

# Patient Assessment of Chronic Illness Care (PACIC) 2016 Provincial Results: Peritoneal Dialysis

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## 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 peritoneal dialysis (PD) care 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 789 patients on PD and 274 completed surveys were returned, for a response rate of 34.8%.

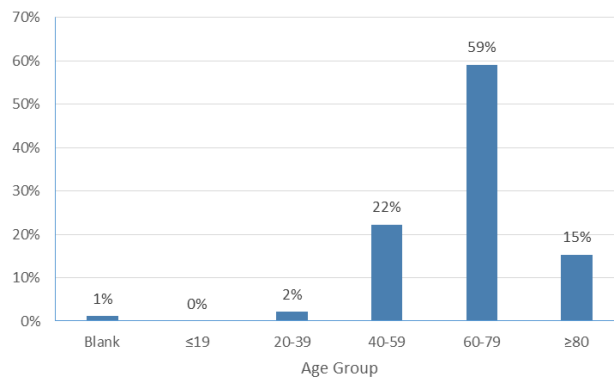
### Key results:

- Most PD respondents rated the overall quality of services very highly, with distinctive 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 areas of improvement identified for the PD cohort include inquiry of non-renal medical visits, as well as 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 PD clinic staff, patients and other provincial modality committees.

## Results and Interpretation

In 2016, a total of 274 responses were received from patients on PD, yielding a response rate of 34.8%. Response rates across the HARPs varied, ranging from 27.1% to 49.1% (See Supplemental Figure 1 in the appendices). Among the respondents, 35.8% were female and 64.2% were male. Figure 1 shows the distribution of age in the respondents.



**Figure 1 Respondents by age group**

In 2016, the majority of respondents rated the overall quality of kidney services (Question 21) as “excellent” or “very good” (Figure 2). The rating has lowered when compared to 2012. Figure 3 shows fairly distinctive variations in the perceived overall quality of the kidney services across HARPs. Further results by HARP are available on request.

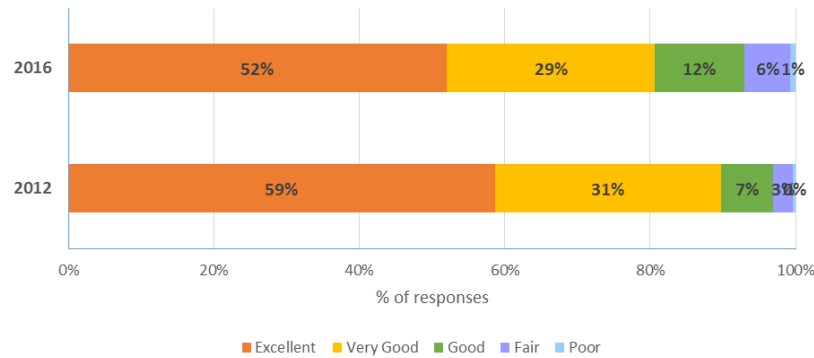


Figure 2 Overall quality of services

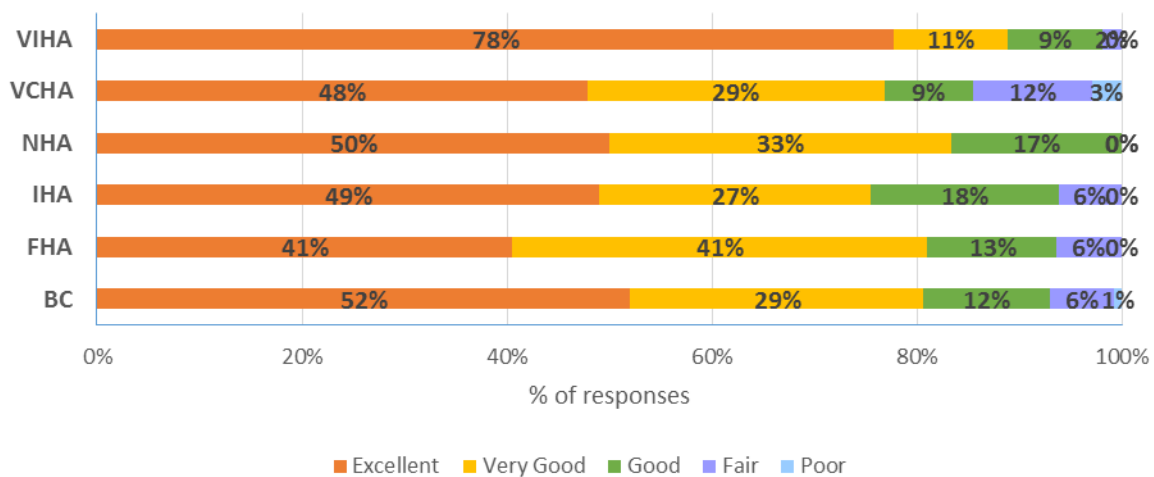


Figure 3 Overall quality of services by HARP

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).

- Providing well-organized care (“delivery system”) notably remained the top strength in the PD care setting. The question that has always scored the highest (significantly higher than all others) is “satisfied that my care was well organized.” (Question 5)
- Developing specific and collaborative care goals (“goal setting”) remains the subscale with the lowest mean score over the years.

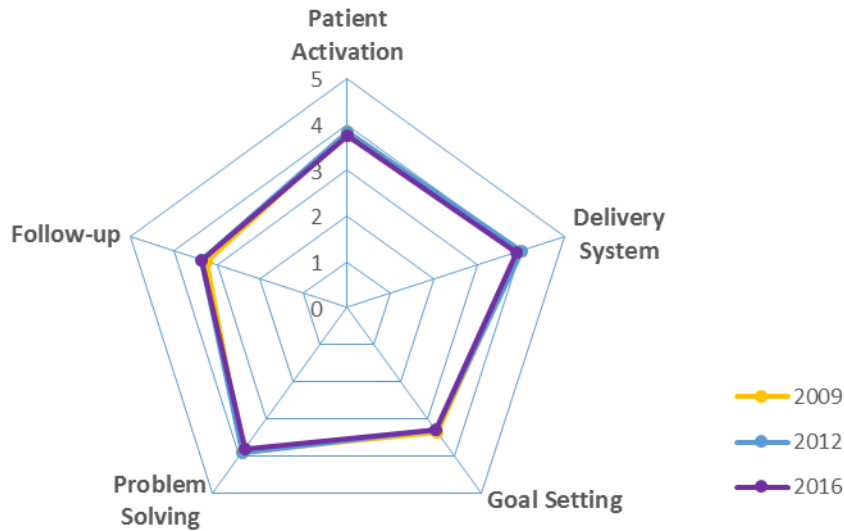


Figure 4 Mean score by subscale

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. 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.

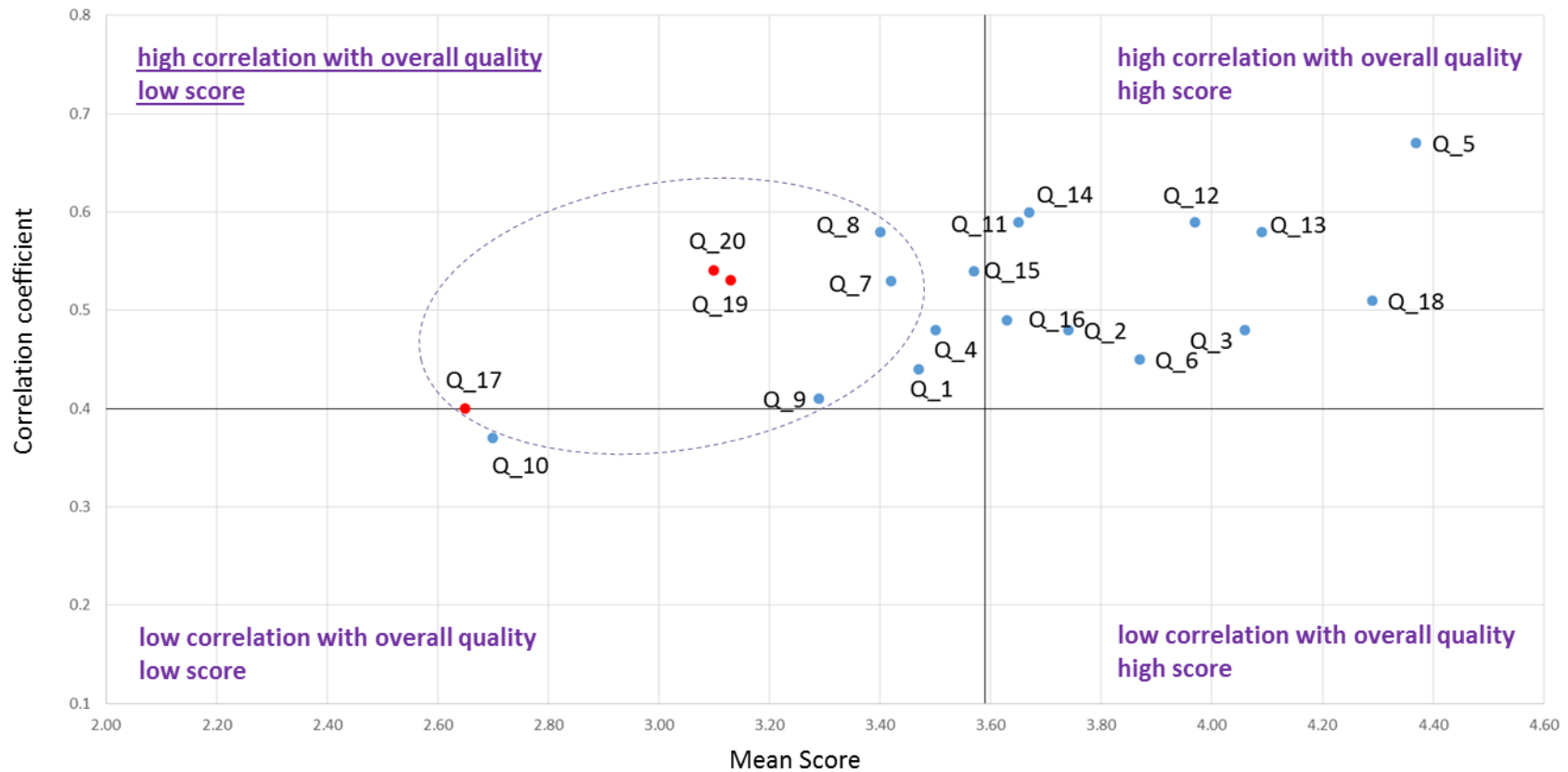
The priority matrix (Figure 5) shows that three of the six survey questions with the highest correlation to perceived overall quality of services are about managing health beyond medical care (“problem solving”) (Supplemental Figure 3), which is very much characteristic of independent PD care.

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

- Three questions that belong to the same subscale have substantively lower mean scores: “Encouraged to attend programs in the community that could help me” (Question 17), “asked how my visits with other doctors were going” (Question 20), and “Told how my visits with other types of doctors, like an eye doctor or surgeon, helped my treatment” (Question 19). These questions are all related to linking patients with

other health and community services, and are highlighted in red in Figure 5. Concerted improvement efforts targeting these areas in “follow-up” subscale will likely yield greater improvement in the overall experience of PD care.

- Further areas for improvement may involve addressing “Helped to set specific goals in caring for my condition” (Question 8), “Asked to talk about my goals in caring for my condition” (Question 7), and “Given a copy of my treatment plan” (Question 9). These questions also belong to the same subscale on developing specific and collaborative care goals (“goal setting”), and appear to be quite highly relevant to the overall experience of PD care.



**Top improvement opportunities:**

- Q20: Asked how my visits with other doctors were going.
- Q19: Told how my visits with other types of doctors, like an eye doctor or surgeon, helped my treatment.
- Q17: Encouraged to attend programs in the community that could help me.
- Q8: Helped to set specific goals in caring for my condition.
- Q7: Asked to talk about my goals in caring for my condition.
- Q9: Given a copy of my treatment plan.

Figure 5 Priority matrix

## Opportunities for Improvement

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

- Process to include inquiry of non-renal medical visits during follow-up will enhance person-centred PD care.
- Strategies that connect patients on PD with other health and community services will likely further improve overall experience in this cohort.
- Collaborative goal setting and development of accessible plans with patients on PD will aid self-management.

We recommend that action planning includes both frontline PD clinic staff and patients on PD, and where appropriate and possible, be done in collaboration with other provincial 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.

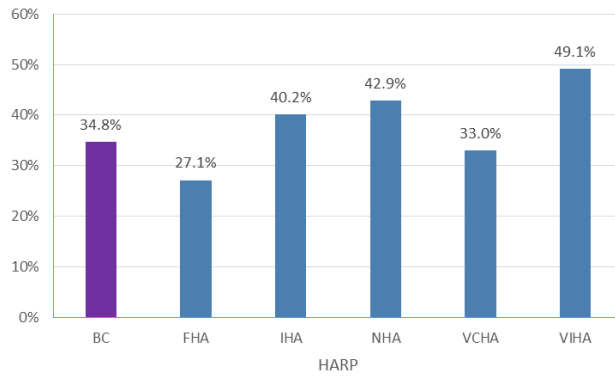
### **Our patients wrote...**

*“Outstanding service and care from ALL personnel...”*

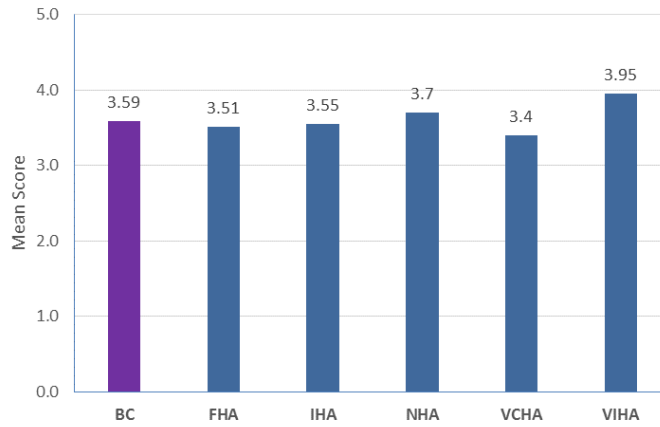
*“My kidney team keep me informed at all times.”*

*“I feel very alone and unsupported not having access to a caring doctor. The family doctor does not want to get involved with my problems regarding PD and kidney disease, and I have several questions I need answered.”*

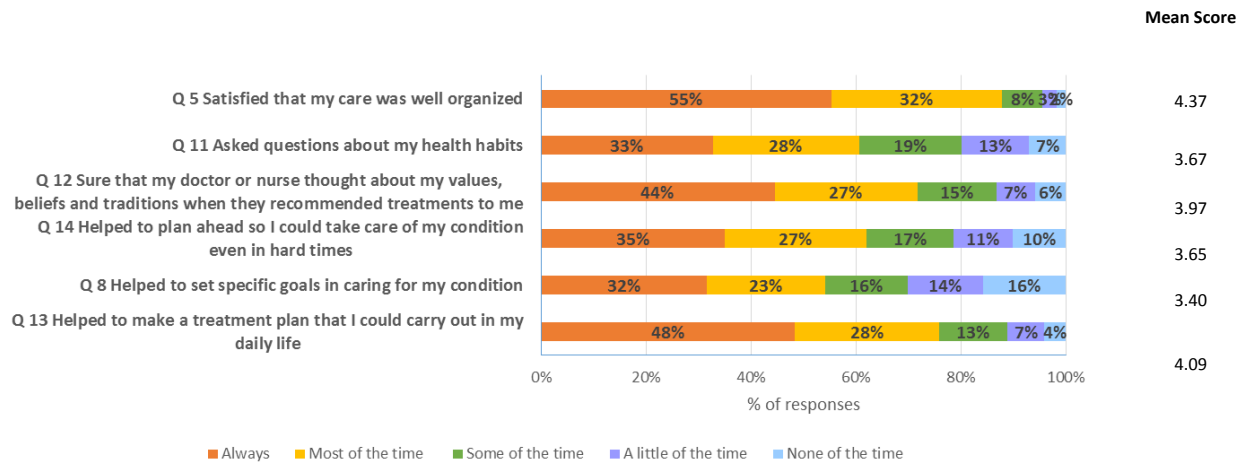
## Supplemental Figures



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