Patient Assessment of Chronic Illness Care (PACIC)
2016 Provincial Results: Kidney Care Clinics

January 2017

Table of Contents

Executive Summary

For detailed information about the provincial patient experience survey, including the survey instrument and methodology, refer to the Patient Assessment of Chronic Illness Care (PACIC) 2016 Provincial Results report (attached).

This report focuses on survey data obtained from patients receiving care at Kidney Care Clinics (KCCs) across BC. Additional analyses were carried out to identify and prioritize potential areas for improvement specific to this modality.

In total, the survey was mailed to 9,669 patients receiving care at KCCs and 2,909 completed surveys were returned, for a response rate of 30.2%. This survey group was also coded for eGFR levels (i.e. <20, ≥20, eGFR not specified) to enable more detailed analysis.

Key results:

- Most KCC respondents rated the overall quality of services very highly, with slight regional variations.
- Overall organization and delivery of care has been a key strength for this care setting in all three patient experience surveys (2009, 2012, 2016).
- The key area of improvement identified for the KCC cohort is an increased focus on goal setting and planning with patients to help them better manage their chronic condition. Ideally, any action planning resulting from the survey results would be done in partnership between KCC staff, patients and other modality committees.

Results and Interpretation

In 2016, a total of 2,909 KCC responses[1] were completed and returned, yielding a response rate of 30.2%. Response rates across the HARPs varied, ranging from 26.7% to 36.8% (See supplemental Figure 1 in the appendices). Among the respondents, 46.3% were female and 53.7% were male. Figure 1 shows the distribution of age in the respondents.

As shown in Figure 2:

- 20% of the respondents had an eGFR <20
- Three-quarters had an eGFR ≥20
- 5% did not have a specified eGFR

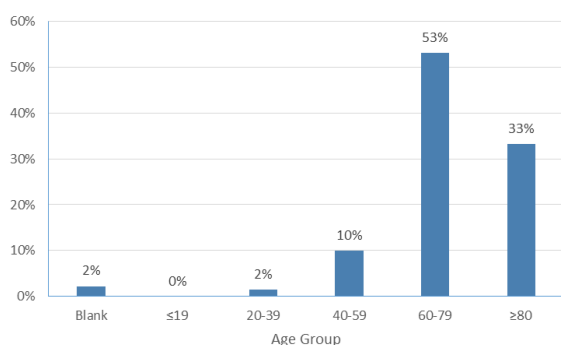These demographics are comparable to those of the population in KCC.
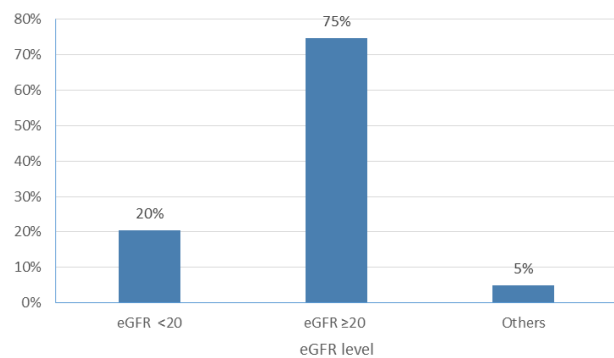

Figure 1 Respondents by age group

Figure 2 Respondents by eGFR level

---

[1] Respondents who received care at a glomerulonephritis (GN) clinic (new category) in the 2016 survey were excluded from the analyses in this report.

In 2016, the majority of respondents rated the overall quality of kidney services (Question 21) as "excellent" or "very good" (Figure 2). This is comparable to 2012 results. Figure 3 shows slight variations in the perceived overall quality of the kidney services across HARPs. Further results by HARP will be made available in the regional reports.
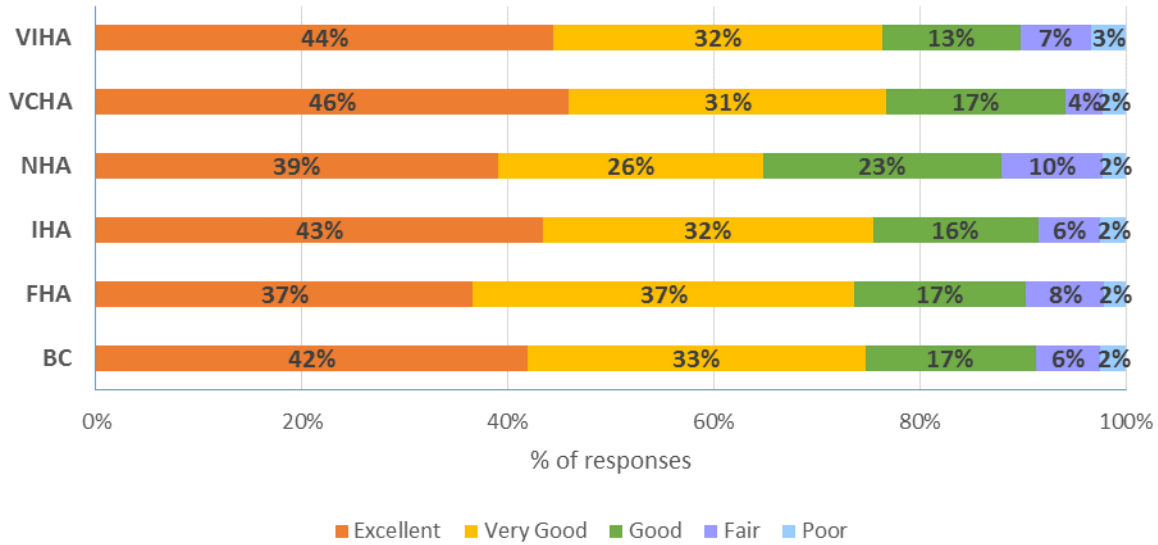

Figure 3 Overall quality of services by HARP

Over the three patient experience surveys (2009, 2012, 2016), survey results have remained highly consistent, both in terms of the overall score across all survey questions, as well as the five subscales (Figure 4).
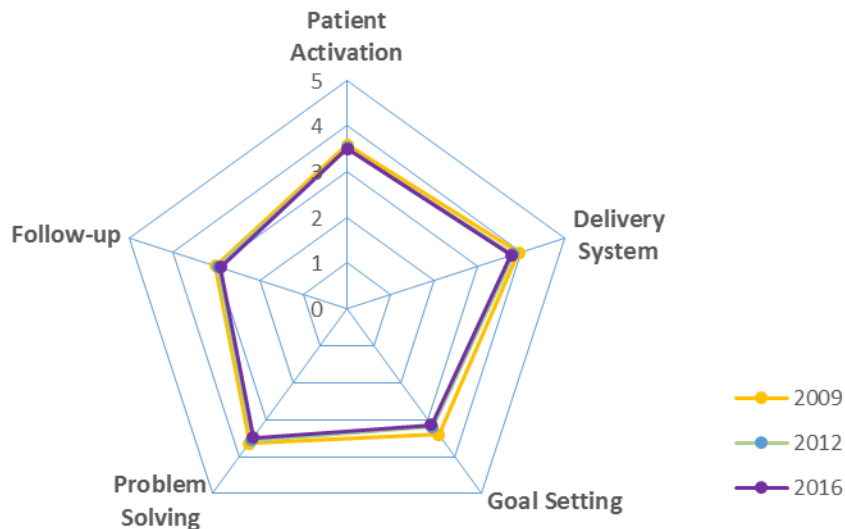

Figure 4 Mean score by subscale

- Providing well-organized care ("delivery system") notably remained the top strength in the KCC setting. The question that has always scored the highest (significantly higher than all others) is "satisfied that my care was well organized." (Question 5)
- Linking patients with other health and community services ("follow up") remains the subscale with the lowest mean score over the years.

To help identify areas for improvement that have the greatest potential to impact overall patient experience, a plot chart called the priority matrix was used. As shown in Figure 5, this is done by mapping each survey question on a graph based on how closely it correlates with the overall rating of quality of service (correlation coefficient; vertically) and the average score for the question (horizontally). Essentially, it helps identify the questions that received lower average scores but were more highly correlated with the overall experience (i.e. located on top left section of the plot), thereby highlighting key opportunities for improvement.

The priority matrix using the KCC data (Figure 5) shows that four of the five survey questions with the highest correlation to perceived overall quality of services are about providing well-organized care ("delivery system") and managing health beyond medical care ("problem solving") (Supplemental Figure 3), which is very much characteristic of care in the KCC setting.

Specifically, the most promising areas for improvement are circled in Figure 5 in the upper right quadrant:

- The mean score of one of the top five questions, "helped to set specific goals in caring for my condition" (Question 8) is lower than the overall mean score of all questions in this group of respondents. Similarly, "asked to talk about my goals in caring my condition" (Question 7) and "given a copy of my treatment plan" (Question 9) within the same subscale ("goal-setting") are highly correlated with perceived overall quality of services and with lower mean score. These questions are highlighted in red in Figure 5. Concerted improvement efforts targeting these areas in the same subscale will likely yield greater improvement in the overall experience of care in the KCC setting.
- Further areas for improvement may involve addressing "asked for my ideas when we made a treatment plan" (Question 1) and "helped to plan ahead so I could take care of my condition even in hard times" (Question 14), as these questions also appears to be quite highly relevant to the overall experience of care in KCC.
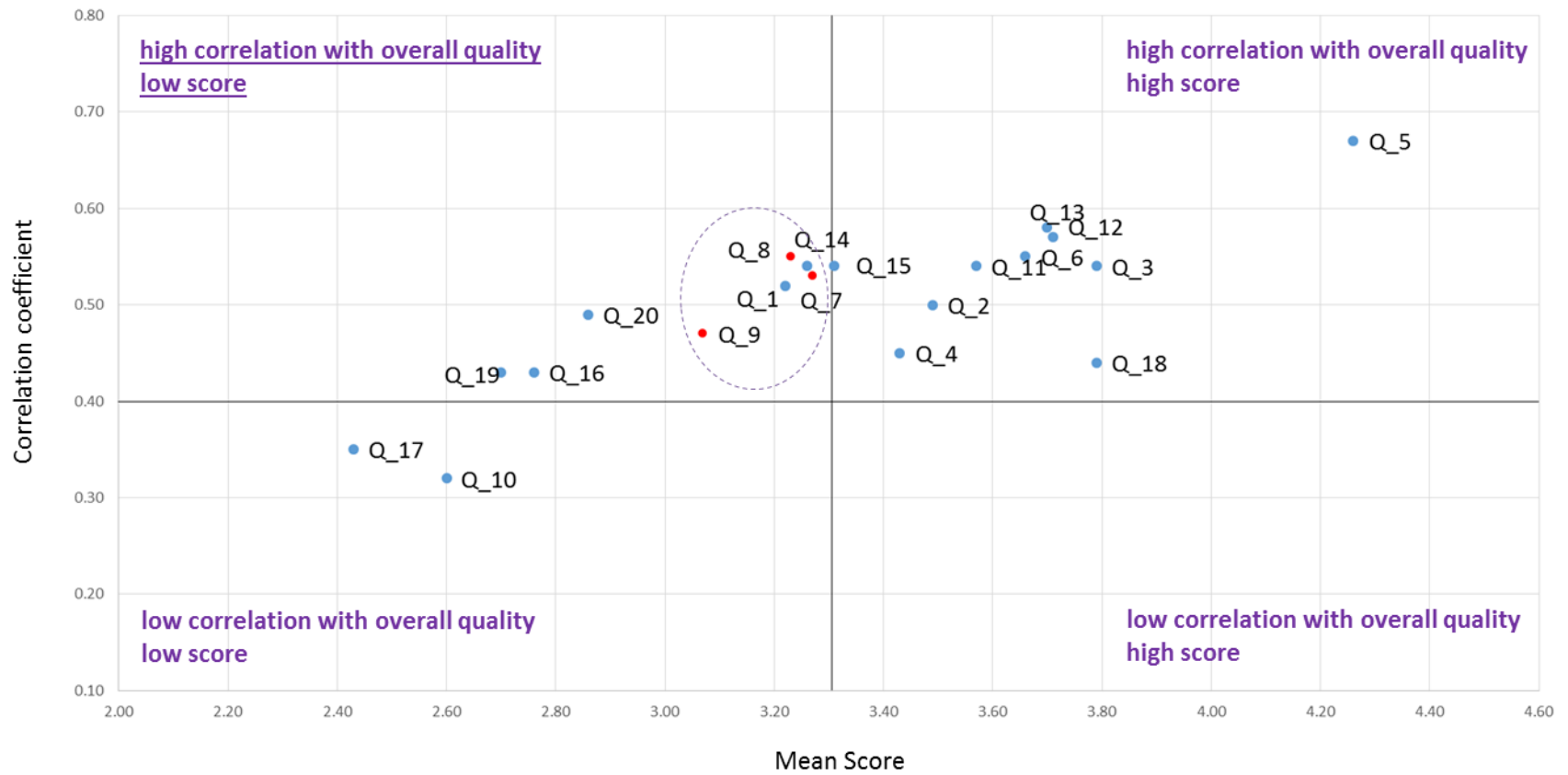
Figure 5 Priority matrix

As mentioned earlier, KCC survey respondents were stratified by eGFR (≥20, < 20 and eGFR not specified). While the responses across eGFR levels tended to follow the same overall pattern, the eGFR <20 group had slightly higher mean scores on all subscales (Supplemental Figure 4). Of note, respondents with lower eGFR (<20) not only rated the overall quality of services higher (Figure 6), they also rated the specific questions that correlate to a positive overall view of service quality higher than those with eGFR ≥20 and those without a specified eGFR.

A multitude of reasons may be attributed to the lower results observed in respondents with higher eGFR or without a specified eGFR, including less frequent visit schedule among those patients. The specifics could be further explored by the KCC Committee.
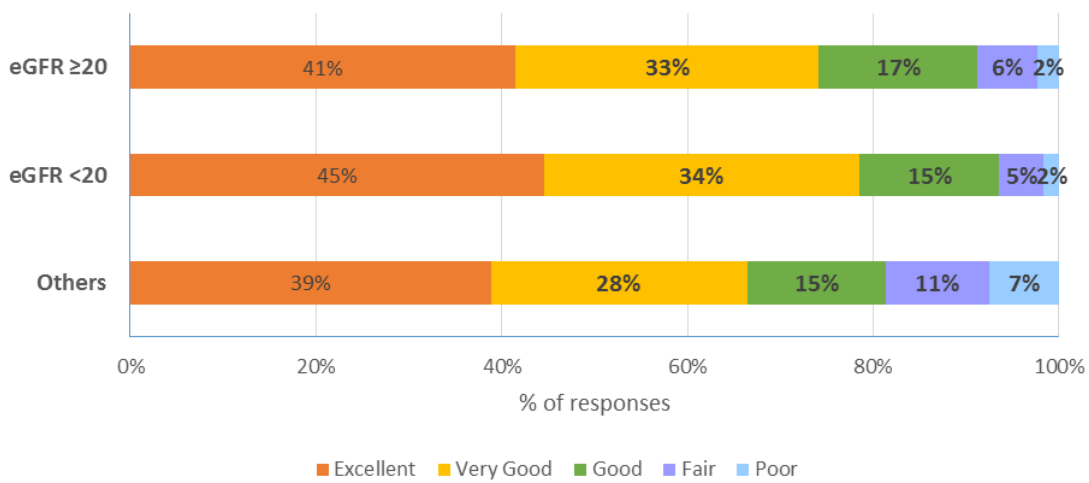

Figure 6 Overall quality of services by eGFR level

Opportunities for Improvement

Based on the results in this report, opportunities for improving patient experience of care for those receiving care at the kidney care clinics have been identified as follows:

- Strategies that support goal setting and development of plans with KCC patients to better manage their chronic condition, accompanied by documentation accessible to the patients, will likely improve overall experience in this cohort.
- Further understanding the needs of patients with higher kidney function (who may not visit KCCs or interact with health care professionals as often as those with lower kidney function).

> **Our patients wrote…**
>
> *"The clinic is my lifeline. I know there is always someone at the end of the phone and they [the care team] ALWAYS return my call. My clinic visits are sometimes a bit rushed, but they make sure that all my concerned are answered."*
>
> *"Nobody inquired how CKD affected my life - wasn't really contacted about treatment plan."*

We recommend that action planning includes both KCC frontline staff and KCC patients, and where appropriate and possible, be done in collaboration with other modality committees. For example, the current development of a tool to guide individual patient health planning (led by Interior Health) may help address some of the identified issues related to goal-setting.
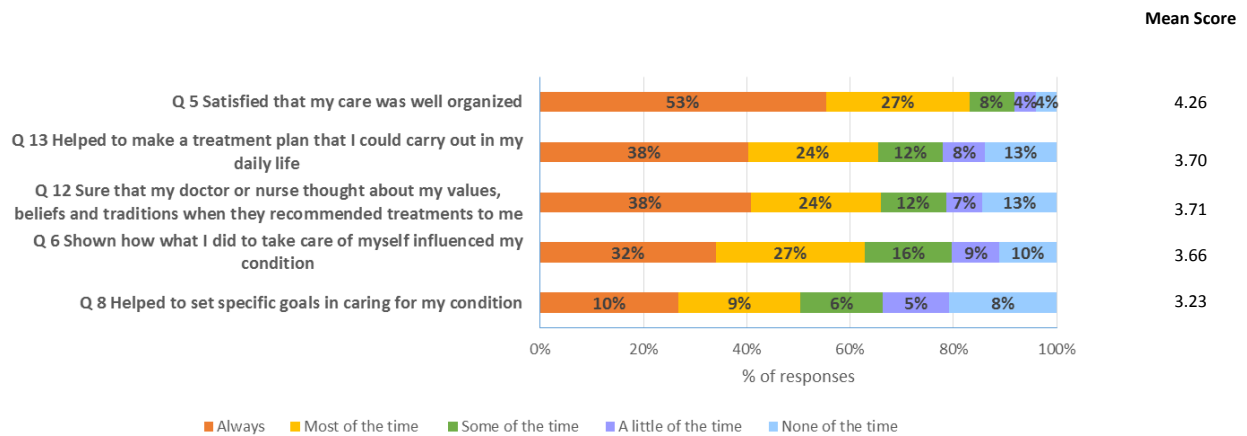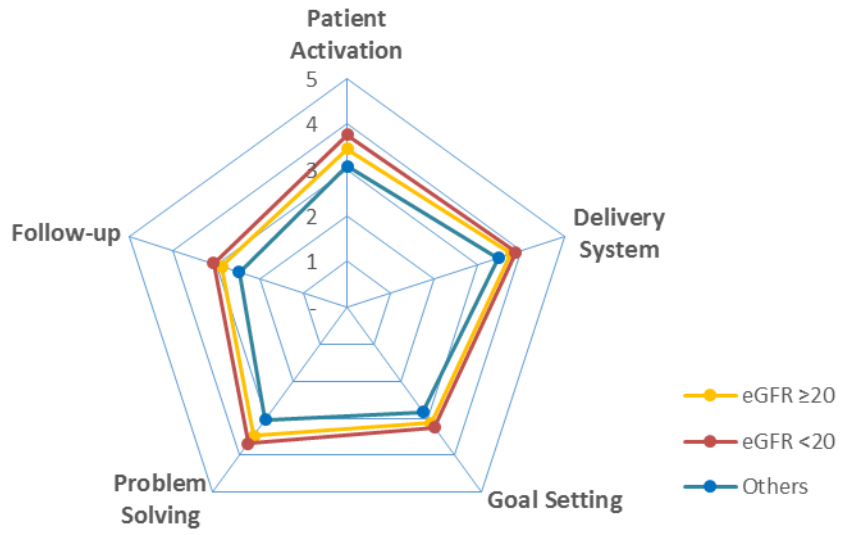
Supplemental Figures
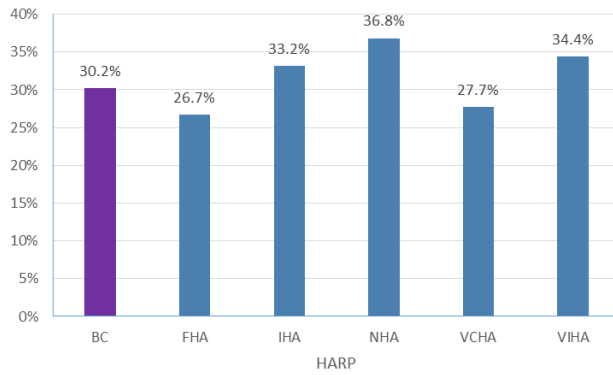
Supplemental Figure 1 Survey response rate by HARP
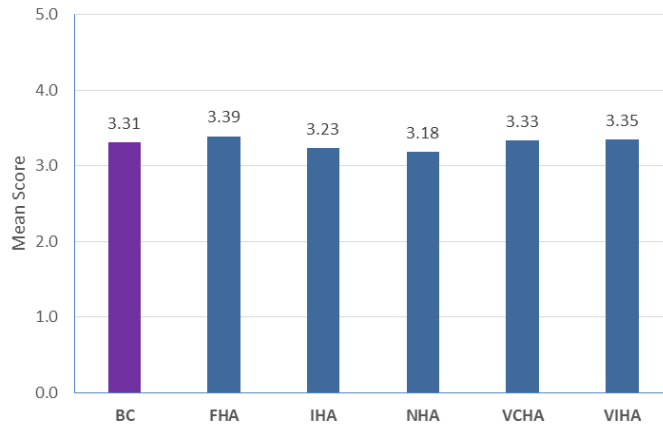
Supplemental Figure 2 Overall mean score by HARP

Supplemental Figure 3 Questions with highest correlation with overall quality of services

Supplemental Figure 4 Mean score by subscale and eGFR level