



# Assessment of Care for Chronic Conditions Survey 2022 Provincial Results



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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](#). 2022 marks the fourth time that BC Renal has conducted the survey, having also fielded the survey in 2009, 2012, and 2016.

3,966 patients participated in the 2022 survey (resulting in a 24.8% response rate). After data collection closed, survey data was weighted according to health authority renal program (HARP) and care modality. Comparisons between 2016 and 2022 are made throughout the report.

Key Findings for 2022 include:

- Despite the COVID-19 pandemic, 74% survey respondents rated overall quality of services as “Very Good” or “Excellent.” The rating for overall satisfaction was similar in 2016 and 2022 across all modalities, except for hemodialysis, which overall satisfaction significantly decreased in 2016.
- In 2022, most modalities (kidney care clinics, peritoneal dialysis and hemodialysis) respondents reported more favourable scores on overall organization and delivery of care (“delivery system/ decision support”) as in 2016. Nevertheless, respondents across all modalities reported lower scores on establishing goals and plans with patients to better manage their chronic condition (“goal setting/tailoring”), as well as linking

patients with other health and community services (“follow-up”).

- Compared with 2016 results, subscale scores decreased for both kidney care clinics and hemodialysis, while most subscales were improved in home therapies modalities.
- From the patient perspective, the most important change that the provincial renal network could make across all modalities and regions is enhancing communication between members of the care team and the patients or family members.

To guide specific quality improvement initiatives, the survey results were further analyzed by kidney care modality and health authority renal programs (HARPs). These results are reported in respective modality and HARP reports. The modality- and health authority-specific survey results can serve as a valuable guide for health care professionals and patients to collaborate on improvement strategies for better person-centred care.

## 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](#)<sup>1</sup> marks the fourth time that BC Renal has asked patients to provide

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<sup>1</sup> A copy of the survey instrument can be found in Appendix A.

<sup>2</sup> Previous survey cycles took place in 2009, 2012, and 2016.

feedback on their recent care experiences.<sup>2</sup> 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 dialysis or kidney care from a kidney care clinic belonging to one of the health authority renal programs in British Columbia were invited to participate in the survey. The 2022 surveying term marks the first time that pediatric patients and their families were invited to provide feedback about their care experience at BC Children’s Hospital.

Survey packages, which included an invitation letter<sup>3</sup>, information card about patient engagement in BC Renal, paper copy of the survey and a business reply envelope were mailed to 16,649 patients between January 4-7, 2022. On February 18, a reminder letter was mailed to patients who had not yet responded to the initial invitation.

Multiple completion modes were offered to patients. Patients could complete the survey online,<sup>4</sup> complete a paper copy of the survey and mail their responses to Malatest, or patients could call a toll-free number to

<sup>3</sup> See Appendix B for a sample of the invitation letter.

<sup>4</sup> Patients could complete their survey by logging onto [www.kidneycare.malatest.com](http://www.kidneycare.malatest.com) and entering a secure login ID that was provided to them on their invitation letter.

complete the survey over the phone with a professional surveyor. Interpretation supports were offered for the most common non-English languages in the province, Chinese (Cantonese and Mandarin) and Punjabi. Paper surveys in Punjabi, and Traditional and Simplified Chinese were also made available to patients upon request.

Patients whose survey packages were returned unopened, on account of the patient no longer living at the mailing address, were removed from the sampling universe as were those patients who had died or felt they did not qualify for the survey. By the end of the data collection period, these removals resulted in a final sampling universe of 16,000.

The data collection period closed on March 31, 2022. At that time, a total of 3,966 patients had completed their survey, resulting in a final response rate of 24.8%. The response rate was approximately 5% lower than that obtained in 2016, a possible consequence of service interruptions and modifications due to the COVID-19 pandemic.<sup>5</sup>

Even though a census approach was used, survey participation across various patient groups was not balanced, resulting in over- and under-representation of some regions and modalities at the end of the data collection phase (Table 1).

To correct for imbalances in regional and modality representation in the final dataset, survey weights were developed and applied to the data for analysis purposes.

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

	Response Rate	% Pop	% Data	Diff
<b>Region</b>				
Fraser Health	20.7%	33.3%	28.0%	-5.3%
Interior Health	28.1 %	23.0%	25.9%	2.9%
Island Health	28.5%	13.8%	15.9%	2.1%
Northern Health	26.9%	4.8%	5.2%	0.4%
Providence	25.8%	12.5%	12.9%	0.4%
Vancouver Coastal	24.8%	11.7%	11.7%	0.0%
BC Children’s Hospital	13.8%	0.8%	0.5%	-0.3%
<b>Modality*</b>				
KCC	25.0%	78.8%	79.5%	0.7%
PD	29.2%	5.3%	6.4%	1.1%
Home HD	31.3%	0.8%	1.1%	0.3%
In-Centre HD	19.4%	9.3%	7.1%	-2.2%
Community HD	25.1%	6.0%	6.0%	0.0%

Source: 2022 Assessment of Care for Chronic Conditions Survey.

\*Modality abbreviations are as follows: KCC = Kidney Care Clinic; PD = Peritoneal Dialysis; HD = Hemodialysis.

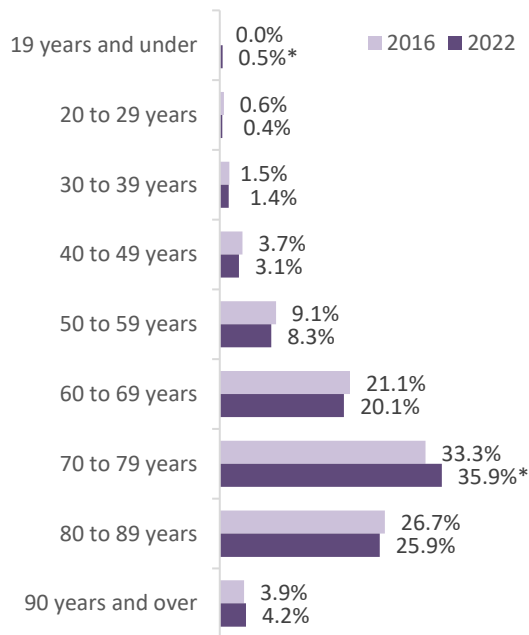
**Gender.** At the provincial level, 57.1% of survey responses were male and 42.9% were female.

**Age.** The majority of patients who completed the survey were 60 years of age or older (86.1%) (Figure 1). Small year over year (YoY) changes were observed across age categories from 2016 to 2022 however, only two were statistically significant: an increase in the proportion of patients 19 years and younger (which was due to the inclusion of patients treated at BC Children’s Hospital in the 2022 survey cycle), and a proportional increase in patients 70 to 79 years in age.

<sup>5</sup> British Columbia was experiencing a 4<sup>th</sup> wave of the COVID-19 pandemic due to the spread of the Omicron variant during the survey administration phase. This may

have resulted in poorer patient engagement overall (i.e., lower response rate).

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



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

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

## Survey Instrument

The **2022 Assessment of Care for Chronic Conditions Survey** is largely comprised by the Patient Assessment of Chronic Illness Care (PACIC) survey. The PACIC is a validated survey instrument that assesses the extent to which patient care aligns with components of the Chronic Care Model.<sup>6</sup>

The PACIC is a 20-item questionnaire designed to measure quality of care from the patient’s perspective. Survey questions are measured on 5-point likert scales, with the value of “1” indicating “None of the Time” and “5” indicating that the care quality occurred “Always.”

<sup>6</sup> Glasgow et al. Development and Validation of the Patient Assessment of Chronic Illness Care (PACIC). *Medical Care*. 2005; 43(5): 436-444.

Using five subscales, the PACIC survey is designed to measure five different dimensions of care and service: Patient Activation, Delivery System/Decision Support, Goal Setting/Tailoring, Problem Solving, and Follow-Up (Table 2).

Like in 2016, the survey also asked patients to assess the *overall* quality of the services they received as well as two demographic questions (patient gender and age).

**Table 2. PACIC subscales of care and service**

PACIC Subscale and Description	Item #
<b>1. Patient Activation:</b> Actions that solicit patient input and involvement in decision-making.	1-3
<b>2. Delivery System/Decision Support:</b> Actions that organize care and provide information to patients to enhance their understanding of care.	4-6
<b>3. Goal Setting/Tailoring:</b> Acquiring information for and setting of specific, collaborative goals.	7-11
<b>4. Problem Solving:</b> Considering potential barriers and the patient’s social and cultural environment in making treatment plans.	12-15
<b>5. Follow-Up:</b> Arrange care that extends and reinforces office-based treatment, and making proactive contact with patients to assess progress and coordinate care.	16-20

For the first time, an open-ended question was included in the survey, which allowed patients to provide feedback on the following question: *What is the most important change we could*

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

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

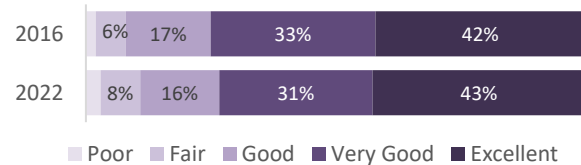
make to improve patient experience with BC Kidney services?

## Findings

### Overall Satisfaction

When asked about the overall quality of the services they received in the previous 6 months, the majority of patients (74%) rated their services as “Very Good” or “Excellent” (Figure 2). This compares to 75% who reported the same in 2016. While the score achieved in 2022 is slightly lower, the YoY difference is not statistically significant.

Figure 2. Overall quality of services, 2016 and 2022



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.

### Modality Findings

**Satisfaction Decreases.** Looking at within-modality changes in overall score since 2016, a smaller proportion of respondents within the hemodialysis (HD) cohort rated their satisfaction as “Very Good” or “Excellent” compared to the lower-ranking satisfaction categories. This YoY change was statistically significant, and suggests these individuals were somewhat less satisfied in 2022 compared to 2016.

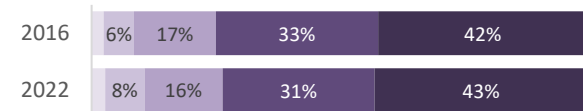
A smaller proportion of respondents within the KCC cohort rated their satisfaction as “Very

Good” or “Excellent” in 2022, but this proportionally smaller decrease was not shown to be statistically significant.

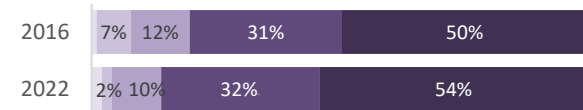
**Satisfaction Increases.** Slight improvements in respondent assessments of care quality were notable within the home therapy modalities (PD and HHD). More respondents rated their overall quality of care as “Very Good” or “Excellent” in 2022 compared to in 2016. This YoY increase was not shown to be statistically significant, however.

Figure 3. Overall quality of services by Modality, 2016 and 2022

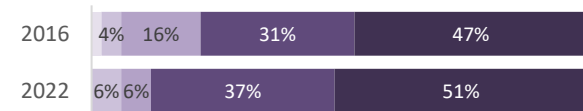
#### Kidney Care Clinics



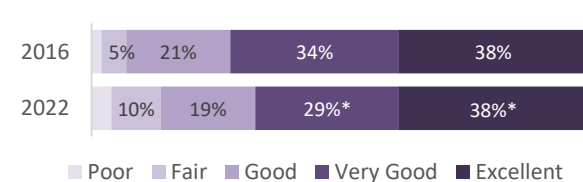
#### Peritoneal Dialysis (PD)



#### Home Hemodialysis (HHD)



#### Hemodialysis (HD)



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: PKD was not present in the 2016 data. Therefore, YoY comparisons are not available for this modality.

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

## Subscale Results

2022 and 2016 PACIC subscale scores measuring the dimensions of “Patient Activation”, “Delivery System/Decision Support”, “Goal Setting/Tailoring”, “Problem Solving”, and “Follow-Up” are presented for each modality in Table 3.

Across most modalities (KCC, PD, and HD) respondents reported more favourable scores on “*Delivery System/Decision Support.*” Respondents across all modalities reported lower scores on “*Goal Setting/Tailoring*” and “*Follow-up.*”

Examining changes overtime, subscale scores appear to be trending downward for both the KCC and HD modalities. Scores were statistically significantly lower on the “*Patient Activation*” and “*Goal Setting/Tailoring*” subscales within the KCC modality, and on the “*Problem Solving*” and “*Goal Setting/Tailoring*” subscales within the HD modality.

Scores appear to be trending upwards for most subscales within the PD and HHD modalities; however, none of the YoY differences proved to be statistically significant.

**Table 3.** Subscale (mean) scores by kidney care modality, 2016 and 2022

	2016	2022	Diff.
<b>Kidney Care Clinics (KCC)</b>			
Delivery System/ Decision Support	3.8	3.8	◄►
Patient Activation	3.5	3.4*	▼
Problem Solving	3.5	3.4	▼
Goal Setting/ Tailoring	3.2	3.1*	▼
Follow-Up	2.9	2.9	◄►
<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	◄►
<b>Home Hemodialysis (HHD)</b>			
Problem Solving	3.6	3.8	▲
Patient Activation	3.7	3.8	▲
Delivery System/ Decision Support	3.6	3.7	▲
Follow-Up	3.3	3.2	▼
Goal Setting/ Tailoring	3.2	3.2	◄►
<b>Hemodialysis (HD)</b>			
Delivery System/ Decision Support	3.5	3.4	▼
Patient Activation	3.3	3.2	▼
Problem Solving	3.2	3.0*	▼
Follow-Up	2.9	2.8	▼
Goal Setting/ Tailoring	2.8	2.6*	▼

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

Note: All scores are weighted.

Note: Within each modality, subscales are presented in rank order based on 2022 scores.

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

## 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 2,415 respondents (61% of respondents) who answered this question, 35% 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 65% of respondents who answered the question provided concrete suggestions for service improvements.

Looking across modalities and regions, the Top 3 areas for possible improvement that emerged from open-text comments left by respondents, 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.

## APPENDIX A: Survey Instrument



### Assessment of Care for Chronic Conditions

Staying healthy can be difficult when you have a chronic condition. We would like to learn about the type of help you get from your kidney health care team for your condition.

Your answers will be kept confidential and will not be shared with your doctor or clinic.

As you complete this survey, please consider all the kidney health care professionals that you come into contact with such as doctors, nurses, social workers, dietitians, pharmacists, and technicians.

There is one open-ended question in this survey. We do not wish to collect any information that might identify you or a staff member in your kidney/renal program. We encourage you not to provide any identifying information, such as names, ages, or identification numbers, in your answers to the open-ended question.

**Note:** Information on this survey is collected under the Freedom of Information and Protection of Privacy Act 26(e) for the purpose of improving patient experiences with renal health care services in British Columbia. If you have any questions about the collection of this information, contact Helen Chiu, Quality Lead, Patient-Centred Performance Improvement by mail at: Suite 260, 1770 West 7th Avenue, Vancouver, BC V6J 4Y6, by phone at: 604-875-7340 or, by email at [bcrenal@bcrenal.ca](mailto:bcrenal@bcrenal.ca). Or our survey service provider R.A. Malatest & Associates Ltd. at 1-855-412-1934 or by email at [kidneycare@malatest.com](mailto:kidneycare@malatest.com).

Over the past 6 months, when I received care for my chronic conditions, I was:  
(Fill in the bubble that best matches your answer to each statement).

	<u>None of the time</u>	<u>A Little of the Time</u>	<u>Some of the Time</u>	<u>Most of the Time</u>	<u>Always</u>
1. Asked for my ideas when we made a treatment plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Given choices about treatment to think about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Asked to talk about any problems with my medicines or their effects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Given a written list of things I should do to improve my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Satisfied that my care was well organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Shown how what I did to take care of myself influenced my condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Assessment of Care for Chronic Conditions

	<u>None of the time</u>	<u>A Little of the Time</u>	<u>Some of the Time</u>	<u>Most of the Time</u>	<u>Always</u>
7. Asked to talk about my goals in caring for my condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Helped to set specific goals in caring for my condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Given a copy of my treatment plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Encouraged to go to a specific group or class to help me cope with my chronic condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Asked questions, either directly or on a survey, about my health habits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Sure that my doctor or nurse thought about my values, beliefs and traditions when they recommended treatments to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Helped to make a treatment plan that I could carry out in my daily life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Helped to plan ahead so I could take care of my condition even in hard times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Asked how my chronic condition affects my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Contacted after a visit to see how things were going.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Encouraged to attend programs in the community that could help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Referred to a dietitian, health educator or counselor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Told how my visits with other types of doctors, like an eye doctor or surgeon, helped my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Asked how my visits with other doctors were going.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Excellent
- Very good
- Good
- Fair
- Poor

22. I identify as:

- Male
- Female
- Gender diverse

23. What is the most important change we could make to improve patient experience with BC kidney services?

Please do not include any personal information in your answer.

**Thank you for your participation!**

**Please return your survey using the pre-paid envelope by**

**February 28<sup>th</sup>, 2022**

## APPENDIX B: Invitation Letter (Sample)



[FIRST] [LAST]

[ADDRESS 1]

[ADDRESS 2]

[CITY] [PROV] [POSTAL]

[MAILING DATE]

Dear [FIRST] [LAST]:

BC Renal, along with the health authority renal programs, are seeking input from patients like yourself. We'd like to better understand what we are doing well and what we need to do better for those who receive kidney care at a clinic or dialysis unit.

We invite you to participate in a short survey that will take no more than 10 minutes to complete. Survey results will help us to learn more about how to improve services for you and other patients.


Completion of the survey is voluntary. If you complete the survey, you are consenting (agreeing to participate). **The deadline to complete this survey is: February 28<sup>th</sup>, 2022.**

The survey will ask you to share the following personal information:


1. Gender and,
2. Personal views/opinions on your kidney care.

R.A. Malatest and Associates Ltd. (Malatest), an independent research company, has been selected to conduct the survey. You can complete the survey using one of three methods:


**Online**  
Use your secure access code  
**<ACCESSID>**  
**www.kidneycare.malatest.com**



**By completing the paper survey**  
*(Mail it back using the pre-paid envelope)*



**Over the phone**  
1-855-412-1934  
(toll-free)



Only the study team and the technical support team at BC Renal will access your information. The results of this survey are confidential. When results are reported, presented, or published, the project team will remove any information that could identify you or anyone else. The team may use a quote from your comments, if provided. Survey data will be stored securely at Malatest until the reporting has completed and at BC Renal indefinitely. Survey results will be available on [www.bcrenal.ca](http://www.bcrenal.ca) after analyses are complete.

Your personal information is protected by our privacy law in BC. This law is called the Freedom of Information and Protection of Privacy Act (FIPPA). We are collecting your information under Section 26(e) of FIPPA.

*Please turn over ...*

**How was I selected?**

Your name was chosen from a list of patients who received kidney care at a clinic or dialysis unit in the last 6 months.

**How is my privacy protected?**

BC Renal has partnered with R.A. Malatest & Associates to conduct the survey. Malatest must comply with the B.C. Freedom of Information and Protection of Privacy Act. Malatest has submitted to independent privacy and information security audits to ensure everything about the survey meets provincial privacy requirements. R.A. Malatest & Associates cannot use your contact information or your survey responses for any other purpose.

**Do I have to do the survey?**

No, the survey is voluntary.

If you have any questions about this survey or how your information will be used, please contact: Helen Chiu, Quality Lead, Patient-Centred Performance Improvement by mail at: Suite 260, 1770 West 7th Avenue, Vancouver, BC V6J 4Y6, by phone at: 604-875-7340 or, by email at [bcrenal@bcrenal.ca](mailto:bcrenal@bcrenal.ca). Or our survey service provider R.A. Malatest & Associates Ltd. at 1-855-412-1934 or by email at [kidneycare@malatest.com](mailto:kidneycare@malatest.com).

By completing this survey, you will help us provide better care to all our patients.

Yours sincerely,

Dr. Adeera Levin  
Executive Director  
BC Renal

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If you require any assistance in completing this survey, please call: 1-855-412-1934

網上問卷有中文版：請到 [www.kidneycare.malatest.com](http://www.kidneycare.malatest.com) 並輸入 <ACCESSID>。如果您想用中文以電話參與或要求另外郵寄中文版問卷，請致電：1-855-412-1934

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