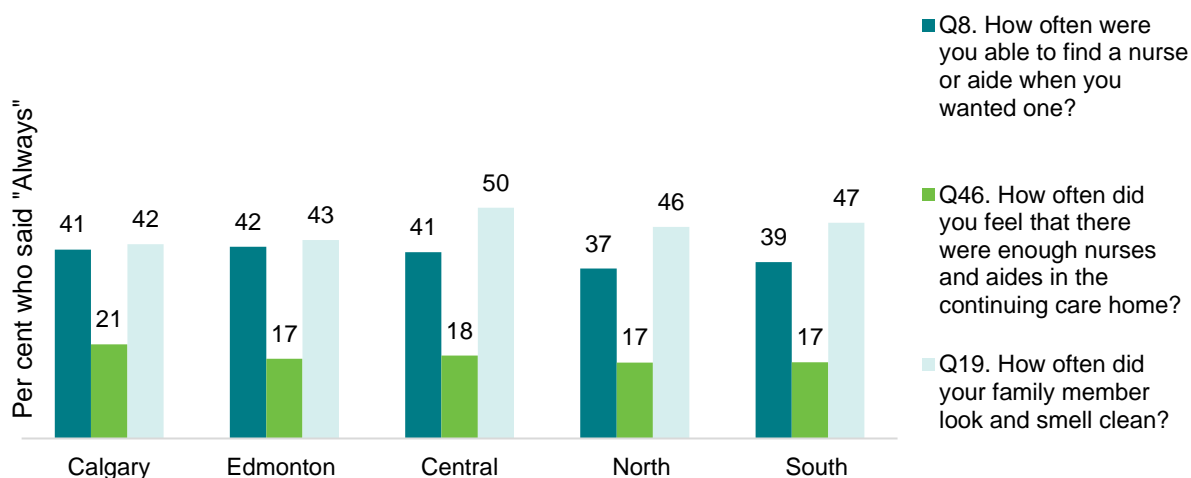
AHS Zone

Does AHS zone influence the Actions for Improvement?

The percentage of family members who responded *Always* to being able to find a nurse or aide when they wanted one (Q8) was statistically higher in the Calgary and Edmonton Zones compared to both the North and South Zones. No other zone differences were found.

The percentage of family members who felt there were *Always* enough nurses and aides in the site (Q46) was statistically higher in the Calgary Zone compared to all other zones. No other statistically significant differences were found with respect to other zones.

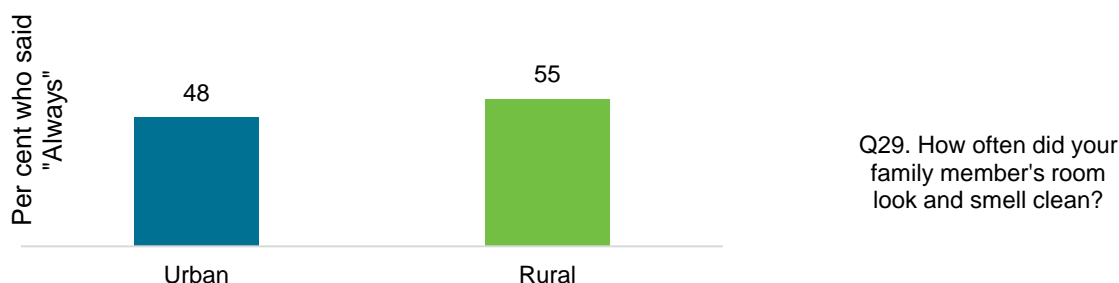
A statistically higher proportion of family members in the Central Zone felt that their loved one *Always* looked and smelled clean (Q19) compared to family members in the Edmonton Zone. No other statistical zone differences were found.



Geographic Location

Does an urban or rural setting influence results?

When comparing the results between urban and rural geographies, statistically more family members in rural sites felt their loved one's room *Always* looked and smelled clean compared to family members of urban sites.

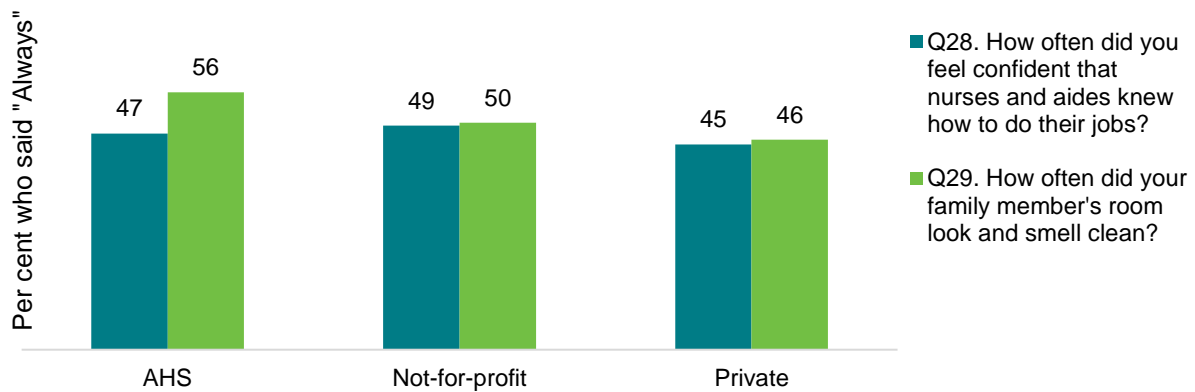


Operator Model

Does site operator model influence results?

A statistically higher proportion of family members of residents at not-for-profit LTC and DSL sites *Always* felt confident that nurses and aides knew how to do their jobs compared to family members of residents at private sites (Q28). No other statistical differences were found.

The proportion of family members who felt that their loved one's room *Always* looked and smelled clean (Q29) was statistically lower in for private-for-profit operated sites compared to both AHS and not-for-profit operated sites. No other statistical differences were found.



SITE-LEVEL RESULTS AT A GLANCE

Table 6 provides a summary of 2022-23 site-level results. The LTC and DSL sites are grouped by AHS Zone and ordered alphabetically.

To provide context, other variables were included such as geography, number of spaces, number of respondents, level of care (LTC or DSL) and operator model (AHS, private, not-for-profit).

Note: A minimum threshold for reliability of five or more respondents was set for site-results to be publicly reported and included in this table ([Appendix III](#)); **55 per cent of surveyed sites (165 out of 299) met this criterion.** Because the number of sites who did not meet the criteria for public reporting is high (45%), it was determined that it would not be appropriate to rank sites. As a result, sites are listed alphabetically. This information should not be used to compare sites with one another, but to better understand how a particular site may be doing in specific areas of care and services that the survey captures. Family members can use this list to gain additional information about sites they are considering for their loved one.

Site Performance

The following table illustrates that high performance is possible even with growing pressures on the facility-based continuing care sector.

Table 5: Percentage of the 165 sites that scored at least 90 out of 100, or at least 9 out of 10 on the Key Measures

Key Measures	Percentage of sites who scored at least 90 out of 100 or at least 9 out of 10
Overall Care Rating	15%
Propensity to Recommend	71%
Staffing, Care of Belongings, and Environment	2%
Kindness and Respect	27%
Providing Information and Encouraging Family Involvement	15%
Meeting Basic Needs	78%
Food Rating Scale	2%

Table 6: Summary of 2022-23 site results

Calgary Zone (N = 38 sites)	Dimensions of Care (0 to 100)					Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of spaces	Respondents (N)	Operator model ¹⁰	Level of care
	Staffing, Care of Belongings & Environment	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs							
AgeCare Glenmore	72	88	71	83	89	8.4	94	Urban	208	54	Priv	LTC
AgeCare McKenzie Towne	69	86	64	84	95	8.1	90	Urban	150	53	Priv	LTC
AgeCare Midnapore	77	83	75	83	89	8.2	88	Urban	270	93	Priv	LTC
AgeCare Seton	78	88	72	84	96	8.7	97	Urban	252	81	Priv	DSL
AgeCare Seton	78	86	65	82	94	8.5	96	Urban	59	29	Priv	LTC
AgeCare SkyPointe	79	91	71	86	96	8.7	100	Urban	160	36	Priv	DSL
AgeCare Walden Heights	77	85	65	77	97	8.0	95	Urban	238	46	Priv	DSL
Bethany Calgary	64	71	63	74	82	7.0	72	Urban	416	78	NP	LTC
Bethany Didsbury	79	89	73	89	96	8.7	97	Rural	100	41	NP	DSL
Bethany Riverview	76	85	76	86	94	8.5	95	Urban	210	76	NP	LTC
Bow View Manor	72	85	69	83	89	8.2	94	Urban	233	102	NP	LTC
Cambridge Manor	70	87	64	84	90	8.3	94	Urban	158	53	NP	LTC
Carewest Colonel Belcher	69	83	67	75	92	7.8	87	Urban	175	52	AHS	LTC
Carewest Dr. Vernon Fanning Centre	68	80	66	81	90	8.1	81	Urban	191	42	AHS	LTC
Carewest Garrison Green	68	79	65	75	88	7.8	90	Urban	200	68	AHS	LTC
Carewest George Boyack	71	76	69	81	88	7.8	85	Urban	221	97	AHS	LTC
Carewest Royal Park	77	85	66	76	86	8.2	83	Urban	50	19	AHS	LTC
Carewest Sarcee	75	80	70	84	95	8.6	95	Urban	95	22	AHS	LTC
Didsbury District Health Services	85	97	87	98	96	9.8	100	Rural	21	12	AHS	LTC
Eau Claire Retirement Residence	84	90	66	83	98	8.8	93	Urban	73	33	Priv	DSL
Evanston Grand Village	71	85	67	78	88	8.0	88	Urban	102	53	Priv	DSL
Extendicare Cedars Villa	74	85	69	81	97	8.0	88	Urban	248	81	Priv	LTC

¹⁰ Operator model: Priv=Private, NP=Not-for-profit, AH=Alberta Health Services

Calgary Zone (N = 38 sites)	Dimensions of Care (0 to 100)					Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of spaces	Respondents (N)	Operator model ¹⁰	Level of care
	Staffing, Care of Belongings & Environment	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs							
Generations	70	73	71	71	88	7.5	89	Urban	62	34	Priv	LTC
Hawthorne	79	90	68	87	97	8.6	95	Urban	122	50	Priv	DSL
Intercare Brentwood Care Centre	74	82	64	83	93	8.0	91	Urban	360	156	Priv	LTC
Intercare Chinook Care Centre	79	90	71	86	96	8.6	98	Urban	265	96	Priv	LTC
Intercare Southwood Care Centre	76	88	73	83	89	8.2	87	Urban	174	54	Priv	LTC
Mayfair Care Centre	80	84	72	85	98	8.3	85	Urban	142	44	Priv	LTC
Newport Harbour Care Centre	76	84	74	87	91	8.6	98	Urban	131	45	Priv	LTC
Rocky Ridge Retirement Community	77	86	75	81	99	8.3	86	Urban	29	16	Priv	DSL
Silver Willow Lodge	80	98	78	87	100	8.8	100	Rural	38	11	AHS	DSL
St. Marguerite Manor	77	87	65	81	99	8.6	97	Urban	102	38	NP	DSL
St. Martha's - Banff Mineral Springs	82	95	79	83	95	9.2	100	Rural	25	16	NP	LTC
St. Teresa Place	76	85	70	85	93	8.5	96	Urban	250	93	NP	DSL
Vulcan Community Health Centre	86	100	74	89	98	9.8	100	Rural	15	11	AHS	LTC
Wentworth Manor/The Residence and The Court	69	80	72	79	90	7.8	94	Urban	79	35	NP	LTC
Willow Creek Continuing Care Centre	74	82	61	80	95	8.1	97	Rural	100	38	AHS	LTC
Wing Kei Crescent Heights	86	90	86	90	98	9.2	98	Urban	145	52	NP	LTC

Table 6: Summary of 2022-23 site results (continued)

Edmonton Zone (N = 45 sites)	Dimensions of Care (0 to 100)					Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of spaces	Respondents (N)	Operator model ¹¹	Level of care
	Staffing, Care of Belongings & Environment	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs							
Allen Gray Continuing Care Centre	77	82	76	84	95	8.4	96	Urban	156	65	NP	LTC
Benevolence Care Centre	73	87	62	75	85	8.1	88	Urban	102	36	Priv	LTC
CapitalCare Dickinsfield	68	79	67	77	86	7.6	88	Urban	275	116	AHS	LTC
CapitalCare Grandview	75	83	69	85	87	8.2	89	Urban	137	61	AHS	LTC
CapitalCare Laurier House Strathcona	82	89	70	86	95	8.7	100	Urban	42	23	AHS	DSL
CapitalCare Lynnwood	74	86	73	85	90	8.4	93	Urban	273	86	AHS	LTC
CapitalCare McConnell Place North	77	88	75	78	87	8.6	100	Urban	36	15	AHS	DSL
CapitalCare McConnell Place West	83	90	83	79	100	9.0	100	Urban	36	25	AHS	DSL
CapitalCare Strathcona	72	89	81	85	92	8.6	100	Urban	111	37	AHS	LTC
Chartwell Emerald Hills	75	88	75	74	93	8.7	95	Urban	72	23	Priv	DSL
Chartwell St. Albert	79	91	60	81	94	8.1	100	Urban	70	26	Priv	DSL
Chateau Vitaline	75	88	73	83	99	8.3	100	Urban	46	22	NP	DSL
Citadel Care Centre	74	85	73	83	91	8.6	97	Urban	129	70	Priv	LTC
Covenant Health Youville Home	70	83	65	83	95	8.1	96	Urban	232	76	NP	LTC
Devon General Hospital	83	86	64	90	94	8.9	100	Urban	14	7	AHS	LTC
Devonshire Care Centre	72	80	64	87	91	7.9	92	Urban	132	48	Priv	LTC
Devonshire Manor	81	86	71	82	100	8.3	88	Urban	59	26	Priv	DSL
Edmonton General Continuing Care Centre	70	82	60	78	90	7.8	88	Urban	449	126	NP	LTC
Extendicare Eaux Claires	68	77	64	71	87	7.3	84	Urban	204	85	Priv	LTC
Extendicare Leduc	77	88	78	85	95	8.5	97	Urban	79	38	Priv	LTC
Foyer Lacombe	91	94	84	92	100	9.4	100	Urban	12	7	NP	LTC
Glastonbury Village	86	94	79	93	100	9.2	100	Urban	49	28	Priv	DSL

¹¹ Operator model: Priv=Private, NP=Not-for-profit, AH=Alberta Health Services

Edmonton Zone (N = 45 sites)	Dimensions of Care (0 to 100)					Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of spaces	Respondents (N)	Operator model ¹¹	Level of care
	Staffing, Care of Belongings & Environment	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs							
Good Samaritan Dr. Gerald Zetter Care Centre	73	88	73	83	89	8.3	95	Urban	200	79	NP	LTC
Good Samaritan Southgate Care Centre	75	86	72	81	94	8.2	92	Urban	226	73	NP	LTC
Good Samaritan Stony Plain Care Centre	74	85	71	84	85	8.6	98	Urban	126	51	NP	LTC
Jubilee Lodge Nursing Home	84	91	75	89	98	8.7	97	Urban	154	69	Priv	LTC
Lewis Estates Retirement Residence	66	76	73	73	97	7.3	83	Urban	87	38	Priv	DSL
Lifestyle Options - Terra Losa	81	91	75	87	95	8.6	96	Urban	77	30	NP	DSL
Lifestyle Options - Whitemud	81	85	79	85	99	8.5	89	Urban	80	34	NP	DSL
Miller Crossing Care Centre	72	83	69	78	90	7.8	90	Urban	155	56	Priv	LTC
Our Parents' Home	77	94	61	84	97	8.3	100	Urban	50	17	Priv	DSL
Riverbend Retirement Residence	75	85	72	78	94	7.9	88	Urban	34	16	Priv	DSL
Rivercrest Care Centre	72	79	70	79	85	7.8	85	Urban	74	37	Priv	LTC
Rutherford Heights Retirement Residence	72	82	74	84	97	8.0	86	Urban	89	48	Priv	DSL
Saint Thomas Health Centre	72	83	71	75	94	7.6	75	Urban	141	60	NP	DSL
Salem Manor Nursing Home	77	87	78	82	94	8.4	95	Urban	102	41	NP	LTC
Shepherd's Care Millwoods	73	84	71	81	91	8.2	93	Urban	147	66	NP	LTC
Sherwood Care	86	93	82	90	92	9.3	100	Urban	100	63	NP	LTC
St. Joseph's Auxiliary Hospital	75	82	66	82	89	8.3	95	Urban	188	87	NP	LTC
St. Michael's Long Term Care Centre	76	84	70	82	91	8.3	95	Urban	153	87	NP	LTC
The Dianne and Irving Kipnes Centre for Veterans	74	88	74	85	91	8.6	97	Urban	120	70	AHS	LTC
Tuoi Hac - Golden Age Manor	79	87	71	82	98	8.3	94	Urban	91	37	NP	DSL
Venta Care Centre	79	86	75	83	92	8.5	94	Urban	148	61	Priv	LTC
Villa Marguerite	79	89	73	79	97	8.2	90	Urban	239	56	Priv	DSL
Wild Rose Retirement Residence	85	89	75	81	96	8.7	91	Urban	27	11	Priv	DSL

Table 6: Summary of 2022-23 site results (continued)

Central Zone (N = 42 sites)	Dimensions of Care (0 to 100)					Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of spaces	Respondents (N)	Operator model ¹²	Level of care
	Staffing, Care of Belongings & Environment	Kindness and Respect	Food Rating Scale)	Providing Information and Family Involvement	Meeting Basic Needs							
Bashaw Meadows	84	87	81	93	100	9.0	100	Rural	30	19	NP	DSL
Bethany CollegeSide	77	92	77	88	93	8.7	100	Urban	112	47	NP	LTC
Bethany Meadows	76	87	61	81	93	8.2	96	Rural	65	28	NP	LTC
Century Park	76	83	68	85	90	7.4	93	Rural	40	18	Priv	DSL
Consort Hospital and Care Centre	86	95	61	90	95	8.9	100	Rural	15	8	AHS	LTC
Drumheller Health Centre	74	88	74	85	96	8.4	100	Rural	88	22	AHS	LTC
Eckville Manor House	88	95	91	75	100	9.5	100	Urban	15	10	NP	DSL
Extendicare Michener Hill	74	79	66	77	90	7.8	85	Urban	220	82	Priv	LTC
Faith House	79	82	65	84	100	8.5	100	Rural	20	6	NP	DSL
Hanna Health Centre	81	87	78	87	96	9.0	100	Rural	61	30	AHS	LTC
Hardisty Health Centre	92	93	81	89	100	9.0	92	Rural	15	12	AHS	LTC
Innisfail Health Centre	78	81	75	85	90	8.7	92	Rural	78	31	AHS	LTC
Islay Assisted Living	89	97	60	95	100	9.3	100	Rural	20	8	AHS	DSL
Louise Jensen Care Centre	71	83	59	79	81	7.7	82	Rural	65	31	NP	LTC
Mannville Care Centre	87	90	83	96	100	8.9	100	Rural	23	11	AHS	LTC
Northcott Care Centre	82	89	75	90	92	8.6	100	Rural	73	29	Priv	LTC
Our Lady of the Rosary Hospital	81	90	84	92	100	9.2	100	Rural	22	10	NP	LTC
Park Avenue at Creekside	72	82	78	84	94	7.7	85	Rural	40	23	Priv	DSL
Points West Living Red Deer	75	89	70	80	97	8.1	87	Urban	204	66	Priv	DSL
Points West Living Red Deer	66	78	64	74	70	7.2	67	Urban	60	16	Priv	LTC
Points West Living Stettler	74	89	62	80	94	7.9	89	Rural	88	38	Priv	DSL
Ponoka Hospital and Care Centre	76	82	65	81	92	7.5	82	Rural	28	12	AHS	LTC

¹² Operator model: Priv=Private, NP=Not-for-profit, AH=Alberta Health Services

Central Zone (N = 42 sites)	Dimensions of Care (0 to 100)					Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of spaces	Respondents (N)	Operator model ¹²	Level of care
	Staffing, Care of Belongings & Environment	Kindness and Respect	Food Rating Scale)	Providing Information and Family Involvement	Meeting Basic Needs							
Providence Place	83	87	77	89	100	9.2	100	Rural	16	6	NP	DSL
Provost Health Centre	71	81	65	74	92	8.0	92	Rural	47	25	AHS	LTC
Rosehaven Care Centre	88	96	75	94	98	9.1	100	Rural	75	28	NP	LTC
Royal Oak Manor	72	82	55	77	84	7.5	83	Rural	109	38	Priv	DSL
Sagebrush	64	83	70	76	90	7.5	86	Rural	82	39	Priv	DSL
Seasons Camrose	68	84	67	71	87	7.4	84	Rural	82	38	Priv	DSL
Seasons Ponoka	80	90	70	90	100	8.3	100	Rural	40	10	Priv	DSL
Serenity House	97	100	92	98	100	10.0	100	Rural	12	6	AHS	DSL
St. Mary's Health Care Centre	81	91	85	90	100	9.0	100	Rural	28	14	NP	LTC
Sundre Seniors Supportive Living	83	93	78	93	99	8.6	100	Rural	40	19	NP	DSL
Sunset Manor	78	92	66	87	98	8.3	98	Rural	102	47	Priv	DSL
Three Hills Health Centre	86	94	83	93	100	9.3	100	Rural	24	13	AHS	LTC
Timberstone Mews	81	89	76	87	99	8.8	96	Urban	60	28	Priv	DSL
Tofield Health Centre	75	87	66	85	100	8.8	100	Rural	50	18	AHS	LTC
Vegreville Care Centre	77	83	73	83	92	8.3	93	Rural	60	31	AHS	LTC
Vermilion Valley Lodge	93	83	73	82	99	9.1	100	Rural	40	13	NP	DSL
Viewpoint	81	87	82	83	100	8.8	100	Rural	20	6	NP	DSL
Villa Marie	79	90	70	80	98	8.4	94	Urban	106	37	NP	DSL
Villa Marie	77	82	71	82	80	7.6	92	Urban	60	26	NP	LTC
West Park Lodge	89	97	93	95	97	9.4	100	Urban	36	15	Priv	DSL

Table 6: Summary of 2022-23 site results (continued)

North Zone (N = 23 sites)	Dimensions of Care (0 to 100)					Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of spaces	Respondents (N)	Operator model ¹³	Level of care
	Staffing, Care of Belongings & Environment	Kindness and Respect	Food Rating Scale)	Providing Information and Family Involvement	Meeting Basic Needs							
Bar V Nook Supportive Living	77	83	85	79	87	8.9	100	Rural	41	19	AHS	DSL
Bonnyville Healthcare Centre	73	86	61	80	94	8.9	92	Rural	30	15	NP	LTC
Cold Lake Healthcare Centre	71	89	65	89	84	8.6	100	Rural	31	12	AHS	LTC
Dr. W.R. Keir - Barrhead Continuing Care Centre	73	87	74	83	96	8.3	92	Rural	100	41	AHS	LTC
Evergreen Alpine Summit Seniors Lodge	77	95	77	91	100	8.7	100	Rural	18	8	AHS	DSL
Extendicare Athabasca	72	85	75	82	97	7.8	77	Rural	50	24	Priv	LTC
Extendicare Mayerthorpe	75	73	72	80	83	8.3	92	Rural	50	16	Priv	LTC
Extendicare St. Paul	81	91	78	90	96	8.5	97	Rural	76	39	Priv	LTC
Golden Sands	59	77	65	75	86	6.7	77	Rural	40	17	Priv	DSL
Grande Prairie Care Centre	69	79	78	75	82	7.9	91	Urban	60	30	Priv	LTC
Hythe Continuing Care Centre	83	96	84	89	93	9.1	100	Rural	31	15	AHS	LTC
Points West Living Cold Lake	66	86	75	76	85	7.6	73	Rural	42	21	Priv	DSL
Points West Living Peace River	78	81	71	82	100	8.1	86	Rural	42	24	Priv	DSL
Prairie Lake Seniors Community	69	82	61	83	91	7.9	86	Urban	95	38	Priv	DSL
Prairie Lake Seniors Community	70	83	65	79	88	7.5	82	Urban	50	22	Priv	LTC
Queen Elizabeth II and Mackenzie Place	77	84	59	84	94	8.3	92	Urban	71	38	AHS	DSL
Radway Continuing Care Centre	79	91	78	88	94	8.9	93	Rural	30	16	AHS	LTC
Shepherd's Care Barrhead	70	85	66	77	91	7.4	71	Rural	42	21	NP	DSL
Spruce View Lodge	78	86	67	79	90	8.8	83	Rural	15	6	NP	DSL
Valleyview Health Centre	85	90	77	90	100	9.0	100	Rural	25	12	AHS	LTC
Westlock Healthcare Centre	74	88	64	87	93	8.6	96	Rural	120	63	AHS	LTC
Wild Rose Assisted Living	82	93	85	96	100	8.8	100	Rural	22	5	AHS	DSL

¹³ Operator model: Priv=Private, NP=Not-for-profit, AH=Alberta Health Services

North Zone (N = 23 sites)	Dimensions of Care (0 to 100)					Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of spaces	Respondents (N)	Operator model ¹³	Level of care
	Staffing, Care of Belongings & Environment	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs							
William J. Cadzow - Lac La Biche Healthcare Centre	69	82	58	82	82	7.2	86	Rural	41	21	AHS	LTC

Table 6: Summary of 2022-23 site results (continued)

South Zone (N = 17 sites)	Dimensions of Care (0 to 100)					Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of spaces	Respondents (N)	Operator model ¹⁴	Level of care
	Staffing, Care of Belongings & Environment	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs							
AgeCare Valleyview	72	94	70	92	89	7.4	78	Urban	30	10	Priv	LTC
Cardston Health Centre	69	76	55	83	50	8.0	100	Rural	14	5	AHS	LTC
Coaldale Health Centre	77	83	80	80	91	8.6	91	Urban	45	23	AHS	LTC
Cypress View	87	94	77	93	99	8.7	100	Urban	45	22	NP	DSL
Extendicare Fairmont Park	76	85	68	87	96	8.4	97	Urban	140	71	Priv	DSL
Good Samaritan Linden View	74	90	72	81	96	7.9	85	Rural	105	37	NP	DSL
Good Samaritan Park Meadows Village	78	92	76	86	97	8.9	100	Urban	121	36	NP	DSL
Good Samaritan Prairie Ridge	75	85	80	86	93	8.7	100	Rural	85	32	NP	DSL
Good Samaritan South Ridge Village	70	81	77	74	91	8.0	88	Urban	80	28	NP	LTC
Good Samaritan West Highlands	75	85	73	81	97	8.6	93	Urban	100	49	NP	DSL
Meadow Ridge Seniors Village	80	87	82	85	99	8.7	96	Urban	84	31	Priv	DSL
Piyami Place	81	90	92	89	83	9.4	100	Urban	15	5	NP	DSL
Riverview Care Centre	75	87	73	84	86	8.4	97	Urban	118	37	Priv	LTC
St. Therese Villa	71	82	72	78	90	8.0	87	Urban	200	109	NP	DSL

¹⁴ Operator model: Priv=Private, NP=Not-for-profit, AH=Alberta Health Services

South Zone (N = 17 sites)	Dimensions of Care (0 to 100)					Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of spaces	Respondents (N)	Operator model ¹⁴	Level of care
	Staffing, Care of Belongings & Environment	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs							
Sunny South Lodge	78	86	87	86	97	8.8	96	Urban	75	32	NP	DSL
Sunnyside Care Centre	76	87	73	86	95	8.8	100	Urban	24	14	NP	DSL
Sunnyside Care Centre	79	87	72	86	93	8.5	89	Urban	100	42	NP	LTC

2022-23 RESULT COMPARISONS

How do the key measures differ from previous iterations?

The scores from this iteration for the Overall Care Rating, Propensity to Recommend, Dimensions of Care, and Food Rating Scale were compared to previous iterations (2019 for DSL and 2017 for LTC). Analyses were conducted at the site-level and all site characteristics (site size, operator type, geography, and zone) were considered simultaneously, along with the survey year. There were no statistically significant differences found between survey iterations for any of the key measures.

Table 7: DSL Key Measures

Measure	DSL 2022-23 (N = 71 sites)	DSL 2019 (N = 163 sites)	Statistical Significance
Overall Care Rating (0-10)	8.4	8.4	No
Propensity to Recommend (%)	93	94	No
Dimensions of Care (0 to 100)			
Staffing, Care of Belongings, and Environment	78	78	No
Kindness and Respect	88	87	No
Providing Information and Encouraging Family Involvement	83	86	No
Meeting Basic Needs	96	95	No
Food Rating Scale	73	73	No

Table 8: LTC Key Measures

Measure	LTC 2022-23 (N = 94 sites)	LTC 2017 (N = 155 sites)	Statistical Significance
Overall Care Rating (0-10)	8.3	8.4	No
Propensity to Recommend (%)	93	93	No
Dimensions of Care (0 to 100)			
Staffing, Care of Belongings, and Environment	76	75	No
Kindness and Respect	86	85	No
Meeting Basic Needs	91	90	No
Food Rating Scale	71	72	No

Note: Analysis of the measure 'Providing Information and Encouraging Family Involvement' in LTC showed that the survey process and/or changes to the survey tool affected the comparison between years so it was not included in the table.

SURVEY PROCESS AND METHODOLOGY

The survey instrument

Family members of LTC and DSL residents were surveyed using a modified version of the *Consumer Assessment of Healthcare Providers and Services (CAHPS®) Nursing Home Survey: Family Member Instrument*¹⁵ ([Appendix I](#)). This is a 64-question self-report measure that assesses family members' overall rating of a site (Overall Care Rating), whether they would recommend the site (Propensity to Recommend), how they rate Food, and four Dimensions of Care including (1) Staffing, Care of Belongings, and Environment; (2) Providing Information and Encouraging Family Involvement; (3) Kindness and Respect; and (4) Meeting Basic Needs. In addition to the above, the survey includes questions about other topics that have previously been identified in other survey iterations as important to family experiences, including questions about medications, privacy, and Resident and Family Councils.

Survey protocol and sampling

The survey was conducted as a census of the person (family members or friend) most involved in the care of an eligible LTC and DSL residents. Eligible respondents were identified using a compiled database obtained from AHS and confirmed by on-site staff. Family members or friends involved in the resident's care were excluded if, for example, the resident's contact was a public guardian. For a complete list of exclusion criteria, see [Appendix II](#).

Survey data collection occurred from July 2022 to January 2023. The majority of family members completed the survey online, and those without an email address were sent a mail-in paper survey.

The survey response rate was 44 per cent; 8,791 out of a possible 19,783 eligible family members completed and returned the survey. For a breakdown of sampling by AHS Zone, see [Appendix II](#).

Site inclusion criteria

To maximize the reliability of site-level results and to maintain respondent anonymity, a site's data was included in site-level reporting only if:

- The site yielded five or more respondents; **AND**,
- The site response margin of error was equal to or less than 10 per cent and/or the site had a response rate of over 50 per cent among eligible respondents.

In total, 165 of the 299 sites with at least 5 respondents were reported publicly in Table 1. Sites that did not meet the above criteria may still have received an individual site-level report ([Appendix III](#)).

Dimensions of Care

The *CAHPS® Nursing Home Survey: Family Member Instrument* collects respondent experience based on four Dimensions of Care: (1) Staffing, Care of Belongings, and Environment; (2) Providing Information and Encouraging Family Involvement; (3) Kindness and Respect; and (4) Meeting Basic Needs.

¹⁵ For more details on CAHPS, please refer to: <https://cahps.ahrq.gov/>

Each Dimension of Care represents a set of questions or topics that share a similar conceptual theme. Dimension of Care scores were computed by summarizing all the items within a Dimension of Care into an average score on a 0 to 100 scale. A Dimension of Care score was generated for all respondents who answered a minimum number of questions within the Dimension of Care.

For each survey question within a Dimension of Care, a scoring method was used to transform responses to a scaled score between 0.0-100.0, where higher scores represent more positive experiences, and lower scores represent more negative experiences. The scaled scores were then weighted based on how strongly each question related to the particular Dimension of Care, relative to all other questions within the Dimension of Care. For example, questions that relate more strongly to a Dimension of Care would be weighted slightly more heavily than the other questions within the same Dimension of Care. Dimension of Care scores were then calculated by summing individual scaled and weighted survey items and dividing the total score by the number of items within each Dimension of Care (creating an average score out of 100) (For detailed methodology, see [Appendix II](#)).

For complete question-level results, see [Appendix VI](#).

Overall Care Rating and Food Rating Scale

Two scale-based measures were included in the survey: the Overall Care Rating and the Food Rating Scale. The Overall Care Rating reflects family member's overall experience with a continuing care site. The Overall Care Rating question asks:

Using any number from 0 to 10, where 0 is the worst and 10 is the best care possible, what number would you use to rate the care at the continuing care home?

The Food Rating Scale reflects family member's overall experience with the food at a continuing care site. The Food Rating Scale asks:

Using any number from 0 to 10, where 0 is the worst food possible and 10 is the best food possible, what number would you use to rate the food at the continuing care home?

To align with the Dimensions of Care, the Food Rating Scale was rescaled to a 0 to 100 scale by multiplying the results by 10.

Family member comments

Family members responded to one open-ended question: *Do you have any suggestions how care and services at this continuing care home could be improved? If so, please explain.* In total, 5,097 family members responded. Of these,

- 1,980 were family members of designated supportive living residents, and
- 3,117 were family members of long-term care residents.

Comments were analyzed for differences in experience between long term care and designated supportive living. However, topics were described similarly and are presented together. The majority of family members' comments reflected themes relevant to one of the four Dimensions of Care. Family members also provided comments related to the themes of Food or Safety and

Security. Comments that were not related to any of the preceding themes were categorized as 'Other'. A summary of family comments relating to each Dimension of Care and Other themes is available in [Appendix II](#).



APPENDICES

APPENDIX I: FAMILY EXPERIENCE SURVEY TOOL (PAPER VERSION)



THE RESIDENT

1. Who is the person named on the cover letter?

- 1 My Spouse/Partner
- 2 My Parent
- 3 My Mother-in-law / Father-in-law
- 4 My Grandparent
- 5 My Aunt / Uncle
- 6 My Sister / Brother
- 7 My Child
- 8 My Friend
- 9 Other (specify) _____

For this survey, the phrase "family member" refers to the person named in the cover letter and "continuing care home" refers to the site listed on the cover letter.

2. Is your family member now living at the continuing care home listed on the cover letter?

- 1 Yes → if **Yes**, go to question 4
- 2 No

3. Was your family member discharged from this continuing care home, moved to another continuing care home or are they deceased?

<ul style="list-style-type: none"> 1 <input type="checkbox"/> Discharged 2 <input type="checkbox"/> Moved to another continuing care home 	<p>If your family member was discharged or moved to another continuing care home please stop and return this survey in the postage-paid envelope.</p>
<ul style="list-style-type: none"> 3 <input type="checkbox"/> Deceased 	<p>If your family member is deceased, we understand that you may not want to fill out a survey at this time. Please check the box indicating that your family member is deceased and return the survey in the enclosed envelope. If you would like to do the rest of the survey, we would be very grateful for your feedback. Please answer the questions about your family member's last three months at the continuing care home. Thank you for your help.</p>

4. In the last 3 months, has your family member ever shared a room with another person at this continuing care home?

- 1 Yes
- 2 No

5. In the last 3 months, how often was your family member capable of making decisions about their own daily life, such as when to get up, what clothes to wear, and which activities to do?

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

YOUR VISITS

Please answer the following questions for only yourself. Do not include the experiences of other family members.

6. In the last 3 months, about how many times did you visit your family member in-person at the continuing care home?

- 1 0 - 1 times in the last 3 months → go to question 59 on page 8
- 2 2 - 5 times in the last 3 months
- 3 6 - 10 times in the last 3 months
- 4 11 - 20 times in the last 3 months
- 5 More than 20 times in the last 3 months

7. In the last 3 months, during any of your visits, did you try to find a nurse or aide for any reason?

- 1 Yes
- 2 No → if **No**, go to question 9

8. In the last 3 months, how often were you able to find a nurse or aide when you wanted one?

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



9. In the last 3 months, how often did you see the nurses and aides treat your family member with courtesy and respect?

- 1 Never
2 Sometimes
3 Usually
4 Always

10. In the last 3 months, how often did you see the nurses and aides treat your family member with kindness?

- 1 Never
2 Sometimes
3 Usually
4 Always

11. In the last 3 months, how often did you feel that the nurses and aides really cared about your family member?

- 1 Never
2 Sometimes
3 Usually
4 Always

12. In the last 3 months, did you ever see any nurses or aides be rude to your family member or any other resident?

- 1 Yes
2 No

13. In the last 3 months, during any of your visits, did you help your family member with eating?

- 1 Yes
2 No → if No, go to question 15

14. Did you help your family member with eating because the nurses or aides either didn't help or made them wait too long?

- 1 Yes
2 No

15. In the last 3 months, during any of your visits, did you help your family member with drinking?

- 1 Yes
2 No → if No, go to question 17

16. Did you help your family member with drinking because the nurses or aides either didn't help or made them wait too long?

- 1 Yes
2 No

17. "Help toileting" means helping someone get on and off the toilet, or helping to change disposable briefs or pads.

In the last 3 months, during any of your visits to the continuing care home, did you help your family member with toileting?

- 1 Yes
2 No → if No, go to question 19

18. Did you help your family member with toileting because the nurses or aides either didn't help or made them wait too long?

- 1 Yes
2 No

19. In the last 3 months, how often did your family member look and smell clean?

- 1 Never
2 Sometimes
3 Usually
4 Always

20. Sometimes residents make it hard for nurses and aides to provide care by doing things like yelling, pushing or hitting. In the last 3 months, did you see any resident, including your family member, behave in a way that made it hard for nurses or aides to provide care?

- 1 Yes
- 2 No → if No, go to question 22

21. In the last 3 months, how often did the nurses and aides handle this situation in a way that you felt was appropriate?

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

**YOUR EXPERIENCE WITH
NURSES AND AIDES**

22. In the last 3 months, how often did the nurses and aides treat you with courtesy and respect?

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

23. In the last 3 months, did you want to get information about your family member from a nurse or an aide?

- 1 Yes
- 2 No → if No, go to question 25

24. In the last 3 months, how often did you get this information as soon as you wanted?

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

25. In the last 3 months, how often did the nurses and aides explain things in a way that was easy for you to understand?

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

26. In the last 3 months, did the nurses and aides ever try to discourage you from asking questions about your family member?

- 1 Yes
- 2 No

27. In the last 3 months, how often was your family member cared for by the same team of staff?

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

28. In the last 3 months, how often did you feel confident that employees knew how to do their jobs?

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

THE CONTINUING CARE HOME

29. In the last 3 months, how often did your family member's room look and smell clean?

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

30. In the last 3 months, how often were you able to find places to talk to your family member in private?

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

31. In the last 3 months, how often did the public areas of the continuing care home look and smell clean?

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

32. In the last 3 months, did you ever see the nurses and aides fail to protect any resident's privacy while the resident was dressing, showering, bathing, or in a public area?

- 1 Yes
- 2 No

33. Personal medical belongings are things like hearing aids, eye-glasses, and dentures. In the last 3 months, how often were your family member's personal medical belongings damaged or lost?

- 1 Never
- 2 Once
- 3 Two or more times

34. In the last 3 months, did your family member use the continuing care home's laundry services for their clothes?

- 1 Yes
- 2 No → if No, go to question 36

35. In the last 3 months, when your family member used the laundry service, how often were clothes damaged or lost?

- 1 Never
- 2 Once or twice
- 3 Three times or more

36. At any time in the last 3 months, were you ever unhappy with the care your family member received at the continuing care home?

- 1 Yes
- 2 No → if No, go to question 40

37. In the last 3 months, did you talk to any of the continuing care home's staff about this concern?

- 1 Yes
- 2 No → if No, go to question 39

38. In the last 3 months, how often were you satisfied with the way the continuing care home's staff handled these problems?

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

39. In the last 3 months, did you ever stop yourself from talking to any of the continuing care home's staff about your concerns because you thought they would take it out on your family member?

- 1 Yes
- 2 No

CARE OF YOUR FAMILY MEMBER

40. In the last 3 months, have you been involved in decisions about your family member's care?

- 1 Yes
- 2 No → if No, go to question 42

41. In the last 3 months, how often were you involved as much as you wanted to be in the decisions about your family member's care?

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

42. A care conference is a formal meeting about care planning and health progress between a care team and a resident and their family.

In the last 12 months, have you been part of a care conference, either in person or by phone?

- 1 Yes → if **Yes**, go to question 44
- 2 No

43. Were you given the opportunity to be part of a care conference in the last 12 months either in person or by phone?

- 1 Yes
- 2 No

OVERALL RATINGS

44. Using any number from 0 to 10 where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate the care at the continuing care home?

- 0 Worst Care Possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best Care Possible

45. If someone needed facility-based care, would you recommend this continuing care home to them?

- 1 Definitely no
- 2 Probably no
- 3 Probably yes
- 4 Definitely yes

46. In the last 3 months, how often did you feel that there were enough nurses and aides in the continuing care home?

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

OTHER ISSUES

Please remember the questions in this survey are about your experiences. Do not include the experiences of other family members.

47. In the last 3 months, how often did you feel like your family member was safe at the continuing care home?

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

48. In the last 3 months, did you help with the care of your family member when you visited because the nurses and aides either didn't help or made them wait too long?

- 1 Yes
- 2 No

49. Do you feel that the continuing care home staff expect you to help with the care of your family member when you visit?

- 1 Yes
- 2 No

50. Using any number from 0 to 10 where 0 is the worst food possible and 10 is the best food possible, what number would you use to rate the food at the continuing care home?

- 0 0 Worst Food Possible
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10 Best Food Possible

51. In the last 3 months, how often did your family member receive all of the healthcare services and treatments they needed?

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

52. In the last 3 months, how often did you have concerns about your family member's medication?

- 1 Never → if **Never**, go to question 55
- 2 Sometimes
- 3 Usually
- 4 Always

53. Did you talk with any of the continuing care home staff about these medication concerns?

- 1 Yes
- 2 No → if **No**, go to question 55

54. In the last 3 months, how often were your concerns about your family member's medication resolved?

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

55. In the last 3 months, did you ask the continuing care home's staff for information about payments or expenses?

- 1 Yes
- 2 No → if **No**, go to question 57

56. In the last 3 months, how often did you get all the information you wanted about payments or expenses?

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

57. A Resident and Family Council is a group of residents or family from the same continuing care home that meets on a regular basis to improve the quality of life of residents and to identify and address concerns.

Do you feel that participating in the Resident and Family Council helped you feel heard about the things that matter to you?

- 1 No, never
- 2 No, hardly ever
- 3 Yes, sometimes
- 4 Yes, always
- 8 I don't know
- 0 I did not participate
- 7 No Resident and Family Council

58. In the last 3 months, how often were the people in charge available to talk with you? (Such as managers, supervisors, administration)

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

YOU AND YOUR ROLE

As a reminder, you do not need to respond to any questions you prefer not to answer.

59. What is your age?

- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 74
- 7 75 or older

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

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

61. What is the highest grade or level of school that you have completed?

- 1 Grade school or some high school
- 2 Completed high school
- 3 Post-secondary technical school
- 4 Some university or college
- 5 Completed college diploma
- 6 Completed university degree
- 7 Postgrad degree (Master's or Ph.D.)

62. What language do you mainly speak at home?

- 1 English
- 2 French
- 3 Other

63. Considering all of the people who visit your family member in the continuing care home, are you the person who has the most experience with their care?

- 1 Yes
- 2 No
- 8 Don't know

64. Do you have any suggestions how care and services at this continuing care home could be improved? If so, please explain.

Feel free to use the back page or attach an extra page if necessary.

***Thank you for completing this survey.
Your opinions are important to us.***

***Please return the completed survey
in the postage-paid envelope.***

APPENDIX II: SURVEY PROCESS AND METHODOLOGY

Privacy, confidentiality, and ethical considerations

In accordance with the requirements of the *Health Information Act of Alberta* (HIA) and the *Freedom of Information and Protection of Privacy Act* (FOIPPA), an amendment to the HQCA privacy impact assessment for patient experience surveys was submitted to, and accepted by, the Office of the Information and Privacy Commissioner of Alberta specifically for the *Facility-based Continuing Care Family Experience Survey*.

As a provincial custodian, the HQCA follows the HIA and FOIPPA to ensure the security of the information it collects. Potential respondents were informed of the survey's purpose and process, that participation was voluntary, and that their information would be kept confidential. Those respondents who declined to participate were removed from the survey process. Families were informed about the survey through posters and fact sheets. A contact number was provided for those who had questions.

HQCA's Facility-based Continuing Care Family Experience Survey

The survey tool ([Appendix I](#))

The core questions in the *Facility-based Continuing Care Family Experience Survey* were adapted from the CAHPS® *Nursing Home Survey: Family Member Instrument*, including the sets of questions used for the four Dimensions of Care described below. This instrument was used in previous iterations of the HQCA's designated supportive living and long-term care surveys with minimal changes.

The survey is a 64-question self-reported assessment that includes a rating of a family member's overall experience (i.e., Overall Care Rating) with the continuing care home and was used with the permission of the Agency for Healthcare Research and Quality.

The questionnaire was delivered to, and answered by, family members (respondents).

Survey Dimensions of Care

The CAHPS® survey comprises four subscales (i.e., Dimensions of Care):

1. Staffing, Care of Belongings, and Environment
2. Providing Information and Encouraging Family Involvement
3. Kindness and Respect
4. Meeting Basic Needs

Each Dimension of Care comprises multiple questions that share a similar conceptual theme and a summary score is produced for each Dimension of Care. For a list of these questions, see [Appendix VI](#).

Supplementary / additional survey questions

In addition to the above, the survey also comprises questions that address the following topics:

- Suggestions on how care and services provided at the site could be improved (open-ended question)
- Family member rating of the food (Food Rating Scale)
- Willingness to recommend the site (Propensity to Recommend)
- Resident and respondent (family member) characteristics ([Appendix V](#))
- Questions related to medications

Survey response options

Each survey question was typically followed by a two-option *Yes or No* response or a four-option response:

- Always
- Usually
- Sometimes
- Never

Survey scoring

For each survey question, a scoring method was used to transform responses to a scaled measure between 0.0 to 100.0, as shown in Table 9 below, where higher scores represent more positive experiences, and lower scores represent more negative experiences. Negatively framed questions such as Question 12: *In the last 3 months, did you ever see any nurses or aides be rude to your family member or any other resident?* were reverse coded, where *No* responses were coded as 100.0 and *Yes* responses were coded as 0.0.

Table 9: Response option types

Four response options		Two response options	
Response options	Converted scaled value	Answer choice	Converted scaled value
Always	100.0	Yes	100.0
Usually	66.67		
Sometimes	33.33	No	0.0
Never	0.0		

A summary score for each Dimension of Care was generated by using an average of the scaled and weighted survey items within each Dimension of Care, specifically:

1. A Dimension of Care score was generated for respondents who answered at least one question within the associated Dimension of Care.¹⁶ Respondents who met this minimum criterion had missing values (if any) replaced by the site average for that question.
2. Scores for each Dimension of Care were calculated by scaling the survey questions to a 0.0 to 100.0 scale, where 0.0 was the least positive outcome/response and 100.0 was the most positive outcome/response.
3. The scaled scores were then weighted based on how strongly each question related to the Dimension of Care, relative to all other questions within the Dimension of Care. For example, questions that relate more strongly to a Dimension of Care would be weighted slightly more heavily than the other questions within the same Dimension of Care.¹⁷
4. Dimension of Care scores were then calculated by summing individual scaled and weighted survey items and dividing the total score by the number of items within each Dimension of Care (creating an average score).

Note: For the Meeting Basic Needs Dimension of Care, the average required a combination of two questions for each set of questions (i.e., eating, drinking, and toileting). A score of 100.0 was assigned to each set of questions if the respondent indicated that they: (1) had not helped their family member with that basic need OR (2) had helped their family member because they chose to help and not because nurses or aides either didn't help or made the family member wait too long.

A score of 0.0 was assigned to each set of questions (eating, drinking, and toileting) if the respondent indicated that they: had helped their family member AND that they did this because nurses or aides either didn't help or made the family member wait too long.

Survey sampling design and recruitment

The survey was conducted as a census of all eligible participants where contact data was available. Given the small size of continuing care homes, random sampling techniques were not required and would have added little value at the expense of increased complexity for a few larger sites where random selection might have been justified.

Site recruitment and site inclusion criteria

Personal care homes (SL1); group or family care homes or lodges (SL2); and special care homes (including mental health support homes) were excluded from participation.

Eligible respondents (family members) were identified with assistance from site liaisons, who were asked to provide the contact information of each resident's most involved family member or friend. Exclusion criteria included:

- Contacts of new (< 1 month stay at the site) or transitional residents.

¹⁶ Among respondents (N = 8,791), the percentage who gave no responses to any question within each Dimension of Care was low.

¹⁷ The same weight was not used across survey cycles. It was thought that the most appropriate weight, i.e., relative importance of each question, should be determined by the population of each survey year.

- Residents who had no contact person (family member), or whose contact person resided outside of Canada.
- Contacts of deceased residents or residents no longer living at the site.
- Contacts of residents who were listed as a public guardian.

Family members of residents who were deceased after the survey rollout were given the option to complete the survey and to provide responses that reflected the last three months the resident lived in the site.

The 2022-23 survey employed a continuous recruitment strategy and mailings were sent from July 2022 to January 2023.

The following three-stage mailing protocol was used to ensure maximum participation rates:

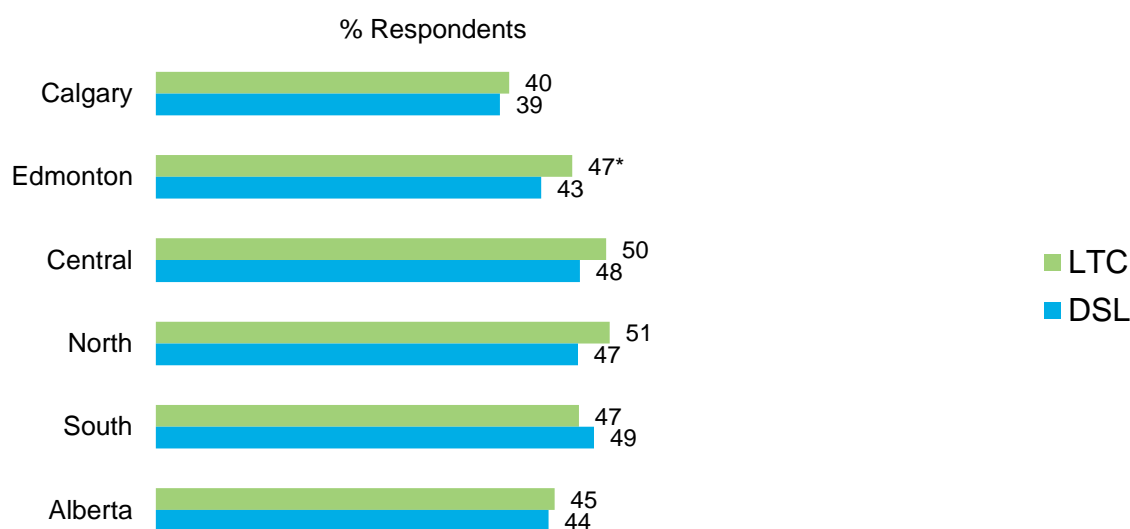
- initial mailing of questionnaire packages
- postcard reminders to all non-respondents
- mailing of questionnaire package with modified cover letter to all non-respondents

Response rates

To reduce the potential for “non-response bias,” it is desirable to achieve a high response rate.

Of the family member contacts obtained from sites, 19,783 (72 per cent) were deemed eligible to participate (after exclusion criteria were applied). A total of 8,791 family members returned a paper survey or completed a web survey and were considered *respondents* (44 per cent).

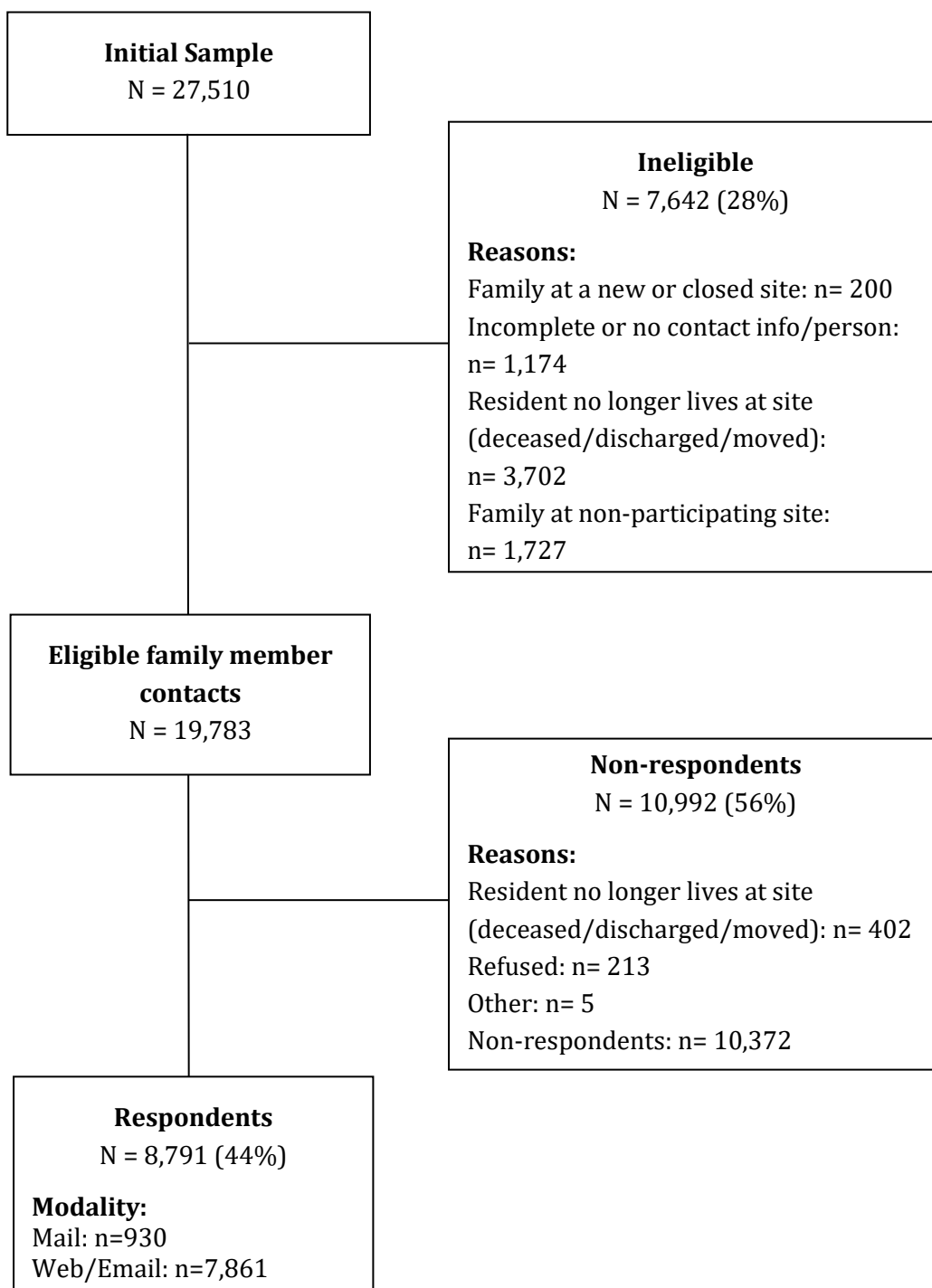
Response rates by level of care and AHS Zone¹⁸



* **Note:** An asterisk beside the result (*) represents a statistically significant difference between the LTC and DSL results.

¹⁸ When results refer to AHS Zone, these results refer to the zone in which the respondent’s resident resides. In other words, it is the zone in which the site referenced is located.

Figure 1: Study flowchart¹⁹



¹⁹ New sites were excluded if they opened less than one year before the start of data collection.

Incomplete or no contact info includes: (1) Residents whose family contact is themselves, (2) family member contact lives at the same site as the resident, or (3) the site stated the resident has no involved family members.

Non-participating sites were eligible sites that did not participate in the survey. This could be due to a number of reasons (e.g., lack of capacity, outbreaks, etc.).

Other includes (1) Language barrier or (2) Blank survey returned.

Modality analysis

Respondents received one of two modalities to complete the survey (email or paper returned by mail). To ensure there were no systematic effects based on the way family members received the survey, results were compared between mail and email.

There were no significant differences between mail and email in any of the measures (Overall Care Rating, Propensity to Recommend, four Dimensions of Care and the Food Rating Scale).

Measure	Mail	Email
Overall Care Rating (0 to 10)	8.3	8.3
Propensity to Recommend (%)	93	92
Dimensions of Care (0 to 100)		
Staffing, Care of Belongings, and Environment	76	75
Kindness and Respect	86	85
Providing Information and Encouraging Family Involvement	83	82
Meeting Basic Needs	92	93
Food Rating Scale	71	71

Comments Analysis - Detailed methodology

Family members were asked to respond to one open-ended survey question: *Do you have any suggestions how care and services at this continuing care home could be improved? If so, please explain.* In total, 5,097 family members (1,980 family members of designated supportive living residents and 3,117 family members of long-term care residents) responded.

Initial analysis of comments determined that themes were consistent with those identified in previous years of the Designated Supportive Living Family Experience and Long Term Care Family Experience surveys, and so these themes guided analysis. Comments were themed into one of the four Dimensions of Care: (1) Staffing, Care of Belongings, and Environment; (2) Kindness and Respect; (3) Providing Information and Encouraging Family Involvement; and (4) Meeting Basic Needs. Additionally, two themes, Food and Safety and Security, were highlighted because of their prominence and importance to family members. When a comment was not related to these themes, it was categorized as ‘Other’. Other themes identified were COVID-19 restrictions and protocols, care transitions, resident and family councils, and recreation.

Family member comments were also analyzed for differences and similarities between continuing care levels of care. However, the topics they described were similar regardless of whether their resident resided in long term care or designated supportive living. As a result, no differences are noted.

Table 10: Guidelines used to code comments by Dimension of Care and additional themes

Dimension of Care: Staffing, Care of Belongings, and Environment	
▪ Additional training and continuous education for staff	▪ Smoking
▪ Cleanliness and condition of suites and common areas	▪ Staff accountability
▪ Laundry services	▪ Staffing levels
▪ Leadership, administration, case managers, and supervision of staff	▪ Temperature and air quality
▪ Noise levels	▪ Transportation of residents
▪ Quality of staff	▪ Volunteering
▪ Resident belongings	▪ Work roles and responsibilities
▪ Resident's ability to be cared for by same staff	
Dimension of Care: Kindness and Respect	
▪ Dignity	▪ Privacy
▪ Interpersonal relations including kindness, respect, courtesy, and concern for resident's well-being	▪ Respect between residents
Food	
▪ Dietary restrictions and meal plans	▪ Quality, variety, taste, nutrition value, temperature, preparation, and presentation
▪ Food service and dining experience	
Dimension of Care: Providing Information and Encouraging Family Involvement	
▪ Care plans and care conferences	▪ Involving family in resident care and providing information
▪ Communication between staff	▪ Language barriers between staff and the family
▪ Contact information	▪ Resident and family councils
▪ General quality of communication	▪ Staff availability to answer questions
▪ How concerns are handled	▪ Staff identification
▪ Information about payments or expenses	
Dimension of Care: Meeting Basic Needs	
▪ Consistent delivery of resident care	▪ Hygiene and grooming
▪ General quality of care	▪ Medications
▪ Healthcare needs	▪ Privately hired care and services
▪ Help and supervision with basic needs including help with eating, drinking, and toileting	▪ Work family members do to help the resident
Safety and Security	
▪ Harm to resident	▪ Perception of resident safety and security
▪ Safety and security measures in the continuing care home	
Other	
▪ Access to the continuing care home	▪ Parking availability, cost, and maintenance
▪ Activities	▪ Provision of resources
▪ Call bell system	▪ Quality and choice of pharmacy
▪ COVID-19 restrictions and protocols	▪ Resident's ability to have choice
▪ Financial concerns	▪ Resident's experience transitioning into the continuing care home
▪ General quality of continuing care home	▪ Resident's placement in a room or continuing care home of choice
▪ Infection control measure	▪ Scheduling of resident's day
▪ Internet	▪ Continuing care home policies and procedures
▪ Maintaining documents and records	▪ Transition of care
▪ Non-classifiable, miscellaneous	

APPENDIX III: CRITERIA FOR SITE INCLUSION IN 2022-23

Criteria for public reporting of data:

1. Confidentiality: five or more family members who responded per facility.
2. ≤ 10 per cent margin of error (with finite population correction)
3. Response rate of ≥ 50 per cent.

Sites were excluded if they were new sites opened less than one year before start of data collection, or if they were not in operation in 2022.

Table 11: Sites not surveyed

Calgary	Silverado Creek Seniors Community
Central	Points West Living Drayton Valley
North	Willow Square Continuing Care Centre
South	York Creek Lodge

Of the eligible surveyed sites:

- 52 met both the response rate of ≥ 50 per cent and the margin of error of ≤ 10 per cent **labelled in green.**
- 113 met EITHER the response rate criterion OR the margin of error criterion **labelled in yellow.**
- 134 did not meet either criterion (excluded from public reporting) **labelled in red.**
- 30 had less than 5 respondents.

Table 12: Site inclusion criteria - Included sites

AHS Zone	Facility Name	Response Rate	Margin of Error
Calgary	AgeCare Seton (LTC)	55%	10%
Calgary	Eau Claire Retirement Residence	57%	9%
Calgary	Evanston Grand Village	61%	7%
Calgary	Generations (LTC)	55%	10%
Calgary	Hawthorne	53%	8%
Calgary	St. Martha's - Banff Mineral Springs	84%	6%
Calgary	Willow Creek Continuing Care Centre	55%	9%
Edmonton	CapitalCare Dickinsfield	50%	5%
Edmonton	CapitalCare Grandview	52%	7%
Edmonton	CapitalCare Laurier House Strathcona	64%	10%
Edmonton	CapitalCare McConnell Place West	71%	8%

AHS Zone	Facility Name	Response Rate	Margin of Error
Edmonton	Citadel Care Centre	56%	7%
Edmonton	Extendicare Leduc	63%	8%
Edmonton	Glastonbury Village	62%	9%
Edmonton	Good Samaritan Stony Plain Care Centre (LTC)	50%	8%
Edmonton	Jubilee Lodge Nursing Home	52%	7%
Edmonton	Lewis Estates Retirement Residence	52%	9%
Edmonton	Lifestyle Options - Whitemud	57%	9%
Edmonton	Rivercrest Care Centre	54%	9%
Edmonton	Rutherford Heights Retirement Residence	56%	8%
Edmonton	Sherwood Care	70%	5%
Edmonton	St. Michael's Long Term Care Centre	60%	6%
Edmonton	The Dianne and Irving Kipnes Centre for Veterans	61%	6%
Central	Bethany CollegeSide	55%	8%
Central	Hanna Health Centre	54%	10%
Central	Louise Jensen Care Centre	55%	10%
Central	Mannville Care Centre	79%	10%
Central	Northcott Care Centre	58%	10%
Central	Park Avenue at Creekside	68%	9%
Central	Points West Living Red Deer (DSL)	54%	7%
Central	Points West Living Stettler	55%	9%
Central	Provost Health Centre	71%	8%
Central	Rosehaven Care Centre	57%	10%
Central	Sagebrush	53%	9%
Central	Seasons Camrose	56%	9%
Central	Sunset Manor	59%	8%
Central	Vegreville Care Centre	65%	9%
North	Dr. W.R. Keir - Barrhead Continuing Care Centre	52%	9%
North	Extendicare Athabasca	63%	10%
North	Grande Prairie Care Centre (LTC)	58%	10%
North	Points West Living Peace River	62%	10%
North	Prairie Lake Seniors Community (DSL)	54%	9%
North	Queen Elizabeth II and Mackenzie Place (DSL)	60%	8%
North	Westlock Healthcare Centre	57%	7%
South	Coaldale Health Centre	66%	10%
South	Extendicare Fairmont Park	56%	6%

AHS Zone	Facility Name	Response Rate	Margin of Error
South	Good Samaritan Linden View	55%	9%
South	Meadow Ridge Seniors Village	51%	10%
South	St. Therese Villa	57%	5%
South	Sunny South Lodge	65%	8%
South	Sunnyside Care Centre (LTC)	53%	9%
South	Sunnyside Care Centre (DSL)	74%	10%
Calgary	AgeCare Glenmore	44%	8%
Calgary	AgeCare McKenzie Towne	41%	9%
Calgary	AgeCare Midnapore	38%	7%
Calgary	AgeCare Seton (DSL)	41%	7%
Calgary	AgeCare SkyPointe (DSL)	46%	10%
Calgary	AgeCare Walden Heights (DSL)	23%	9%
Calgary	Bethany Calgary	26%	7%
Calgary	Bethany Didsbury	47%	9%
Calgary	Bethany Riverview	41%	7%
Calgary	Bow View Manor	44%	6%
Calgary	Cambridge Manor	34%	9%
Calgary	Carewest Colonel Belcher (LTC)	35%	9%
Calgary	Carewest Dr. Vernon Fanning Centre	30%	10%
Calgary	Carewest Garrison Green	44%	7%
Calgary	Carewest George Boyack	47%	6%
Calgary	Carewest Royal Park	51%	13%
Calgary	Carewest Sarcee	56%	12%
Calgary	Didsbury District Health Services	75%	11%
Calgary	Extencicare Cedars Villa	44%	7%
Calgary	Intercare Brentwood Care Centre	44%	5%
Calgary	Intercare Chinook Care Centre	43%	6%
Calgary	Intercare Southwood Care Centre	47%	8%
Calgary	Mayfair Care Centre	37%	10%
Calgary	Newport Harbour Care Centre	35%	9%
Calgary	Rocky Ridge Retirement Community	59%	13%
Calgary	Silver Willow Lodge	55%	17%
Calgary	St. Marguerite Manor	40%	10%
Calgary	St. Teresa Place	44%	6%
Calgary	Vulcan Community Health Centre	73%	12%

AHS Zone	Facility Name	Response Rate	Margin of Error
Calgary	Wentworth Manor/The Residence and The Court (LTC)	46%	10%
Calgary	Wing Kei Crescent Heights	40%	9%
Edmonton	Allen Gray Continuing Care Centre	44%	8%
Edmonton	Benevolence Care Centre	47%	10%
Edmonton	CapitalCare Lynnwood	40%	7%
Edmonton	CapitalCare McConnell Place North	58%	14%
Edmonton	CapitalCare Strathcona	49%	10%
Edmonton	Chartwell Emerald Hills	52%	12%
Edmonton	Chartwell St. Albert	53%	11%
Edmonton	Chateau Vitaline	50%	13%
Edmonton	Covenant Health Youville Home	44%	7%
Edmonton	Devon General Hospital	58%	21%
Edmonton	Devonshire Care Centre	48%	9%
Edmonton	Devonshire Manor	53%	11%
Edmonton	Edmonton General Continuing Care Centre	35%	6%
Edmonton	Extendicare Eaux Claires	46%	7%
Edmonton	Foyer Lacombe	58%	21%
Edmonton	Good Samaritan Dr. Gerald Zetter Care Centre	48%	7%
Edmonton	Good Samaritan Southgate Care Centre	47%	7%
Edmonton	Lifestyle Options - Terra Losa	52%	11%
Edmonton	Miller Crossing Care Centre	45%	8%
Edmonton	Our Parents' Home	50%	14%
Edmonton	Riverbend Retirement Residence	52%	15%
Edmonton	Saint Thomas Health Centre	43%	8%
Edmonton	Salem Manor Nursing Home	48%	9%
Edmonton	Shepherd's Care Millwoods	47%	7%
Edmonton	St. Joseph's Auxiliary Hospital	49%	6%
Edmonton	Tuoi Hac - Golden Age Manor	47%	10%
Edmonton	Venta Care Centre	48%	8%
Edmonton	Villa Marguerite	31%	8%
Edmonton	Wild Rose Retirement Residence	61%	16%
Central	Bashaw Meadows	66%	11%
Central	Bethany Meadows (LTC)	51%	11%
Central	Century Park	53%	14%
Central	Consort Hospital and Care Centre	80%	11%

AHS Zone	Facility Name	Response Rate	Margin of Error
Central	Drumheller Health Centre (LTC)	55%	12%
Central	Eckville Manor House	56%	18%
Central	Extendicare Michener Hill (LTC)	47%	7%
Central	Faith House	50%	25%
Central	Hardisty Health Centre	67%	13%
Central	Innisfail Health Centre	50%	11%
Central	Islay Assisted Living	80%	11%
Central	Our Lady of the Rosary Hospital	50%	19%
Central	Points West Living Red Deer (LTC)	62%	13%
Central	Ponoka Hospital and Care Centre	57%	16%
Central	Providence Place	60%	22%
Central	Royal Oak Manor	43%	10%
Central	Seasons Ponoka	53%	18%
Central	Serenity House	60%	22%
Central	St. Mary's Health Care Centre	56%	15%
Central	Sundre Seniors Supportive Living	61%	12%
Central	Three Hills Health Centre	62%	14%
Central	Timberstone Mews	54%	11%
Central	Tofield Health Centre	50%	14%
Central	Vermilion Valley Lodge	57%	15%
Central	Viewpoint	50%	25%
Central	Villa Marie (DSL)	47%	10%
Central	Villa Marie (LTC)	50%	12%
Central	West Park Lodge	58%	14%
North	Bar V Nook Supportive Living	53%	13%
North	Bonnyville Healthcare Centre	52%	15%
North	Cold Lake Healthcare Centre	71%	12%
North	Evergreen Alpine Summit Seniors Lodge	57%	20%
North	Extendicare Mayerthorpe	55%	14%
North	Extendicare St. Paul	49%	9%
North	Golden Sands	53%	14%
North	Hythe Continuing Care Centre	60%	13%
North	Points West Living Cold Lake	54%	12%
North	Prairie Lake Seniors Community (LTC)	55%	12%
North	Radway Continuing Care Centre	70%	11%

AHS Zone	Facility Name	Response Rate	Margin of Error
North	Shepherd's Care Barrhead	54%	12%
North	Spruce View Lodge	50%	25%
North	Valleyview Health Centre	57%	16%
North	Wild Rose Assisted Living	56%	26%
North	William J. Cadzow - Lac La Biche Healthcare Centre	62%	11%
South	AgeCare Valleyview (LTC)	77%	11%
South	Cardston Health Centre	83%	12%
South	Cypress View	59%	11%
South	Good Samaritan Park Meadows Village	41%	10%
South	Good Samaritan Prairie Ridge	49%	10%
South	Good Samaritan South Ridge Village (LTC)	55%	11%
South	Good Samaritan West Highlands	49%	8%
South	Piyami Place	50%	28%
South	Riverview Care Centre	41%	10%
Calgary	AgeCare Sagewood (LTC)	20%	20%
Calgary	AgeCare Sagewood (DSL)	24%	14%
Calgary	AgeCare SkyPointe (LTC)	42%	11%
Calgary	AgeCare Walden Heights (LTC)	24%	18%
Calgary	Aspen Ridge Lodge	48%	16%
Calgary	Bethany Airdrie	38%	13%
Calgary	Bethany Cochrane	34%	13%
Calgary	Bethany Harvest Hills	42%	12%
Calgary	Carewest Rouleau Manor	25%	17%
Calgary	Carewest Signal Pointe	36%	18%
Calgary	Clifton Manor	39%	11%
Calgary	Extendicare Hillcrest	28%	13%
Calgary	Extendicare Vulcan	42%	29%
Calgary	Father Lacombe Care Centre	30%	11%
Calgary	Generations (DSL)	45%	13%
Calgary	Glamorgan Care Centre	36%	23%
Calgary	Golden Eagle View - Canmore General Hospital	27%	26%
Calgary	High River General Hospital	39%	15%
Calgary	Holy Cross Manor	43%	11%
Calgary	McKenzie Towne Retirement Residence	38%	18%
Calgary	Monterey Seniors Village	28%	12%

AHS Zone	Facility Name	Response Rate	Margin of Error
Calgary	Mount Royal Care Centre	39%	16%
Calgary	Oilfields General Hospital	32%	23%
Calgary	Prominence Way Retirement Community	39%	14%
Calgary	Providence Care Centre (LTC)	39%	11%
Calgary	Providence Care Centre (DSL)	46%	12%
Calgary	Revera Heartland	14%	22%
Calgary	Sage Hill Retirement Residence	39%	12%
Calgary	Seasons High River	41%	11%
Calgary	Strafford Foundation Tudor Manor (DSL)	11%	17%
Calgary	Swan Evergreen Village	42%	14%
Calgary	The Manor Village at Fish Creek Park	46%	11%
Calgary	Wentworth Manor/The Residence and The Court (DSL)	32%	15%
Calgary	Whitehorn Village Retirement Community	20%	20%
Calgary	Wing Kei Greenview (LTC)	37%	12%
Calgary	Wing Kei Greenview (DSL)	39%	11%
Edmonton	Aspen House Care Residence	46%	12%
Edmonton	Balwin Villa	41%	13%
Edmonton	CapitalCare Laurier House Lynnwood	39%	15%
Edmonton	Chartwell Griesbach	32%	11%
Edmonton	Chartwell Heritage Valley	27%	19%
Edmonton	Country Cottage Retirement Residence	48%	18%
Edmonton	Edmonton Chinatown Care Centre	40%	12%
Edmonton	Extencicare Holyrood	47%	13%
Edmonton	Garneau Hall	47%	15%
Edmonton	Good Samaritan George Hennig Place	21%	27%
Edmonton	Good Samaritan Millwoods Care Centre	40%	14%
Edmonton	Good Samaritan Pembina Village	42%	23%
Edmonton	Good Samaritan Spruce Grove Centre	20%	27%
Edmonton	Good Samaritan Stony Plain Care Centre (DSL)	46%	19%
Edmonton	Good Samaritan Wedman House & Village	49%	12%
Edmonton	Grand Manor	26%	22%
Edmonton	Hardisty Care Centre	19%	13%
Edmonton	Jasper Place Continuing Care Centre	43%	11%
Edmonton	Lifestyle Options - Leduc	45%	12%
Edmonton	Lifestyle Options - Schonsee	40%	13%

AHS Zone	Facility Name	Response Rate	Margin of Error
Edmonton	Salvation Army Grace Manor	43%	13%
Edmonton	Shepherd's Care Greenfield	44%	18%
Edmonton	Shepherd's Care Kensington Village (DSL)	34%	13%
Edmonton	Shepherd's Care Kensington Village (LTC)	43%	12%
Edmonton	Shepherd's Care Vanguard	38%	12%
Edmonton	Shepherd's Garden	42%	14%
Edmonton	Shepherd's Gardens Heritage Eden House	40%	16%
Edmonton	South Terrace Continuing Care Centre	41%	11%
Edmonton	Sprucewood Place	36%	14%
Edmonton	St. Albert Retirement Residence	33%	12%
Edmonton	Summerwood Village Retirement Residence	38%	13%
Edmonton	The Churchill by Revera	27%	26%
Edmonton	Village at Westmount	45%	17%
Edmonton	West Country Hearth	43%	21%
Edmonton	WestView Health Centre - Stony Plain	43%	20%
Central	Bethany Meadows (DSL)	29%	26%
Central	Bethany Sylvan Lake (LTC)	46%	15%
Central	Bethany Sylvan Lake (DSL)	33%	27%
Central	Breton Health Centre	43%	21%
Central	Dr. Cooke Extended Care Centre	49%	12%
Central	Drayton Valley Hospital and Care Centre	41%	14%
Central	Extendicare Michener Hill (DSL)	47%	12%
Central	Extendicare Viking	47%	13%
Central	Good Samaritan Clearwater Centre (LTC)	45%	16%
Central	Good Samaritan Clearwater Centre (DSL)	43%	18%
Central	Good Samaritan Good Shepherd Lutheran Home	40%	13%
Central	Hillview Lodge	48%	16%
Central	Lacombe Hospital and Care Centre	48%	11%
Central	Mary Immaculate Care Centre	40%	18%
Central	Memory Lane	45%	21%
Central	Pioneer House	46%	14%
Central	Points West Living Lloydminster	30%	15%
Central	Rimbey Hospital and Care Centre	38%	14%
Central	Seasons Olds	34%	20%
Central	Seasons Wetaskiwin	40%	23%

AHS Zone	Facility Name	Response Rate	Margin of Error
Central	Stettler Hospital and Care Centre	44%	14%
Central	Two Hills Health Centre	47%	13%
Central	Vermilion Health Centre	47%	14%
Central	Wainwright Health Centre	46%	15%
Central	Westview Care Community	39%	17%
Central	Wetaskiwin Hospital and Care Centre	42%	12%
North	Athabasca Healthcare Centre	26%	26%
North	Elk Point Healthcare Centre	29%	23%
North	Extendicare Bonnyville	43%	15%
North	Fairview Health Complex	39%	24%
North	Grande Prairie Care Centre (DSL)	43%	13%
North	Grimshaw/Berwyn and District Community Health Centre	40%	26%
North	La Crete Continuing Care Centre	28%	29%
North	Manning Community Health Centre	38%	27%
North	Manoir du Lac (DSL)	46%	15%
North	Manoir du Lac (LTC)	44%	22%
North	Peace River Community Health Centre	37%	19%
North	Smithfield Lodge	49%	12%
North	South Valley Residence Living	24%	28%
North	St. Therese - St. Paul Healthcare Centre	45%	20%
North	Stone Brook	35%	19%
South	AgeCare Columbia	26%	19%
South	AgeCare Orchard Manor	48%	19%
South	AgeCare Sunrise Gardens	46%	11%
South	Big Country Hospital	44%	19%
South	Bow Island Health Centre	46%	26%
South	Chinook Lodge	46%	26%
South	Clearview Lodge	25%	28%
South	Edith Cavell Care Centre	40%	11%
South	Extendicare Fort Macleod	46%	15%
South	Golden Acres Lodge	40%	18%
South	Good Samaritan Garden Vista	45%	16%
South	Good Samaritan Lee Crest	38%	13%
South	Good Samaritan South Ridge Village (DSL)	44%	15%
South	Good Samaritan Vista Village	46%	11%

AHS Zone	Facility Name	Response Rate	Margin of Error
South	Kainai Continuing Care Centre	33%	27%
South	Masterpiece Southland Meadows (DSL)	44%	11%
South	Masterpiece Southland Meadows (LTC)	42%	17%
South	Milk River Health Centre	40%	23%
South	Pleasant View Lodge - Bow Island	46%	26%
South	St. Michael's Health Centre (DSL)	48%	12%
South	St. Michael's Health Centre (LTC)	44%	14%
South	The Wellington Retirement Residence	45%	20%

Sites with less than 5 respondents		
AHS Zone	Facility name	Number of respondents
Calgary	Carewest Colonel Belcher (DSL)	0
Calgary	Carewest Nickle House	3
Calgary	Kingsland Terrace	2
Calgary	Strafford Foundation Tudor Manor (LTC)	1
Edmonton	CapitalCare Adult Duplexes (Dickinsfield)	4
Edmonton	Kipohtakawkamik Elders Lodge	1
Edmonton	The Gene Zwozdesky Centre at Norwood	4
Central	Chateau Three Hills	3
Central	Drumheller Health Centre (DSL)	3
Central	Eagle View Lodge	3
Central	Heritage House	4
Central	Seasons Drayton Valley	4
Central	Seasons Encore Olds	2
Central	Vegreville Manor	4
Central	Wetaskiwin Meadows	3
North	Aspen House – St. Paul Abilities Network	4
North	Chateau Lac St. Anne	4
North	Elk Point Heritage Lodge	4
North	Emerald Gardens Retirement Residence	2
North	Hinton Continuing Care Centre	0
North	Parkland Lodge	2
North	Pleasant View Lodge - Mayerthorpe	1
North	Queen Elizabeth II and Mackenzie Place (LTC)	3
North	Redwater Health Centre	3

Sites with less than 5 respondents		
AHS Zone	Facility name	Number of respondents
North	Ridgevalley Seniors Home	3
North	St. Theresa General Hospital	2
North	Vilna Lodge	3
South	AgeCare Valleyview (DSL)	0
South	Pioneer Lodge	1
South	Piyami Lodge	3

There were eligible sites that did not participate. This could be due to a number of reasons (e.g., lack of capacity, outbreaks, etc.).

Table 13: Non-participating sites

Calgary	Bow Crest Care Centre
Calgary	Millrise Seniors Village
Calgary	Prince of Peace Harbour
Calgary	Prince of Peace Manor
Calgary	Scenic Acres Retirement Residence
Calgary	The Edgemont
Edmonton	Copper Sky Lodge
Edmonton	Edmonton People in Need - Bridgeway 2
Edmonton	Laurel Heights Retirement Residence
Edmonton	Rosedale Estates
Edmonton	Touchmark at Wedgewood
Central	Bentley Care Centre
Central	Coronation Hospital and Care Centre
Central	Killam Health Care Centre
Central	Lamont Health Care Centre
Central	Lloydminster Continuing Care Centre
Central	Myron Thompson Health Centre (Prev Sundre Hospital)
Central	Olds Hospital and Care Centre
Central	Points West Living Wainwright
Central	The Hamlets at Red Deer
North	Central Peace Health Complex
North	Diamond Spring Lodge
North	Edson Healthcare Centre

North	George McDougall - Smoky Lake Healthcare Centre
North	Heimstaed Lodge
North	J.B. Wood Continuing Care Centre
North	Kahkiyow Keykanow Elders Care Home
North	Mayerthorpe Healthcare Centre
North	Northwest Health Centre
North	Slave Lake Healthcare Centre
North	Sweetgrass
North	Vanderwell Heritage Place
North	Whispering Pines Seniors Lodge
South	Bassano Health Centre
South	Brooks Health Centre
South	Crowsnest Pass Health Centre
South	Legacy Lodge
South	Leisure Way
South	Meadowlands Retirement Residence
South	Prairie Rose Lodge
South	Raymond Health Centre
South	River Ridge Seniors Village
South	Taber Health Centre

APPENDIX IV: FAMILY MEMBER COMMENTS - DIMENSION OF CARE SUMMARIES

Staffing, Care of Belongings, and Environment

Family members commented on the topic of staffing, praising staff and management for treating residents and family with kindness and compassion, for being responsive to questions and concerns, and for their hard work. However, most feel there is insufficient staff to meet residents' basic care needs, reporting delays, rushed or missed care and services. Family members also commented staff turnover, absence, and burnout is high, resulting in less continuity of staff and greater reliance on temporary and casual staff who are not as familiar with residents or their care plan. Overall, family members feel it is important to hire additional staff and improve staff retention to ensure residents receive quality care.

Some family members discussed the care of residents' personal belongings, and suggested better monitoring to prevent loss, and that these items be handled with more care to prevent damage. Many also discussed the environment of the continuing care home, and expressed resident suites and common areas need to be cleaned more often and thoroughly especially flooring and under furniture, maintenance and repairs could be completed in a timelier manner, private and outdoor visiting spaces could be offered, the building and resident suites could be designed to be accessible to a wide range of resident capabilities, and the continuing care home could appear more home-like. Some also expressed concern that the temperature in the building is too hot in the summertime and suggested installing air conditioning to make the climate safe (i.e., to prevent heat exhaustion and dehydration) and more comfortable.

"I believe [the continuing care home] does the very best they can with the staff they have. As is the case everywhere, more staff would obviously decrease the load on the current staff and provide even better care."

"I would say, the facility is beautiful, homey, loads of windows/light, and generally non-institutional in appearance. These qualities contribute greatly to [the resident's] wellbeing."

Food

While some family members said their resident enjoys the meals, most commented it is an area for improvement. Specifically, the taste, quality, texture, variety, freshness, temperature, nutritional value, and presentation of food could improve. Family members expressed concern when residents chose not to eat their meal due to personal preference or because their dietary needs are not accommodated. Some family members described bringing their own meals in to ensure their resident ate. They also worried residents are not being offered enough snacks or beverages, and dehydration is a concern. Overall, meals are considered an important part of residents' health and wellbeing, and family members wish to see improvements.

"[The resident] seems to feel most have never eaten so good or have been waited on as well by the staff."

“It seems it is not about ‘what’ is cooked, but rather ‘how’ it is cooked. I think [the continuing care home] has the facilities to be able to provide much better quality of food.”

Providing Information and Encouraging Family Involvement

Family members appreciate direct communication with friendly and responsive staff. Concerns arise when barriers to communication or delays in receiving information are experienced. It is important to family members that they can reach staff or management by phone or in-person, get regular updates about their resident, and receive requested information and reports on incidents in a timely manner. In addition, that staff and management make family members and residents feel safe and comfortable to request information and/or provide feedback, without fear of dismissal, intimidation, or reprisal. They also want to be invited to attend care conferences and to be given enough time during care conferences to adequately be involved in decisions about resident care.

Family members also observed communication between staff could improve, as staff are not always informed about changes that impact resident care. They suggested staff be given adequate time to update and review resident charts and care plans before working with residents and improve hand-off of information at shift change, so staff are informed and up to date.

“My concerns have always been addressed and met with respect and understanding by all nurses, aides, and other staff at [the continuing care home].”

“The day-to-day communication of [the resident] in care remains a complete mystery to me. I have friends with [family members] in other facilities and they receive a daily (or at most weekly) report by text or email of how their loved one was during the week. I went from being [the resident’s caregiver] to not having a clue how [the resident] is each day.”

Kindness and Respect

It is important to family members that staff take the time to get to know residents and engage residents in conversation. They described their appreciation for staff who treat residents like family and are kind and caring in their interactions. There are some family members who believe that because staff are busy and overburdened, residents are not always treated as a person, but rather a care task to be completed, which is felt to be dehumanizing. Family members reported resident’s privacy and dignity are at times violated, such as when staff enter resident’s rooms unannounced. Also, that resident rooms and personal belongings are not always respected, as some staff remove items without permission. Family members would like staff to treat residents and their suite with respect and seek to build relationships with residents to foster trust, support resident’s quality of life and emotional wellbeing through socialization and companionship.

“[The resident] often speaks highly of the residence and how the staff treat [them] like a member of their own family, not just a number on a task sheet.”

“There is limited one-to-one interactions that aren’t healthcare related. I would like to see scheduled one-to-one interactions with [the resident], by staff such as a discussion about the past, sharing stories - true social interaction.”

Meeting Basic Needs

While many family members commented residents' care needs are met, many more felt they are not, or are not being met in a timely manner. They described delayed, hurried, or missed care tasks, including bathing, hygiene and grooming, oral hygiene, dressing, toileting, eating, drinking fluids, repositioning, medications, and addressing health concerns. Family members conveyed staff are trying their best but do not have capacity to support the scheduled and unscheduled care needs of residents. They observed resident care plans are not always followed and implemented, and there are at times substantial delays in getting help. To supplement care, some family members said they help their resident or have hired private staff. Family members recommended increasing the number of staff available to support residents at all hours of the day. Also, they suggested investing in improving residents' strength and mobility, such as through physiotherapy and occupational therapy, to enhance physical autonomy and reduce dependence on staff to support with physical mobilization and care tasks.

“The staff and doctors are extremely attentive and caring and involved in seeing that [the resident's] physical, emotional, and mental health needs are being taken care of.”

“I have seen residents wait an unacceptable amount of time for assistance after asking for help or pressing their call button.”

Safety and Security

Some family members discussed their perception of resident safety and security, and most who provided this type of comment said they feel their resident is safe living in a continuing care home. Some expressed concerns, particularly about resident falls, conflict between residents, and residents' ability to wander from the building. A small number of family members reported that their loved one has experienced harm or abuse, including physical, verbal, emotional harm and neglect by staff or other residents.²⁰ Some described circumstances whereby their resident had an adverse medical event that was a result of delayed assessment or treatment of a health concern, resulting in hospitalization. To address their safety concerns, family members suggested more staff are needed to monitor residents, that call bells should be checked to ensure they are functioning and always within reach, and to consider additional security measures like installing bed alarms and security cameras.

“We can rely on them to keep [the resident] safe and well cared for at all times.”

“[The continuing care home] currently uses call buttons that the residents wear. The trouble with these types of call buttons is that the user must be able to push the button in a time of need. Fall detection devices would enable staff to assist residents in a much more timely fashion and perhaps save a life as well.”

²⁰ HQCA notifies sites and/or AHS Quality Management of these comments.

Other

Below is a summary of themes that did not relate to the Dimensions of Care or to the theme Safety and Security. Other themes identified were COVID-19 restrictions and protocols, care transitions, resident and family councils, and recreation.

COVID-19 restrictions and protocols

Provincial COVID-19 restrictions²¹ for the general population of residents in Alberta lifted on June 30, 2022. However there continued to be restrictions in healthcare centers, including continuing care during the time period in which the survey was in the field.²² Management of these restrictions transitioned from the Chief Medical Officer of Health to Alberta Health Services. For some family members, COVID-19 restrictions were thus top of mind. Family members expressed polarizing views, with some sharing their appreciation for ongoing restrictions, and others finding these unreasonable. Some concerns expressed with continued restrictions include adverse impact to resident quality of life, ability for residents to get basic needs met when on isolation and increased social isolation.

Family members also observed that unlike during the pandemic, their resident's continuing care home provides less information concerning COVID-19. To facilitate risk assessment and to plan their visits, these family members said they would like to regularly receive information concerning the continuing care home's outbreak status, when their resident is suspected or confirmed to have COVID-19, and what protocols are in place to mitigate risk and manage cases of COVID-19. Some also said virtual visiting was discontinued and wanted this option to be made available again.

“Prolonging the COVID mandates further than what government regulations were was an additional emotional/mental and quality of care cost to residents and their families.”

“I would like weekly [virtual] chats resumed so I can see my loved one more easily as COVID has made in person visits more difficult.”

Care transitions

In their comments, some family members talked about how challenging the experience of transitioning a resident to facility based continuing care can be. They recommended a more thorough orientation to it, including receiving more information from the continuing care home, and for the continuing care home to set realistic expectations prior to move-in. For example, family members want to have frank conversations about their resident's acuity and care trajectory and the continuing care home's capacity to care for the resident long-term. They also described other supports and information they wished they had access to, such as: government subsidies; a checklist of what they need to accomplish prior to move-in (e.g., services to access and items to purchase); and a sample of daily routines, a meals menu, and a recreation calendar. Family members also said their information needs change as residents' health and care needs change. As

²¹ All Chief Medical Officer of Health orders specific to continuing care were lifted on June 30, 2022. Alberta Health Services incorporated infection prevention and control guidance and requirements into its standard operating policies and procedures as a shift to a more routine approach to disease management occurred. See [COVID-19 info for Albertans | Alberta.ca](https://www.alberta.ca/covid-19-info-for-albertans-j-alberta.ca) for more information.

²² Surveying occurred between July 2022 and January 2023.

an example, one family member suggested bereavement support and information about funeral planning would be helpful.

“A caregiver orientation would be very useful and helpful for those who are new to the elder care and long-term care centre scene. I did not know what services were available at [the continuing care home], e.g., dental hygienist, podiatrist, or how to access the services, and this is something that is essential for caregivers to know. I felt like I had been parachuted into an unknown land with no map.”

Resident and family councils

Some family members commented on their involvement in their continuing care home’s resident and family council meetings, while others are unfamiliar and expressed interest in participating and would like to know more. Those who had attended previously recommended increasing the value and awareness of the meetings by ensuring the purpose, schedule, and minutes of the meetings are widely communicated to all residents, family, and staff. They also suggested improving attendance by making available virtual and call-in options to those who cannot physically attend and to consider scheduling meetings during evening hours or weekends to accommodate working family. Lastly, to ensure enough time is scheduled for all participants to share their thoughts and ideas and to action ideas that are feasible and result in meaningful change.

“I would love to be involved in a family/resident council, but the first I heard about it was in this survey.”

Recreation

Family members conveyed access to exercise, activities, and socialization opportunities are important to resident mental health and quality of life. While some expressed appreciation for the recreation opportunities available, most suggested this is an area for improvement as they feel residents spend unreasonable amounts of time alone in their suites. Some said this may be in part due to the COVID-19 pandemic as it contributed to an increase in social isolation because recreational offerings were limited, and socialization was discouraged. Family members recommended reopening recreation spaces, increasing the variety and frequency of activities available, and to support and encourage residents to attend. Alternatively, for residents uncomfortable participating in group activities to have companion services available for one-to-one visiting. When designing an activities program, family members suggested staff consult residents for input, and ensure activities are suited to a wide range of abilities. Some of their suggestions included: pet visits, sensory experiences, entertainers, cooking and baking, music, group walks, and movie nights. Some family members expressed the opinion that if residents are enriched, they will be less agitated, have fewer ‘behaviours’, and have improved mental health and quality of life.

“I would like to see more activities available. [The resident] is used to keeping busy. If [they have] too much spare time [the resident] gets easily depressed.”

“My main recommendations are that there needs to be some type of physical, recreational and client engagement activities. For the most part the clients spend the majority of their time in their rooms which is very isolating, and unfortunately this has become the norm due to COVID.”

APPENDIX V: 2022-23 RESPONDENT AND RESIDENT CHARACTERISTICS

Several questions about respondent (family member) and resident characteristics were included in the survey questionnaire. These were intended to describe the respondent sample and the residents they represent.

Respondent (i.e., family member) characteristics

Respondent characteristics were grouped into two categories:

1. Respondents' relationship and level of involvement with the resident:
 - a) respondent relationship to resident
 - b) frequency of visits
 - c) most experienced person with care
2. Socio-demographic profiles of respondents:
 - a) age
 - b) gender
 - c) education
 - d) language most commonly spoken at home

Detailed results for each attribute are reported in the following pages. Percentages may not always add to 100 per cent due to rounding.

Respondent relationship to resident

Respondents were asked the following question (Q1): *Who is the person named on the cover letter?* The majority of respondents reported that they were representing their parents (65 per cent).

Table 14: Respondent relationship to resident by AHS Zone

	Alberta (N = 8,099)	Calgary Zone (N = 2,507)	Edmonton Zone (N = 2,680)	Central Zone (N = 1,373)	North Zone (N = 667)	South Zone (N = 872)
	%	%	%	%	%	%
My Spouse/Partner	16	18	14	16	16	15
My Parent	65	63	68	65	63	63
My Mother-in-law / Father-in-law	2	2	2	3	3	3
My Grandparent	1	1	1	1	1	1
My Aunt / Uncle	3	2	3	3	3	3
My Sister / Brother	6	7	7	6	5	7
My Child	2	2	2	3	3	2
My Friend	2	3	2	2	1	3
Other (specify)	3	3	2	3	4	4
Total	100	100	100	100	100	100

Frequency of visits

Respondents were asked the following question (Q6): *In the last 3 months, about how many times did you visit your family member in-person at the continuing care home?* Respondents who answered 0-1 time were instructed to skip to the demographic section of the questionnaire. Responses for those respondents who answered 0-1 time but continued to answer the survey questions were set to *missing*.

Table 15: Frequency of visits by AHS Zone

	Alberta (N = 8,461)	Calgary Zone (N = 2,636)	Edmonton Zone (N = 2,807)	Central Zone (N = 1,428)	North Zone (N = 691)	South Zone (N = 899)
	%	%	%	%	%	%
More than 20 times in the last 3 months	39	39	39	35	37	45
11 - 20 times in the last 3 months	25	25	26	25	24	22
6 - 10 times in the last 3 months	15	14	14	17	17	13
2 - 5 times in the last 3 months	15	14	14	17	16	14
0 - 1 time in the last 3 months	6	7	7	6	6	5
Total	100	100	100	100	100	100

Most experienced person with resident care

Respondents were asked the following question (Q63): *Considering all the people who visit your family member in the continuing care home, are you the person who has the most experience with their care?*

Table 16: Most experienced person with resident care by AHS Zone

	Alberta (N = 8,278)	Calgary Zone (N = 2,593)	Edmonton Zone (N = 2,740)	Central Zone (N = 1,406)	North Zone (N = 669)	South Zone (N = 870)
	%	%	%	%	%	%
Yes	88	87	89	87	87	87
No	8	9	7	9	9	9
Don't know	4	4	4	4	4	4
Total	100	100	100	100	100	100

Age

Respondents were asked the following question (Q59): *What is your age?*

Table 17: Respondent age (years) by AHS Zone

	Alberta (N = 8,131)	Calgary Zone (N = 2,536)	Edmonton Zone (N = 2,693)	Central Zone (N = 1,394)	North Zone (N = 655)	South Zone (N = 853)
	%	%	%	%	%	%
18 to 24	0	0	0	0	0	0
25 to 34	1	1	1	1	1	1
35 to 44	3	3	3	2	3	3
45 to 54	13	13	13	12	12	11
55 to 64	37	36	38	37	40	32
65 to 74	32	31	32	33	29	36
75 or older	15	16	13	15	15	16
Total	100	100	100	100	100	100

Gender

Respondents were asked the following question (Q60): *Which of the following best describes your gender identity?*

Table 18: Respondent gender by AHS Zone

	Alberta (N = 8,186)	Calgary Zone (N = 2,556)	Edmonton Zone (N = 2,711)	Central Zone (N = 1,402)	North Zone (N = 655)	South Zone (N = 862)
	%	%	%	%	%	%
Man	29	31	28	28	30	30
Woman	70	69	72	72	69	69
Non-binary	0	0	0	0	0	0
Transgender	0	0	0	0	0	0
I prefer to self-describe	0	0	0	0	0	0
Total	100	100	100	100	100	100

Education

Respondents were asked the following question (Q61): *What is the highest grade or level of school that you have completed?*

Table 19: Respondent education level by AHS Zone

	Alberta (N = 7,773)	Calgary Zone (N = 2,421)	Edmonton Zone (N = 2,581)	Central Zone (N = 1,325)	North Zone (N = 625)	South Zone (N = 821)
	%	%	%	%	%	%
Grade school or some high school	5	3	4	8	10	5
Completed high school	19	15	19	25	25	21
Post-secondary technical school	13	12	13	15	17	13
Some university or college	13	14	13	11	13	15
Completed college diploma	20	19	19	23	18	23
Completed university degree	21	26	24	13	13	16
Postgrad degree (Master's or Ph.D.)	8	11	9	6	4	8
Total	100	100	100	100	100	100

Language

Respondents were asked the following question (Q62): *What language do you mainly speak at home?*

Table 20: Respondent language at home by AHS Zone

	Alberta (N = 8,274)	Calgary Zone (N = 2,578)	Edmonton Zone (N = 2,741)	Central Zone (N = 1,413)	North Zone (N = 671)	South Zone (N = 871)
	%	%	%	%	%	%
English	96	95	96	99	98	99
French	0	0	1	0	1	0
Other	3	5	4	0	1	1
Total	100	100	100	100	100	100

Resident characteristics

The following *resident* information was collected in the survey:

- whether the resident lived in a shared room
- resident autonomy

Shared room

Respondents were asked the following question (Q4): *In the last 3 months, has your family member ever shared a room with another person at this continuing care home?*

Table 21: Resident in shared room by AHS Zone

	Alberta (N = 8,037)	Calgary Zone (N = 2,489)	Edmonton Zone (N = 2,658)	Central Zone (N = 1,368)	North Zone (N = 661)	South Zone (N = 861)
	%	%	%	%	%	%
Yes	20	22	25	13	21	9
No	80	78	75	87	79	91
Total	100	100	100	100	100	100

Resident autonomy

Respondents were asked the following question (Q5): *In the last 3 months, how often was your family member capable of making decisions about their own daily life, such as when to get up, what clothes to wear, and which activities to do?*

Table 22: Resident autonomy by AHS Zone

	Alberta (N = 7,876)	Calgary Zone (N = 2,447)	Edmonton Zone (N = 2,592)	Central Zone (N = 1,343)	North Zone (N = 644)	South Zone (N = 850)
	%	%	%	%	%	%
Always	21	22	17	26	19	25
Usually	24	23	23	27	27	24
Sometimes	28	29	29	25	31	29
Never	26	26	31	22	23	22
Total	100	100	100	100	100	100

APPENDIX VI: SUMMARY OF 2022-23 PROVINCIAL AND ZONE-LEVEL RESPONSES TO INDIVIDUAL SURVEY QUESTIONS

This section provides a detailed analysis of responses to individual survey questions. The results for long term care and designated supportive living have been combined.

Note: Percentages may not always add to 100 per cent due to rounding. Responses “Don’t Know” and “Not applicable” were coded as missing.

Table 23: Propensity to Recommend by AHS Zone

Q45: If someone needed facility-based care, would you recommend this continuing care home to them?						
	Alberta (N = 7,752)	Calgary Zone (N = 2,400)	Edmonton Zone (N = 2,565)	Central Zone (N = 1,340)	North Zone (N = 627)	South Zone (N = 820)
	%	%	%	%	%	%
Definitely yes	55	57	55	54	55	55
Probably yes	37	35	38	39	35	36
Probably no	6	6	6	6	7	7
Definitely no	2	2	2	2	3	2
Total	100	100	100	100	100	100

Table 24: Dimension of Care: Staffing, Care of Belongings, and Environment question-level results by AHS Zone

Q8: In the last 3 months, how often were you able to find a nurse or aide when you wanted one? (Among those who answered YES to Q7)						
	Alberta (N = 6,284)	Calgary Zone (N = 2,005)	Edmonton Zone (N = 2,120)	Central Zone (N = 1,025)	North Zone (N = 490)	South Zone (N = 644)
	%	%	%	%	%	%
Always	41	41	42	41	37	39
Usually	42	41	42	41	42	41
Sometimes	17	17	15	17	20	20
Never	1	1	1	1	1	0
Total	100	100	100	100	100	100

Q19: In the last 3 months, how often did your family member look and smell clean?						
	Alberta (N = 7,935)	Calgary Zone (N = 2,453)	Edmonton Zone (N = 2,624)	Central Zone (N = 1,354)	North Zone (N = 651)	South Zone (N = 853)
	%	%	%	%	%	%
Always	45	42	43	50	46	47
Usually	46	47	47	42	45	45
Sometimes	9	10	9	7	8	7
Never	1	1	1	1	1	1
Total	100	100	100	100	100	100

Q29: In the last 3 months, how often did your family member's room look and smell clean?

	Alberta (N = 7,867)	Calgary Zone (N = 2,436)	Edmonton Zone (N = 2,601)	Central Zone (N = 1,350)	North Zone (N = 640)	South Zone (N = 840)
	%	%	%	%	%	%
Always	49	47	49	54	52	47
Usually	40	41	40	37	38	41
Sometimes	9	10	9	8	8	10
Never	1	1	1	1	1	2
Total	100	100	100	100	100	100

Q31: In the last 3 months, how often did the public areas of the continuing care home look and smell clean?

	Alberta (N = 7,842)	Calgary Zone (N = 2,430)	Edmonton Zone (N = 2,595)	Central Zone (N = 1,347)	North Zone (N = 637)	South Zone (N = 833)
	%	%	%	%	%	%
Always	69	67	67	75	68	71
Usually	27	28	29	23	28	27
Sometimes	3	4	4	2	4	2
Never	0	0	1	0	0	0
Total	100	100	100	100	100	100

Q33: In the last 3 months, how often were your family member's personal medical belongings damaged or lost?

	Alberta (N = 7,653)	Calgary Zone (N = 2,369)	Edmonton Zone (N = 2,530)	Central Zone (N = 1,320)	North Zone (N = 618)	South Zone (N = 816)
	%	%	%	%	%	%
Never	74	73	74	79	72	74
Once	16	16	17	13	17	16
Two or more times	10	11	9	8	11	10
Total	100	100	100	100	100	100

Q35: In the last 3 months, when your family member used the laundry service, how often were clothes damaged or lost? (Among those who answered YES to Q34)

	Alberta (N = 5,765)	Calgary Zone (N = 1,767)	Edmonton Zone (N = 1,969)	Central Zone (N = 966)	North Zone (N = 463)	South Zone (N = 600)
	%	%	%	%	%	%
Never	57	54	57	62	57	62
Once or twice	33	34	34	32	32	32
Three times of more	9	11	9	7	11	7
Total	100	100	100	100	100	100

Q46: In the last 3 months, how often did you feel that there were enough nurses and aides in the continuing care home?

	Alberta (N = 7,734)	Calgary Zone (N = 2,403)	Edmonton Zone (N = 2,546)	Central Zone (N = 1,331)	North Zone (N = 632)	South Zone (N = 822)
	%	%	%	%	%	%
Always	18	21	17	18	17	17
Usually	45	46	47	44	41	42
Sometimes	23	22	22	24	26	25
Never	13	11	13	14	16	16
Total	100	100	100	100	100	100

Table 25: Dimension of Care: Kindness and Respect question-level results by AHS Zone

Q9: In the last 3 months, how often did you see the nurses and aides treat your family member with courtesy and respect?

	Alberta (N = 7,900)	Calgary Zone (N = 2,451)	Edmonton Zone (N = 2,610)	Central Zone (N = 1,345)	North Zone (N = 645)	South Zone (N = 849)
	%	%	%	%	%	%
Always	69	69	70	71	67	68
Usually	25	26	25	24	26	26
Sometimes	5	5	5	5	6	4
Never	1	1	1	1	1	1
Total	100	100	100	100	100	100

Q10: In the last 3 months, how often did you see the nurses and aides treat your family member with kindness?

	Alberta (N = 7,887)	Calgary Zone (N = 2,440)	Edmonton Zone (N = 2,608)	Central Zone (N = 1,345)	North Zone (N = 647)	South Zone (N = 847)
	%	%	%	%	%	%
Always	67	66	66	68	68	68
Usually	27	27	27	27	27	26
Sometimes	6	6	6	5	5	5
Never	1	1	0	1	1	1
Total	100	100	100	100	100	100

Q11: In the last 3 months, how often did you feel that the nurses and aides really cared about your family member?

	Alberta (N = 7,876)	Calgary Zone (N = 2,434)	Edmonton Zone (N = 2,608)	Central Zone (N = 1,342)	North Zone (N = 642)	South Zone (N = 850)
	%	%	%	%	%	%
Always	53	52	52	55	52	55
Usually	35	35	36	36	37	32
Sometimes	11	12	11	9	10	12
Never	1	1	1	1	1	1
Total	100	100	100	100	100	100

Q12: In the last 3 months, did you ever see any nurses or aides be rude to your family member or any other resident?

	Alberta (N = 7,870)	Calgary Zone (N = 2,442)	Edmonton Zone (N = 2,602)	Central Zone (N = 1,343)	North Zone (N = 643)	South Zone (N = 840)
	%	%	%	%	%	%
No	91	91	91	93	91	92
Yes	9	9	9	7	9	8
Total	100	100	100	100	100	100

Q21: In the last 3 months, how often did the nurses and aides handle this situation in a way that you felt was appropriate? (Among those who answered YES to Q20)

	Alberta (N = 1,861)	Calgary Zone (N = 627)	Edmonton Zone (N = 695)	Central Zone (N = 246)	North Zone (N = 123)	South Zone (N = 170)
	%	%	%	%	%	%
Always	56	54	58	55	53	61
Usually	33	37	30	33	37	28
Sometimes	8	7	9	11	7	9
Never	3	2	3	1	2	2
Total	100	100	100	100	100	100

Table 26: Dimension of Care: Providing Information and Encouraging Family Involvement question-level results by AHS Zone

Q24: In the last 3 months, how often did you get this information as soon as you wanted? (Among those who answered YES to Q23)						
	Alberta (N = 6,722)	Calgary Zone (N = 2,094)	Edmonton Zone (N = 2,268)	Central Zone (N = 1,126)	North Zone (N = 527)	South Zone (N = 707)
	%	%	%	%	%	%
Always	46	46	44	47	47	48
Usually	39	39	41	37	38	37
Sometimes	13	13	13	14	13	13
Never	2	1	2	2	2	3
Total	100	100	100	100	100	100

Q25: In the last 3 months, how often did the nurses and aides explain things in a way that was easy for you to understand?						
	Alberta (N = 7,762)	Calgary Zone (N = 2,393)	Edmonton Zone (N = 2,574)	Central Zone (N = 1,325)	North Zone (N = 634)	South Zone (N = 836)
	%	%	%	%	%	%
Always	62	61	61	63	64	64
Usually	29	30	29	28	26	28
Sometimes	7	8	8	7	8	6
Never	2	2	2	2	3	2
Total	100	100	100	100	100	100

Q26: In the last 3 months, did nurses and aides ever try to discourage you from asking questions about your family member?						
	Alberta (N = 7,856)	Calgary Zone (N = 2,433)	Edmonton Zone (N = 2,603)	Central Zone (N = 1,345)	North Zone (N = 634)	South Zone (N = 841)
	%	%	%	%	%	%
No	98	97	98	98	98	98
Yes	2	3	2	2	2	2
Total	100	100	100	100	100	100

Table 27: Dimension of Care: Providing Information and Encouraging Family Involvement question-level results by AHS Zone (continued)

Q39: In the last 3 months, did you ever stop yourself from talking to any of the continuing care home's staff about your concerns because you thought they would take it out on your family member?						
	Alberta (N = 2,130)	Calgary Zone (N = 656)	Edmonton Zone (N = 730)	Central Zone (N = 367)	North Zone (N = 175)	South Zone (N = 202)
	%	%	%	%	%	%
No	69	69	69	72	69	59
Yes	31	31	31	28	31	41
Total	100	100	100	100	100	100

Q41: In the last 3 months, how often were you involved as much as you wanted to be in the decisions about your family member's care?						
	Alberta (N = 6,631)	Calgary Zone (N = 2,069)	Edmonton Zone (N = 2,216)	Central Zone (N = 1,118)	North Zone (N = 539)	South Zone (N = 689)
	%	%	%	%	%	%
Always	61	62	60	61	63	63
Usually	31	29	32	31	29	31
Sometimes	8	9	8	7	7	6
Never	0	0	0	1	1	1
Total	100	100	100	100	100	100

Q56: In the last 3 months, how often did you get all the information you wanted about payments or expenses? (Among those who answered YES to Q55)						
	Alberta (N = 1,426)	Calgary Zone (N = 479)	Edmonton Zone (N = 492)	Central Zone (N = 204)	North Zone (N = 105)	South Zone (N = 146)
	%	%	%	%	%	%
Always	67	69	66	64	69	64
Usually	21	21	21	20	25	21
Sometimes	8	7	9	11	2	11
Never	4	3	4	5	5	3
Total	100	100	100	100	100	100

Table 28: Dimension of Care: Meeting Basic Needs question-level results by AHS Zone

Q14: In the last 3 months, did you help your family member with eating because nurses or aides either didn't help or made him or her wait too long? (Among those who answered YES to Q13)						
	Alberta (N = 2,613)	Calgary Zone (N = 827)	Edmonton Zone (N = 1,030)	Central Zone (N = 352)	North Zone (N = 190)	South Zone (N = 214)
	%	%	%	%	%	%
No	80	81	81	74	79	79
Yes	20	19	19	26	21	21
Total	100	100	100	100	100	100

Q16: In the last 3 months, did you help your family member with drinking because the nurses or aides either didn't help or made him or her wait too long? (Among those who answered YES to Q15)						
	Alberta (N = 2,786)	Calgary Zone (N = 883)	Edmonton Zone (N = 1,016)	Central Zone (N = 411)	North Zone (N = 218)	South Zone (N = 258)
	%	%	%	%	%	%
No	79	80	81	76	76	75
Yes	21	20	19	24	24	25
Total	100	100	100	100	100	100

Q18: In the last 3 months, did you help your family member with toileting because the nurses or aides either didn't help or made him or her wait too long? (Among those who answered YES to Q17)						
	Alberta (N = 1,371)	Calgary Zone (N = 433)	Edmonton Zone (N = 471)	Central Zone (N = 220)	North Zone (N = 113)	South Zone (N = 134)
	%	%	%	%	%	%
No	57	56	57	60	55	57
Yes	43	44	43	40	45	43
Total	100	100	100	100	100	100

Additional care questions

Table 29: Additional care questions by AHS Zone

Q22: In the last 3 months, how often did the nurses and aides treat you with courtesy and respect?						
	Alberta (N = 7,924)	Calgary Zone (N = 2,453)	Edmonton Zone (N = 2,618)	Central Zone (N = 1,356)	North Zone (N = 647)	South Zone (N = 850)
	%	%	%	%	%	%
Always	78	78	78	79	75	75
Usually	20	19	20	19	23	21
Sometimes	3	3	3	2	1	3
Never	0	0	0	0	1	0
Total	100	100	100	100	100	100

Q27: In the last 3 months, how often was your family member cared for by the same team of staff?						
	Alberta (N = 7,306)	Calgary Zone (N = 2,296)	Edmonton Zone (N = 2,427)	Central Zone (N = 1,223)	North Zone (N = 586)	South Zone (N = 774)
	%	%	%	%	%	%
Always	14	15	12	13	17	15
Usually	65	64	67	66	60	63
Sometimes	20	20	19	20	22	21
Never	1	1	1	1	2	1
Total	100	100	100	100	100	100

Q28: In the last 3 months, how often did you feel confident that employees knew how to do their jobs?						
	Alberta (N = 7,832)	Calgary Zone (N = 2,432)	Edmonton Zone (N = 2,591)	Central Zone (N = 1,342)	North Zone (N = 633)	South Zone (N = 834)
	%	%	%	%	%	%
Always	47	47	47	46	47	46
Usually	41	41	41	42	41	43
Sometimes	11	11	11	11	11	10
Never	1	1	1	1	1	1
Total	100	100	100	100	100	100

Table 30: Additional care questions by AHS Zone (continued)

Q30: In the last 3 months, how often were you able to find places to talk to your family member in private?						
	Alberta (N = 7,806)	Calgary Zone (N = 2,411)	Edmonton Zone (N = 2,573)	Central Zone (N = 1,347)	North Zone (N = 638)	South Zone (N = 837)
	%	%	%	%	%	%
Always	79	79	78	81	77	83
Usually	16	16	17	15	18	14
Sometimes	3	3	4	3	3	2
Never	1	2	1	1	1	0
Total	100	100	100	100	100	100

Q32: In the last 3 months, did you ever see the nurses and aides fail to protect any resident's privacy while the resident was dressing, showering, bathing or in a public area?						
	Alberta (N = 7,702)	Calgary Zone (N = 2,375)	Edmonton Zone (N = 2,554)	Central Zone (N = 1,327)	North Zone (N = 617)	South Zone (N = 829)
	%	%	%	%	%	%
No	96	96	95	96	97	97
Yes	4	4	5	4	3	3
Total	100	100	100	100	100	100

Q36: At any time in the last 3 months, were you ever unhappy with the care your family member received at the continuing care home?						
	Alberta (N = 7,799)	Calgary Zone (N = 2,413)	Edmonton Zone (N = 2,587)	Central Zone (N = 1,338)	North Zone (N = 631)	South Zone (N = 830)
	%	%	%	%	%	%
No	72	72	71	72	72	74
Yes	28	28	29	28	28	26
Total	100	100	100	100	100	100

Q38: In the last 3 months, how often were you satisfied with the way the continuing care home's staff handled these problems? (Among those who answered YES to Q37)						
	Alberta (N = 1,848)	Calgary Zone (N = 579)	Edmonton Zone (N = 627)	Central Zone (N = 316)	North Zone (N = 151)	South Zone (N = 175)
	%	%	%	%	%	%
Always	9	8	11	9	8	8
Usually	40	39	42	41	38	41
Sometimes	41	43	39	41	42	39
Never	10	10	8	9	13	12
Total	100	100	100	100	100	100

Table 31: Additional care questions by AHS Zone (continued)

Q42: In the last 12 months, have you been part of a care conference, either in person or by phone?						
	Alberta (N = 7,814)	Calgary Zone (N = 2,425)	Edmonton Zone (N = 2,577)	Central Zone (N = 1,345)	North Zone (N = 635)	South Zone (N = 832)
	%	%	%	%	%	%
Yes	79	86	76	77	76	77
No	21	14	24	23	24	23
Total	100	100	100	100	100	100

Q43: Were you given the opportunity to be part of a care conference in the last 12 months either in person or by phone? (Among those who answered NO to Q42)						
	Alberta (N = 1,537)	Calgary Zone (N = 327)	Edmonton Zone (N = 593)	Central Zone (N = 293)	North Zone (N = 148)	South Zone (N = 176)
	%	%	%	%	%	%
Yes	32	42	29	29	36	27
No	68	58	71	71	64	73
Total	100	100	100	100	100	100

Q47: In the last 3 months, how often did you feel like your family member was safe at the continuing care home?						
	Alberta (N = 7,835)	Calgary Zone (N = 2,431)	Edmonton Zone (N = 2,590)	Central Zone (N = 1,343)	North Zone (N = 637)	South Zone (N = 834)
	%	%	%	%	%	%
Always	65	64	63	70	64	67
Usually	30	30	32	25	31	28
Sometimes	5	5	4	5	4	4
Never	0	1	0	0	1	0
Total	100	100	100	100	100	100

Table 32: Additional care questions by AHS Zone (continued)

Q48: In the last 3 months, did you help with the care of your family member when you visited because nurses or aides either didn't help or made him or her wait too long?						
	Alberta (N = 7,728)	Calgary Zone (N = 2,384)	Edmonton Zone (N = 2,555)	Central Zone (N = 1,331)	North Zone (N = 633)	South Zone (N = 825)
	%	%	%	%	%	%
No	76	75	76	77	74	78
Yes	24	25	24	23	26	22
Total	100	100	100	100	100	100

Q49: Do you feel that the continuing care home staff expect you to help with the care of your family member when you visit?						
	Alberta (N = 7,703)	Calgary Zone (N = 2,373)	Edmonton Zone (N = 2,551)	Central Zone (N = 1,330)	North Zone (N = 627)	South Zone (N = 822)
	%	%	%	%	%	%
No	87	86	87	89	88	86
Yes	13	14	13	11	12	14
Total	100	100	100	100	100	100

Q51: In the last 3 months, how often did your family member receive all of the healthcare services and treatments they needed?						
	Alberta (N = 7,683)	Calgary Zone (N = 2,395)	Edmonton Zone (N = 2,525)	Central Zone (N = 1,317)	North Zone (N = 624)	South Zone (N = 822)
	%	%	%	%	%	%
Always	54	54	53	55	54	55
Usually	38	38	38	36	37	38
Sometimes	8	7	8	8	8	7
Never	0	0	0	0	1	0
Total	100	100	100	100	100	100

Q52: In the last 3 months, how often did you have concerns about your family member's medication?						
	Alberta (N = 7,733)	Calgary Zone (N = 2,397)	Edmonton Zone (N = 2,559)	Central Zone (N = 1,328)	North Zone (N = 631)	South Zone (N = 818)
	%	%	%	%	%	%
Never	60	63	58	61	59	56
Sometimes	34	32	36	34	35	38
Usually	4	3	5	3	3	4
Always	2	2	2	2	2	1
Total	100	100	100	100	100	100

Table 33: Additional care questions by AHS Zone (continued)

Q54: In the last 3 months, how often were your concerns about your family member's medication resolved? (Among those who answered YES to Q53)						
	Alberta (N = 2,696)	Calgary Zone (N = 792)	Edmonton Zone (N = 954)	Central Zone (N = 425)	North Zone (N = 226)	South Zone (N = 299)
	%	%	%	%	%	%
Always	45	46	45	43	42	48
Usually	38	39	37	40	37	32
Sometimes	14	12	15	13	15	16
Never	3	3	3	4	5	3
Total	100	100	100	100	100	100

Q57: Do you feel that participating in the Resident and Family Council helped you feel heard about the things that matter to you?						
	Alberta (N = 7,341)	Calgary Zone (N = 2,289)	Edmonton Zone (N = 2,427)	Central Zone (N = 1,265)	North Zone (N = 590)	South Zone (N = 770)
	%	%	%	%	%	%
Yes, Always	12	12	10	14	13	12
Yes, Sometimes	9	11	7	8	9	9
No, Hardly Ever	2	2	2	2	3	2
No, Never	2	2	2	1	2	2
I don't know	8	8	8	8	10	9
I did not participate	57	58	60	54	49	56
No Resident and Family Council	11	8	11	13	14	10
Total	100	100	100	100	100	100

Q58: In the last 3 months, how often were the people in charge available to talk with you?						
	Alberta (N = 7,734)	Calgary Zone (N = 2,404)	Edmonton Zone (N = 2,562)	Central Zone (N = 1,319)	North Zone (N = 630)	South Zone (N = 819)
	%	%	%	%	%	%
Always	35	34	35	35	37	33
Usually	34	32	35	34	33	35
Sometimes	13	13	13	14	13	12
Never	3	3	3	2	3	3
I did not need this	15	17	14	15	14	17
Total	100	100	100	100	100	100

APPENDIX VII: MODELLING SPECIFICS

Model building steps

A structural equation model was constructed to determine which Dimensions of Care most strongly influenced overall experience, as measured by the Overall Care Rating. This is one criterion to help identify Actions of Improvement ([Appendix VIII](#)). Models were compared and adjusted on various fit indices (such as Root Mean Square Error of Approximation (RMSEA) and Comparative Fit Index (CFI)) that determine model fit. Select family member and resident characteristics and survey questions were included in the analysis to explore their relationship with the Overall Care Rating. The selection of included variables was based on previous iterations of the survey as well as literature and consultation with system partners.

Selection of final model

Similarly to the factor analysis used to generate Dimension of Care summary scores, the questions in each Dimension of Care were first examined to ensure all questions loaded onto their associated theme or construct. Questions were excluded from the Dimension of Care construct if the factor loading was less than 0.3. These Dimension of Care constructs were analyzed in the final model with the Overall Care Rating. Demographic covariates were also analyzed. Covariates that were excluded were not significantly associated with the outcome, had small coefficients, or did not contribute to R-squared or other model fit indices relative to other similar and correlated covariates. Mediation and Moderation effects were also explored. All statistical tests used a significance level of $p \leq 0.01$.

APPENDIX VIII: DETERMINING ACTIONS FOR IMPROVEMENT

To identify specific Actions for Improvement based on the survey results, we determined a methodology that prioritizes questions based on their potential for improvement of overall experience. Questions were prioritized based on the following two criteria:

- Strength of relationship to overall experience, as measured by the Overall Care Rating; and,
- The potential for, or room for, improvement.

From this order, the top five survey questions were selected and were used to generate the Actions for Improvement.

Determining question strength and prioritization criteria

Four prioritization criteria were used:

Table 34: Prioritization criteria

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

1. Strength of Dimension of Care to Overall Care Rating

Five Dimensions of Care quantitatively influence the Overall Care Rating, as determined by statistical modelling (described in [Appendix VII](#)). In addition, Additional Care Questions that do not comprise any of the Dimensions of Care were also considered as components of the model. Among the Dimensions of Care, Staffing, Care of Belongings, and Environment had the strongest influence on overall experience as measured by the value of the beta coefficients (a statistical measure showing relative influence of different variables on an outcome).

2. Strength of Question to Dimension of Care

While the strength of the Dimension of Care is the first consideration in determining Actions for Improvement, the second consideration is the survey questions that make up each Dimension of Care. This involved (1) exploring the relationship of the question with the Dimension of Care, which is determined by their factor loading where the larger the value the stronger the relationship, and (2) exploring room for improvement regarding the top-box or most positive response, whereby questions with lower scores have more room for improvement.

3. Potential Room for Improvement

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

4. Question Quality

While not included in how the survey questions were ordered, the final consideration in selecting the top five questions was the quality of the question as indicated by the discrimination criteria from IRT analyses. Any questions with a discrimination of <1.35 were considered low-performing questions. Therefore, only questions that met the minimum discrimination criteria were ranked in descending order based on their final prioritization scores. From this list, the top five questions were selected to develop the Actions for Improvement.

APPENDIX VIV: LIMITATIONS

In interpreting results, there are several important limitations to consider:

1. **The effect of sample size.** Results become increasingly unreliable as the sample size (e.g., the number of respondents) decreases in relation to the overall population at the site. When giving weight to findings, in particular when considering individual site results, readers must consider sample size. Therefore, only sites with reliable sample sizes (165 of 299 sites; [Appendix III](#)) are presented in this report. These sites are defined as those sites where respondents reliably represent the site within a predefined margin of error. The criteria for reliability were two-fold: (1) a site with a margin of error of equal to or less than 10 per cent, and (2) a response rate of greater than 50 per cent (for more details, see [Appendix III](#)).
2. **The effect of services provided.** The survey and its components must also be evaluated relative to the activities and services provided by each site. For example, laundry services may not be a service offered by all sites or used by all residents within each site. This limits the applicability of questions related to laundry for these sites and/or residents.
3. **Questionnaire changes.** Several changes were made to the 2022-23 survey questionnaire, to address the COVID-19 context, reduce redundancy, and make sure the survey is applicable to both LTC and DSL. These changes do not impact findings in this iteration of the survey, statistical tests support the comparability of the historical results, and core questions remained identical from the previous iteration of the survey. The following change was made:
 - For all questions, the time period changed from six months to three months. This change would allow time for families to visit enough times to be able to provide meaningful feedback regarding the care and services and short enough to not be impacted by the Omicron wave earlier in the year. Also, the last three months from June will be March where the single site staffing order was removed, which would mean the staffing model was consistent for the whole period.



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