



# Assessment of Care for Chronic Conditions Survey 2022 Provincial Results: Peritoneal Dialysis



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## Executive Summary

As a part of its commitment to ensuring high quality kidney care in British Columbia, BC Renal invited patients to participate in the [2022 Assessment of Care for Chronic Conditions Survey](#).

For detailed information about the provincial patient experience survey, including the survey instrument and methodology, refer to the [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.

252 patients on PD participated in the 2022 survey (resulting in a 29.2% response rate). For the purposes of this report, survey data was weighted to ensure health authority renal program (HARP) representativeness. Comparisons between 2016 and 2022 are made throughout the report.

Key Findings for 2022 include:

- Despite the COVID-19 pandemic, most respondents on PD rated overall quality of services very highly and similarly in 2016 and 2022.
- In 2022, overall organization and delivery of care (“delivery system/ decision support”) and managing health beyond medical care (“problem solving”) remain to be key strengths for this care setting as in 2016.

- The key opportunities identified for this patient cohort are within the “Goal Setting/ Tailoring” subscale: “Asked to talk about my goals in caring for my condition” (Q7) and “Helped to set specific goals in caring for my condition” (Q8).
- We recommend using [Better Together: A Strategy to Advance Collaborative Patient Goal-Setting in Kidney Care](#) to guide regional improvement efforts.
- From the perspective of this patient cohort, the most important change the renal program could make is enhancing communication between members of the care team and the patients or family members.

## Background

BC Renal is committed to continually optimizing the care experience for patients who receive dialysis and kidney care services in the province. The 2022 [Assessment of Care for Chronic Conditions Survey](#) marks the fourth time that BC Renal has asked patients to provide feedback on their recent care experiences.<sup>1</sup> The survey is largely comprised by the Patient Assessment of Chronic Illness Care (PACIC), a validated survey instrument that assesses the extent to which patient care aligns with components of the Chronic Care Model.<sup>2</sup>

<sup>1</sup> Previous survey cycles took place in 2009, 2012, and 2016.

<sup>2</sup> Glasgow et al. Development and Validation of the Patient Assessment of Chronic Illness Care (PACIC). *Medical Care*. 2005; 43(5): 436-444.

Wagner, EH. Chronic Disease Management: What will it take to improve care for chronic illness? *Eff Clin Pract*. 1998; 1(1): 2-4.

Results from this survey will help BC Renal determine what is working well and where, based on the patient perspective, there might be opportunities for improvement.

R.A. Malatest and Associates Ltd. (Malatest), an independent research firm, managed the mailing of the survey packages, collected feedback from patients, analyzed the survey results and produced the final reports in consultation with BC Renal.

## Patient Participants

All patients actively receiving PD care from one of the health authority renal programs in British Columbia were invited to participate in the survey.<sup>3</sup>

Even though a census approach was used, survey participation across various patient groups was not balanced, resulting in over- and under-representation across health authorities ([Table 1](#)). To correct for these imbalances, survey weights were developed and applied to the data for analysis purposes.

Wagner, EH, Austin BT, Von Korff M. Organizing care for patients with chronic illness. *Milbank Q*. 1996; 74:511-544.

<sup>3</sup> Includes patients treated at BC Children’s Hospital. The 2022 data collection cycle marks the first time that pediatric patients and their families were invited to provide feedback.

**Table 1.** Response Rates and Sample Representativeness, Peritoneal Dialysis, 2022

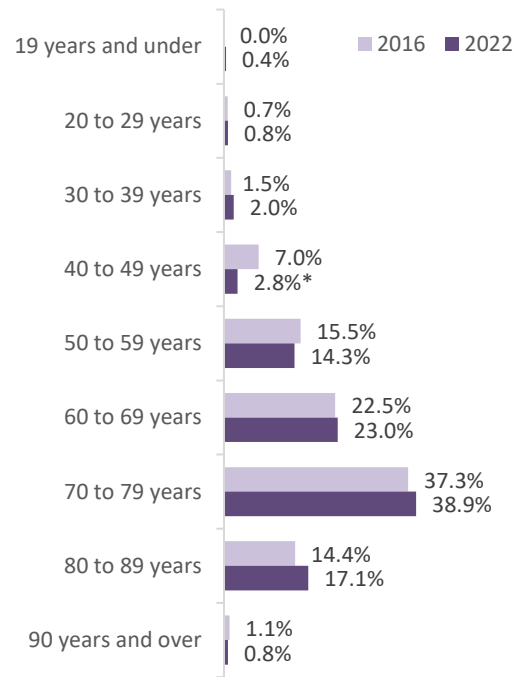
	Response Rate	% Pop	% Data	Diff
<b>Region</b>				
Fraser Health	26.0%	41.5%	36.9%	-4.6%
Interior Health	35.1%	15.2%	18.3%	3.1%
Island Health	36.8%	14.5%	18.3%	3.8%
Northern Health	28.8%	6.8%	6.8%	-0.1%
Providence Health Care	31.0%	9.7%	10.3%	0.6%
Vancouver Coastal	23.5%	11.4%	9.1%	-2.2%
BC Children’s Hospital	14.3%	0.8%	0.4%	-0.4%

Source: 2022 Assessment of Care for Chronic Conditions Survey.

**Gender.** 63.1% of respondents who completed the survey self-identified as male and 36.9% self-identified as female.<sup>4</sup>

**Age.** The majority of respondents who completed the survey were 60 years of age or older (79.8%) (Figure 1). Small year over year (YoY) changes were observed across age categories from 2016 to 2022; however, only one was statistically significant: a decrease in the proportion of patients 40 to 49 years in age.

**Figure 1.** Respondents by Age Category, Peritoneal Dialysis, 2016 and 2022



Sources: 2016 and 2022 Assessment of Care for Chronic Conditions Surveys.

\* Indicates a YoY difference that is statistically significant (p<.05).

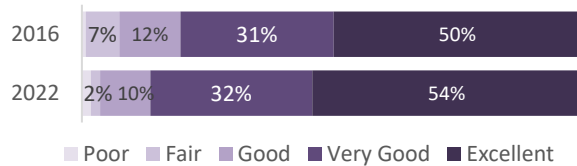
## Findings

### Overall Satisfaction

When asked about the overall quality of the kidney services they received in 2021, the majority of respondents (86%) rated their services as “Very Good” or “Excellent” (Figure 2). This compares to 81% who reported the same in 2016. While more patients reported a score of “Very Good” or “Excellent” in 2022, the YoY shift from 2016 is not statistically significant.

<sup>4</sup> Male and Female categories do not total 100% as one patient self-identified as gender diverse.

**Figure 2.** Overall quality of services, Peritoneal Dialysis, 2016 and 2022



Sources: 2016 and 2022 PACIC surveys.

Question 21: Overall, how would you rate the quality of the services you receive?

Note: All scores are weighted.

*Satisfaction Remains Relatively Stable since 2016.* Regardless of health authority, the proportions of patients who rated their quality of care as “Very Good” or “Excellent” did not change significantly since 2016. This suggests that PD patient satisfaction levels have remained stable since the last surveying term.

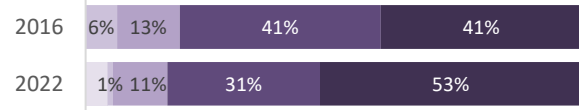
Similarly, even though the proportion of respondents to rate their services as either “Very Good” or “Excellent” varied across the health authorities in 2022, from 82% (Northern Health) to 93% (Island Health), these differences did not appear to be statistically significant (Figure 3).

### Subscale Results

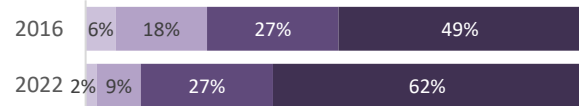
2022 PACIC subscale scores measuring the dimensions of “Patient Activation”, “Delivery System/Decision Support”, “Goal Setting/Tailoring”, “Problem Solving”, and “Follow-Up” range between 3.3 and 3.9 with respondents reporting more favourable scores on “Delivery System/Decision Support” and “Problem Solving” and lower scores on “Goal Setting/Tailoring” and “Follow-Up” (Table 2). A similar pattern was noted in 2016.

**Figure 3.** Overall quality of services by Region, Peritoneal Dialysis, 2016 and 2022

#### Fraser Health



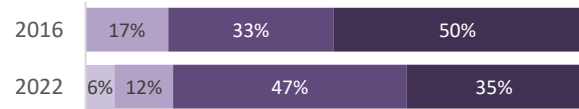
#### Interior Health



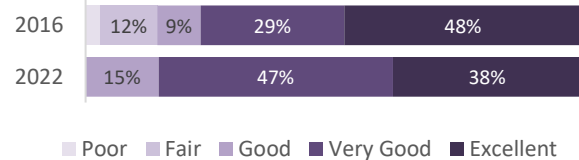
#### Island Health



#### Northern Health



#### Vancouver Coastal Health



Sources: 2016 and 2022 Assessment of Care for Chronic Conditions Surveys.

Question 21: Overall, how would you rate the quality of the services you receive?

Note: All scores are weighted.

Note: Vancouver Coastal Health includes Providence Health Care.

Compared to 2016, the “Problem Solving”, “Patient Activation” and “Follow-Up” subscale mean scores increased in 2022; however, differences were not statistically significant.

**Table 2.** Subscale (mean) scores, Peritoneal Dialysis, 2016 and 2022

	2016	2022	Diff.
<b>Peritoneal Dialysis (PD)</b>			
Delivery System/ Decision Support	3.9	3.9	◄►
Problem Solving	3.8	3.9	▲
Patient Activation	3.7	3.8	▲
Follow-Up	3.3	3.4	▲
Goal Setting/ Tailoring	3.3	3.3	◄►

Sources: 2016 and 2022 Assessment of Care for Chronic Conditions Surveys.

Note: All scores are weighted.

Note: Subscales are presented in rank order based on 2022 scores.

## Areas of Strength and Potential Opportunities for Improvement

To isolate areas of strength as well as opportunities for improvement, a priority matrix was generated (Figure 4). The priority matrix shows the mean scores for each of the PACIC survey items plotted against the individual correlation scores with Question 21 (overall quality of service).

### *Peritoneal Dialysis Strengths*

PD respondent satisfaction with how well care was organized (Q5) emerged as a notable area of strength, as it garnered both the highest correlation score with overall service satisfaction and the highest mean score. Q6

(“Shown how what I did to take care of myself influenced my condition”), from the same “Delivery System” subscale, also emerged among the top strengths within this modality.

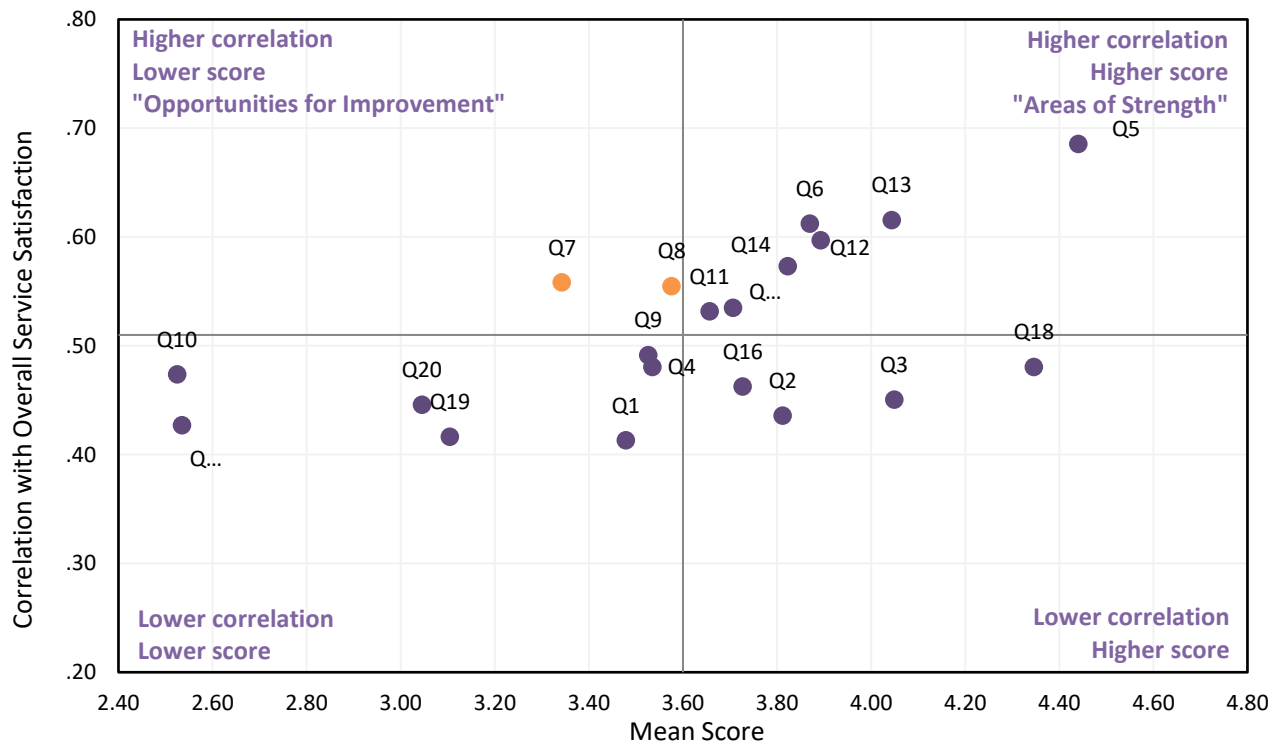
Additionally, all four questions belonging to the “Problem Solving” subscale (Q12, Q13, Q14 and Q15) were both rated higher than average by respondents but are also strongly correlated with overall satisfaction. This finding suggests that “Problem Solving” appears to be a success area within the PD cohort.

Lastly, Q11 (“Asked questions, either directly or on a survey, about my health habits”) emerged as an area of strength within this modality. Among the respondents, this item’s correlation with overall satisfaction was strong, and it received an above average mean score.

### *Opportunities for Improvement*

Two questions within the “Goal Setting/Tailoring” subscale emerged as possible opportunities for improvement within the PD modality as they showed strong correlations with overall service satisfaction and had considerably lower mean scores. They are: “Helped to set specific goals in caring for my condition” (Question 8) and “Asked to talk about my goals in caring for my condition” (Question 7). Improvements in these areas would elicit gains in overall patient satisfaction among those receiving PD services.

Figure 4. Priority Matrix, Peritoneal Dialysis, 2022<sup>5</sup>



Key opportunities for improvement are those survey items highlighted in the table below in orange with bold font.

Service Areas (PACIC Survey Items)

Q1	Asked for my ideas when we made a treatment plan.	Q11	Asked questions, either directly or on a survey, about my health habits.
Q2	Given choices about treatment to think about.	Q12	Sure that my doctor or nurse thought about my values, beliefs and traditions when they recommended treatments to me.
Q3	Asked to talk about any problems with my medicines or their effects.	Q13	Helped to make a treatment plan that I could carry out in my daily life.
Q4	Given a written list of things I should do to improve my health.	Q14	Helped to plan ahead so I could take care of my condition even in hard times.
Q5	Satisfied that my care was well organized.	Q15	Asked how my chronic condition affects my life.
Q6	Shown how what I did to take care of myself influenced my condition.	Q16	Contacted after a visit to see how things were going.
<b>Q7</b>	<b>Asked to talk about my goals in caring for my condition.</b>	Q17	Encouraged to attend programs in the community that could help me.
<b>Q8</b>	<b>Helped to set specific goals in caring for my condition.</b>	Q18	Referred to a dietitian, health educator or counselor.
Q9	Given a copy of my treatment plan.	Q19	Told how my visits with other types of doctors, like an eye doctor or surgeon, helped my treatment.
Q10	Encouraged to go to a specific group or class to help me cope with my chronic condition.	Q20	Asked how my visits with other doctors were going.

<sup>5</sup> Matrix axes cross at the averages for each set of scores (mean scores/correlation coefficients).

## Comments

For the first time, the [Assessment of Care for Chronic Conditions Survey](#) included an open-ended question at the end of the survey asking respondents to provide their suggestions for how kidney care services could be improved. Specifically, respondents were asked:

*“What is the most important change we could make to improve patient experience with BC kidney services?”*

Of the 157 respondents (62% of respondents) who answered the open-ended question at the end of the survey, 34% either left a complimentary message about the services they currently receive (e.g., "Everything is great!") or did not have a suggestion for how services could be improved. The other 66% of respondents who answered the question provided concrete suggestions for service improvements.

The Top 3 areas for possible improvement that emerged from open-text comments left by respondents receiving PD services were:

**1. Communication:** Communication between members of the care team and the patient or family members.

**2. Information/Education:** Actions to ensure patients are provided adequate information or educational opportunities to better understand their disease or treatment (options).

**3. Quality/Continuity of Care:** Care that is high in quality and allows for consistency in practitioners throughout the treatment term.

Overall, the most cited suggestion related to communication between patients and health care professionals (26% of all suggestions contained this theme).

*"Remember that even though it is everyday stuff for the staff, it is a scary and unknown new life for the patient. Please be ready to answer a lot of questions."*  
[Fraser Health Authority]

Other important themes for the respondents were Information/Education, and Quality/Continuity of Care (respectively amounting to 14% and 13% of all suggestions).

*"I am on [Peritoneal Dialysis] and I always struggle to figure out what solution to use. It would be helpful to have more guidance in this area. It would be nice to have updates on my status on the kidney transplant waitlist every few months."*  
[Providence Health Care]