



HOME CARE CLIENT EXPERIENCE SURVEY

Methodology

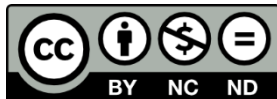
October 2019



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

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Please contact the Health Quality Council of Alberta for more information: <mailto:info@hqca.ca>, 403.297.8162.

BACKGROUND

The Health Quality Council of Alberta (HQCA) is an independent organization legislated under the *Health Quality Council of Alberta Act*, with a mandate to survey Albertans on their experience and satisfaction with patient safety and health service quality.

Alberta’s continuing care system provides Albertans of advanced age or disability with the healthcare, personal care, and accommodation services they need to support their daily activities, independence, and quality of life. There are three streams of continuing care in Alberta tailored to the clients’ level of need and/or limitations: home care, supportive living, and facility living (Figure 1). The focus of this Methodology Report is Home Care. Home care supports individuals’ health and wellness goals, and helps them remain safe and independent in their own home or care setting for as long as possible.

Figure 1: Three streams of the continuing care system

Three Streams of the Continuing Care System					
Home Care	Supportive Living				Facility Living
Independent Living (e.g., House, Apartment and Condominium)	A congregate setting that combines accommodation services with other supports and care				
	Non-Designated Supportive Living (e.g., Lodges, Group Homes and Congregate Settings)	Designated Supportive Living (DSL) A congregate setting that provides additional support with on-site health care staff			Long-Term Care (LTC) Facility (i.e., Nursing Homes and Auxiliary Hospitals)
Publicly funded health care is provided through the Home Care Program	Publicly funded health care is provided through the Home Care Program	DSL- 3	DSL- 4	DSL 4-Dementia	24-hour on-site health care services provided by a diverse mix of health care professionals** and health care staff
		24-hour on-site care provided by health care staff*	24-hour on-site care provided by health care staff*	24-hour on-site care provided by health care staff* in a therapeutic environment	

Figure courtesy of Alberta Health.

*Health care staff in DSL 3, 4 and 4D may include Health Care Aides, Therapy Assistants and Licensed Practical Nurses.

**Health care professionals in LTC may include Registered Nurses, Licensed Practical Nurses, Health Care Aides, Occupational and Physical Therapists and Physicians.

CLIENT EXPERIENCE

The Alberta Seniors Home Care Client Experience Survey

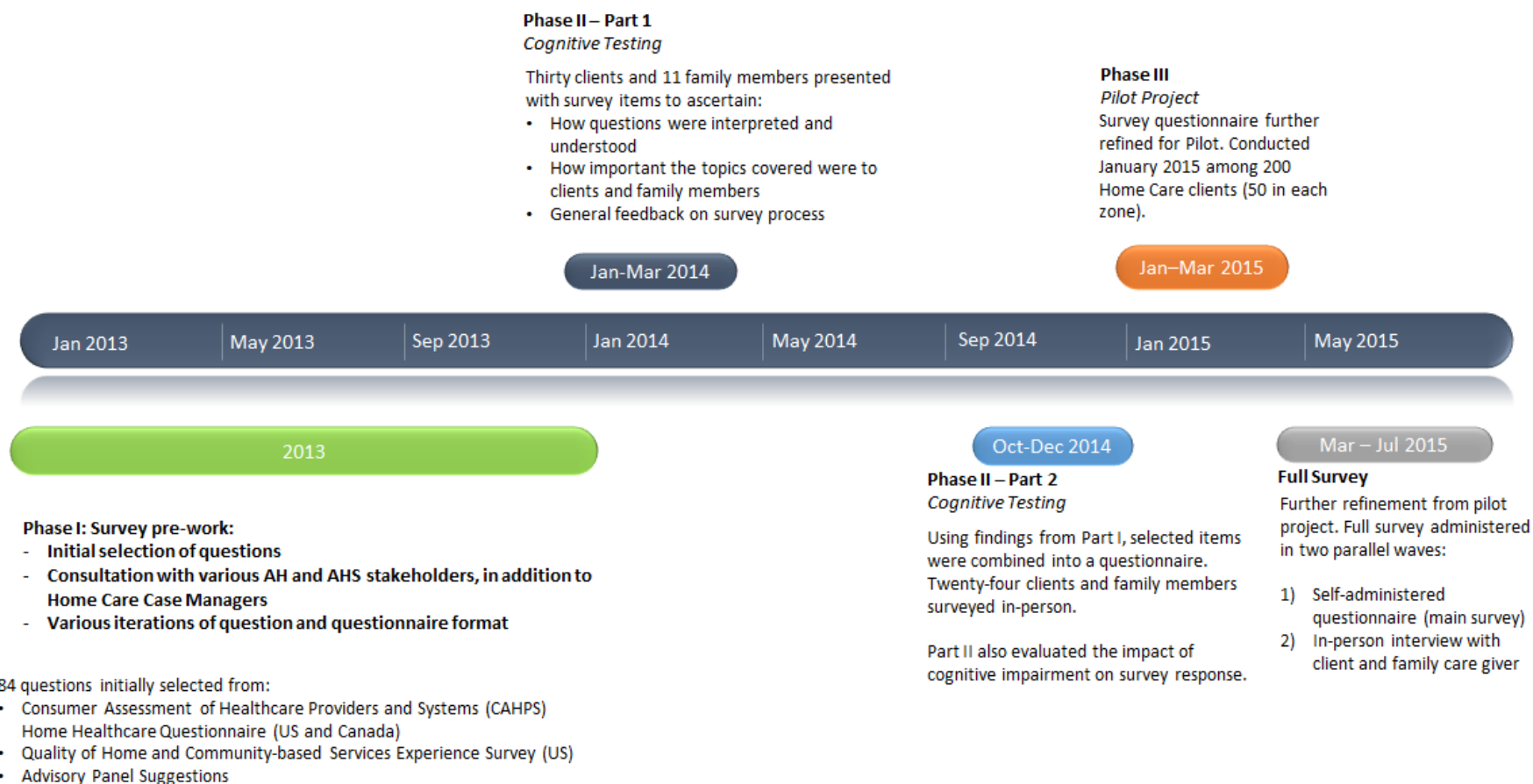
Feedback from home care clients about the quality of care and services that they received was collected using the HQCA's *Alberta Seniors Home Care Client Experience Survey* in collaboration with AHS and Alberta Health (AH). Survey results are used to describe the current state of home care from the client's perspective and to assist in the identification of areas for improvement and success.

The *Alberta Seniors Home Care Client Experience Survey* is a 55-question self-reported assessment of various topics about home care and the services that home care delivers and/or manages. Topic areas include: 1) case manager relationship, 2) care plan and care meetings, 3) home care professional and personal care services; and 4) overall ratings (i.e., Global Overall Care rating, professional services, and personal care services).

Survey development

The *Alberta Seniors Home Care Client Experience Survey* questionnaire was developed by the HQCA in partnership with AHS and AH because a provincial home care questionnaire did not exist that was appropriate for the Alberta context. The survey development process was extensive and involved the selection of questions, cognitive testing (Phase I and Phase II), and a pilot study. These processes are summarized in Figure 2.

Figure 2: Home care survey development timeline



Phase I: Selection of questions

Phase I involved the initial selection of questions from pre-existing surveys in the areas of continuing care and home health care, consultation with stakeholders, and the review of versions of the questions and the format of the questionnaire. Two pre-existing surveys were thoroughly reviewed:

- **Home Health Care - Consumer Assessment of Health Providers and Systems (HHC-CAHPS)¹:** Items were derived from the HHC-CAHPS because it is a questionnaire with an extensive development process involving literature reviews, cognitive testing, stakeholder input, survey piloting, and psychometric analyses. It was also previously adapted and implemented in the Canadian context as a home care survey in New Brunswick in 2012.² Content limitations relative to Alberta's home care context were identified in the review. Items within the survey focused primarily on professional services, including the frequency of professional services being delivered, and less on the experiences of the clients receiving services and personal care services.
- **Home and Community-based Services Experience Survey (HCBS)³:** This survey was in development by Truven Health Analytics (in partnership with the American Institutes for Research), but a draft of the tool was shared with the HQCA. Items were identified to address the topics of personal care services in the home and community that were absent from the HCC-CAHPS.

Information obtained from the review of these surveys along with feedback from consultations with stakeholders was used to draft a survey.

Phase II: Cognitive Testing

Phase II of survey development involved cognitive testing and occurred in two phases. Cognitive testing is a systematic and theory-based approach to testing the validity of questionnaires. Items are evaluated within a questionnaire based on the four steps of cognitive response to questions:

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

¹ Agency for Healthcare Research and Quality. Home Health Care [Internet]. Oct 2014 [cited 2016 Feb 12]. Available from <https://cahps.ahrq.gov/surveys-guidance/home/>

² Implementation in New Brunswick is significant because the home care programs in Alberta and New Brunswick are similar; across both provinces, the majority of professional services are delivered by public healthcare, whereas the majority of personal care services are contracted to private organizations.

³ National Council on Aging. Development of the Home and Community Based Services Experience Survey [Internet]. 2012 Dec 18 [cited 2016 Feb 12]. Available from: <https://www.ncoa.org/wp-content/uploads/FMC-Webinar-HCBS-Experience-Survey.pdf>

To answer a question one must know what is being asked (comprehension), recall a past event or time as a reference point for the question (retrieval/recall), appraise the event relative to the question being asked (estimation/judgement), and respond to the question based on available responses (response). Cognitive interviewing uses probing methods to examine all four steps of question answering. Results inform item selection, the adaptation of existing questions to the population, and the creation of instructions specific to the population that is answering the survey.

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

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

Cognitive Testing Part I (January to March 2014)

The intent of Part I of cognitive testing was to identify if clients understood the questionnaire items, and to capture feedback on the survey process from clients and on potential topics from family members. Part I included 30 cognitively intact⁴ home care clients (N = 30) from across all five AHS zones that lived at home or in a non-designated supportive living facility, and received professional services, personal care services, or both, and 11 family members.

Findings indicated that many clients did not fully understand the scope of home care. For example, some clients expected services beyond the scope of home care to be provided, such as in-house meal preparation. In addition, some clients residing in non-designated supportive living facilities had trouble distinguishing between home care staff and facility staff. Clients also had difficulty distinguishing between professional services staff and personal care staff. To improve the clients' understanding of the questions, it was recommended that definitions (e.g., case manager) and examples of professional services staff and personal care staff be provided in the questionnaire.

In terms of survey process, clients generally liked the format of the questionnaire and stated they would participate in a self-administered mail-in survey. Family members provided feedback on which topics were most important to be covered in the survey.

Cognitive Testing Part II (October to December 2014)

Part II involved implementing the questionnaire with both cognitively impaired⁵ and cognitively intact⁶ clients, and evaluating the impact of cognitive impairment on responses to the questions.

⁴ Participants were expected to have a Cognitive Performance Scale score of 0.

⁵ Participants were expected to have a Cognitive Performance Scale score of 1 to 4.

⁶ Participants were expected to have a Cognitive Performance Scale score of 0 to 1.

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

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

Phase III: Pilot study (January to March 2015)

A pilot study was undertaken to further evaluate the questionnaire and survey process. The pilot study surveyed 100 home care clients in the Calgary and Central Zone aged 65 and older who were cognitively intact.⁷ An additional 100 cognitively impaired home care clients in the Calgary and Central Zone aged 65 and older with moderate cognitive impairment⁸ were also surveyed using a shorter version of the survey with a parallel family version.

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

The key recommendation from the pilot study was to focus solely on cognitively intact clients and to capture the experiences of clients with cognitive impairment (and their family members) using an in-depth interview and in-person administration of the survey tool.

Psychometric properties of the final tool

The final version of the *Alberta Seniors Home Care Client Experience Survey* includes 55 survey items; most items are modified versions of questions from existing questionnaires. The survey was found to demonstrate good psychometric properties for long term supportive and maintenance home care clients, ages 65 and older. The internal consistency of each sections of the survey was measured by Cronbach's alpha with estimates ranging from 0.65-0.88. Generally, Cronbach's alpha estimates of 0.70 or greater are considered acceptable.⁹

Construct validity of the questionnaire was assessed by looking at relationships between several ratings of home care experience. The Global Overall Care rating has been previously established as a measure of overall experience in seniors.¹⁰ Both ratings of professional services and personal care services (*Poor to Excellent*) were positively correlated with the Global Overall Care rating (0.70 and 0.73 respectively). They were also correlated with each other (0.80). Furthermore, several individual survey questions as

⁷ Participants were expected to have a Cognitive Performance Scale score of 0 to 1.

⁸ Participants were expected to have a Cognitive Performance Scale score of 2 to 3.

⁹ Nunnally JC. *Psychometric Theory*. Second Edition. New York: McGraw-Hill; 1978.

¹⁰ Agency for Healthcare Research and Quality. Home Health Care [Internet]. Oct 2014 [cited 2016 Feb 12]. Available from <https://cahps.ahrq.gov/surveys-guidance/home/>

well as summary scores were significantly associated with Global Overall Care. The pattern of relationships was observed in expected directions, thereby supporting the construct validity of the questionnaire as a whole.

For both sections on the survey about professional and personal care services, clients were asked to indicate how many visits they had received and to skip the section if they had not received at least three visits. Skipping errors were observed to occur, with clients completing a section of the survey even if they indicated receiving less than three visits. In these cases, responses to the questions were excluded only if both the client's report and administrative data indicated they received less than three visits. For professional services, 57 responses were excluded; while 60 responses were excluded for personal care services. To deal with this issue, responses from skip errors are removed from the analyses.

SURVEY SAMPLING DESIGN, RECRUITMENT, AND RESPONSENT INCLUSION/EXCLUSION CRITERIA

- Home care clients are categorized by AHS into six main groups: acute, rehabilitation, long term supportive, end-of-life, maintenance, and wellness. Home care is a program that supports Albertans of all ages, but the *Alberta Seniors Home Care Client Experience Survey* was developed to be used with cognitively able seniors (65+ years of age) who are long term supportive and maintenance clients. This type of home care client was chosen for the following reasons:
 - The majority of home care clients are seniors and long term supportive and maintenance clients.
 - This group was sufficiently homogenous to permit use of a single questionnaire tool.
 - Younger populations, such as the pediatric population, typically have different needs and access different resources relative to the majority of home care clients.
 - Based on cognitive testing, clients with lower cognitive performance (CPS score over 1) could not independently complete the survey in sufficient numbers to be reliably included in a self-administered survey process.
- Important to note is that survey results from the *Alberta Seniors Home Care Client Experience Survey* are generalizable only for long term and maintenance home care clients 65 years of age and older. Findings from this survey do not represent the perspectives and experiences of other home care client types.¹¹

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

Clients were included according to the following criteria:

¹¹ Combined the long-term supportive and maintenance client types represent 54.9 per cent of all clients served by home care.

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

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

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

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

COMPARISON GROUPS

Two comparison groups are used to organize survey results on the FOCUS on Healthcare website. These include: AHS zone and geography. These comparison groups are defined as follows:

Zones

AHS is organized into five geographic zones (i.e., South, Calgary, Central, Edmonton, and North), with each site located in one of these zones. Survey results on the FOCUS on Healthcare website are organized using zone as a comparator group.

Geography

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

- **Metropolitan (Metro):** This classification is based on postal code and includes information from respondents located in the cities of Calgary and Edmonton proper and the areas immediately surrounding Calgary and Edmonton, known as commuter communities.
- **Urban:** This classification is based on postal code and includes information from respondents located in major urban centres with populations of greater than 25,000 but less than 500,000 or within a local geographic area that surrounds these urban centres.


- **Rural:** This classification is based on postal code and includes information from respondents that are located in a population that is less than 25,000 and/or greater than 200 kilometres away from an urban centre.

APPENDICES

2018 Alberta Seniors Home Care Client Experience Survey

September 2018

Instructions

- This survey asks questions about the home care services you receive from Alberta Health Services (AHS) professional or personal care services staff or the agency staff contracted by AHS to provide personal care services (not any private services that you may be paying out-of-pocket for).
- Please complete the survey **ONLY** if you currently receive at least one visit each week from home care. If you have less frequent visits than that, please make a note on the cover page and return it in the envelope provided, or call the number below to let us know.
- It's fine to seek help from family or friends, but for a few questions it is very important that the answer reflect **YOUR** own personal opinion. These are noted inside. Please do **NOT** get help filling the survey out from home care staff.
- For each question, please mark your choice with a blue or black pen by filling in the circle as shown here. → 
- There are no right or wrong answers – just your views, and you are free to skip any questions that you don't want to answer.
- If you have any questions or need assistance in completing this survey you are welcome to call:
 - ✓ PRA Inc at 1-888-877-6744 (toll free) and ask to speak to the Home Care Survey Manager
- Your feedback is very important for planning and improving home care services in Alberta. *Thank-you!*

Your Case Manager

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

1. Do you know who your Case Manager is?

- Yes
- No – If no, go to question 6

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

- Yes
- No
- I don't know

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

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

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

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

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

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

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

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

Planning Your Home Care Services

Your Care Plan

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

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

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

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

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

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

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

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

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

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

Care Meetings

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

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

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

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

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

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

Home Care Professional Services

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

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

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

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

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

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

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

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

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

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

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

The next few questions are about your medications:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Poor
- Fair
- Good
- Very Good
- Excellent

Personal Care Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Poor
- Fair
- Good
- Very Good
- Excellent

Other Service Needs

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

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

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

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

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

Your Overall Rating of Home Care Services and Other Questions

51. OVERALL, how would you rate the quality of your home care services (including both professional and personal services), where 0 is the worst and 10 is the best?

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

52. Some people need to get equipment, such as wheelchairs or walkers, to help them. Other people need their equipment replaced or repaired. Have you asked your case manager for help with getting or fixing equipment?

- Yes
- No – if No, go to question 54

53. Did your case manager work with you when you asked for help with getting or fixing equipment?

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

54. Thinking of the home care services you received through a government home care program, did these services help you stay at home?

Note: By “stay at home” we mean that it enabled you to stay out of a hospital, nursing home, hospice, or supportive living facility). By government home care program we mean services arranged through Alberta Health Services.

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

55. Did someone help you complete this survey?

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

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

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

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



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