

## INTRODUCTION

- Self-management is crucial for people living with chronic conditions. However, little is known about the perception of self-management support at a population level.
- BC Renal periodically conducts a province-wide patient experience survey that evaluates patient perception of self-management support in chronic kidney disease (CKD) care based on the Chronic Care Model.
- Results of the 2016 patient experience survey indicated that collaborative patient goal-setting, a key element in self-management, has significant potential to enhance overall patient experience in kidney care.

## AIM

To identify and enable improved goal-setting for adults with CKD from the perspectives of kidney health professionals, patients and their care partners living with CKD.

## METHOD

A mixed-method approach was adopted:



## RESULTS



**Better Together:**  
A Strategy to Advance Collaborative Patient Goal-Setting in Kidney Care

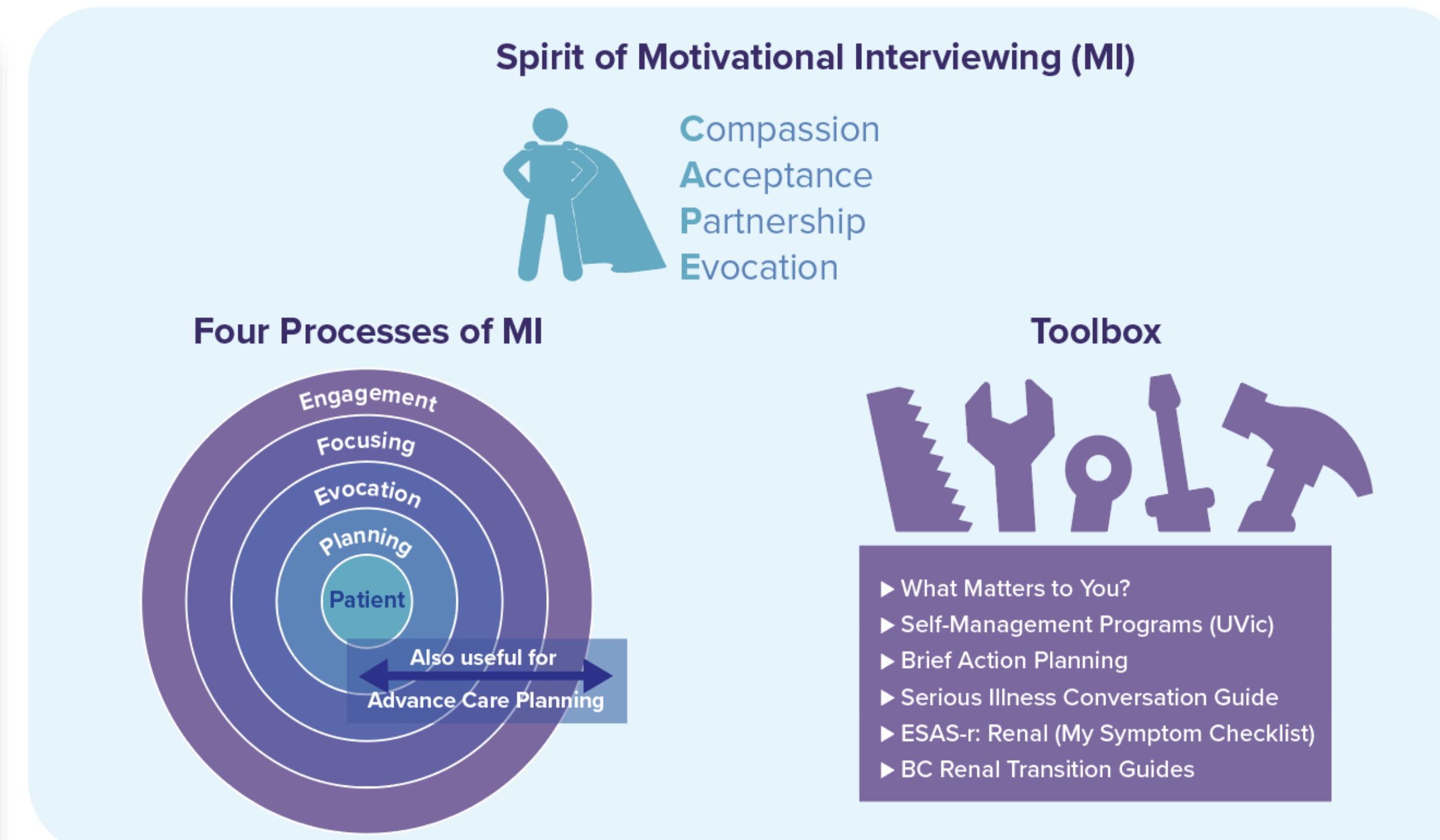


Figure 2. Goal-setting conceptual framework that summarizes what collaborative goal-setting should entail along with a readily accessible toolbox in the BC kidney care context

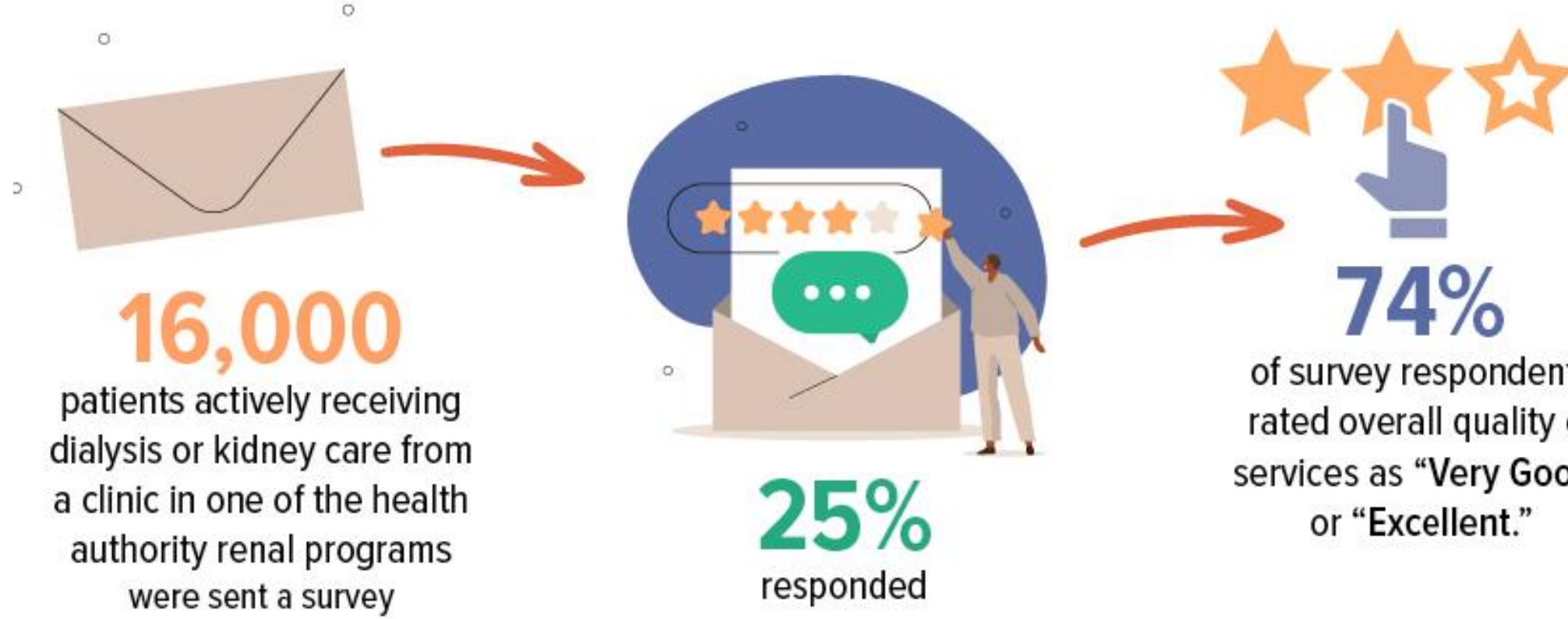
Figure 1. Input from engagement activities informed a provincial strategy and worksheet (Fall 2020) for all improvement champions to take tangible actions to improve patient goal-setting across BC

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	CHANGE IDEAS
What are we trying to accomplish?	Components which will provide the foundation for achieving the aim.	Major actions within the components which will contribute to achieving the aim.	What changes can we make that will result in improvement?
To enhance and sustain collaborative patient goal-setting between patients, family caregivers and kidney care professionals in	<ul style="list-style-type: none"> <li>Partnership: Harness mutually beneficial relationships among patients, family caregivers and health professionals</li> <li>Awareness: Promote awareness and understanding of goal-setting</li> <li>Adaptability: Build adaptable process and safe space to guide effective communication</li> <li>Support: Strengthen continued support along the patient journey</li> </ul>	<ul style="list-style-type: none"> <li>Foster active listening among health professionals, patients and family caregivers</li> <li>Enhance understanding of cultural considerations in ongoing conversations between patients and health professionals</li> <li>Ensure shared understanding of what the quality of the patient is (per) among the patient and kidney health professionals</li> <li>Make relevant tools visible to kidney health professionals and patients</li> <li>Provide more professional training</li> <li>Offer various opportunities for education and support among patients and families</li> <li>Enhance awareness in the community via existing communication channels</li> <li>Release time for having goal-setting conversations</li> <li>Designate a "navigator" for the patient to set goals and action plans with follow-up</li> <li>Prioritize appointment based on what matters to the patient</li> <li>Document goal(s) in the patient's health record</li> <li>Enable the patient to track their own goals while noting individual preference for keeping their own copy (or not)</li> <li>Ensure the patient's goals are communicated with their family doctor</li> <li>Enable peer support and connections among patients and families</li> </ul>	<ul style="list-style-type: none"> <li>Enhance accessibility to online tools</li> <li>Enable peer support and connections among patients and families</li> </ul>



Figure 4. Comparison of 2016 and 2022 patient experience suggests further efforts need to be made regarding a) asking patients to talk about their goals in caring for their condition. Slight improvement were observed for b) helping patients to set specific goals in caring for their conditions in almost all different types of kidney care settings except for in-centre hemodialysis care.

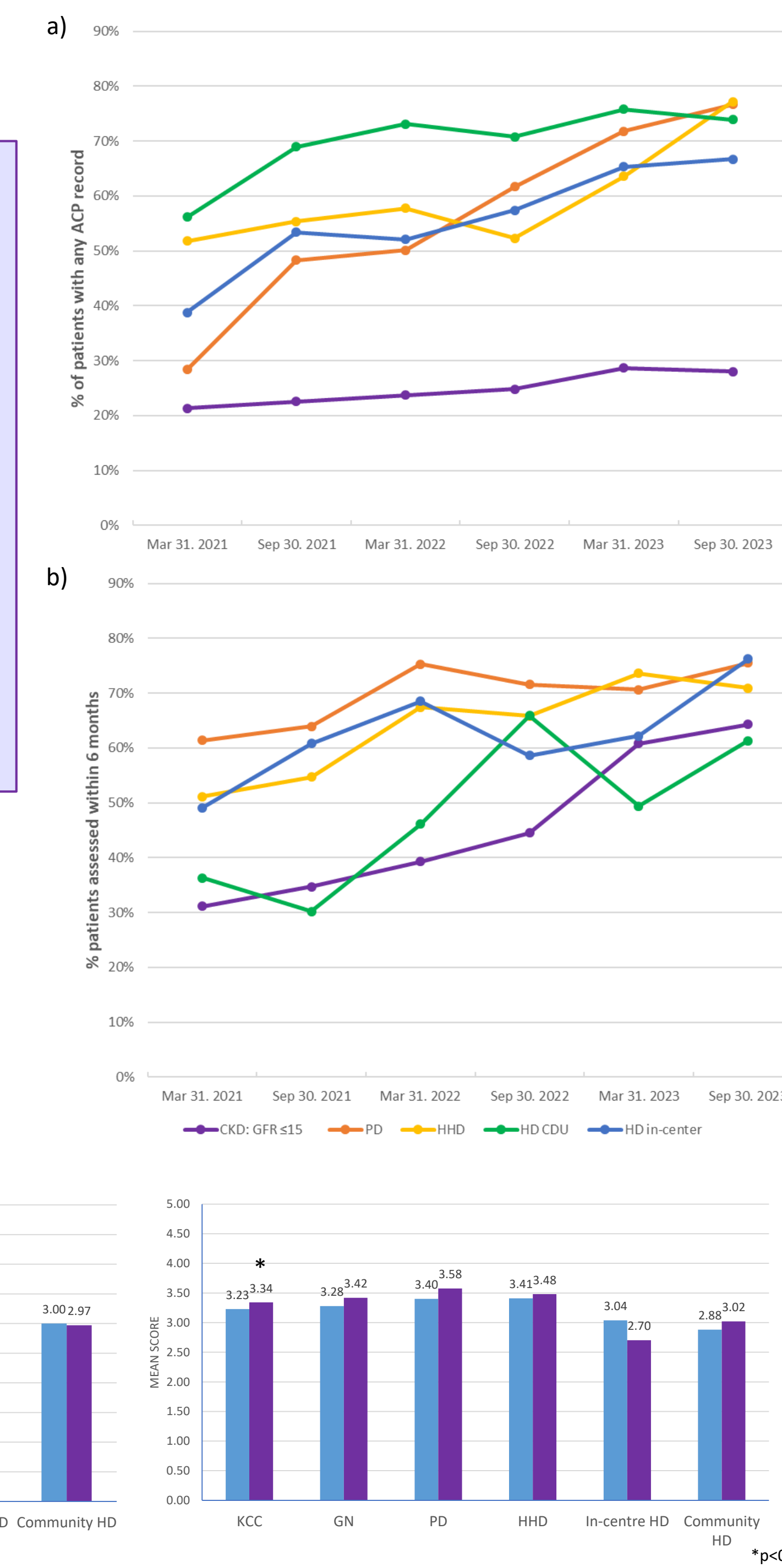
Figure 3. 2022 patient experience survey findings found that patient goal-setting remains a key area of improvement



### Top 3 Improvement Opportunities: (across modalities and health authorities)

- Ask patients to talk about their goals in caring for their condition.
- Ask patients how their chronic condition affects their life.
- Help patients set specific goals in caring for their condition.

Figure 5. Uptake of a) advance care planning (ACP) and b) routine symptom screening using My Symptom Checklist (ESAS-r: Renal) are improving across all kidney care settings. These suggest more opportunities for collaborative patient goal-setting to take place.



## CONCLUSIONS

- While the 2022 patient experience survey found that patient goal-setting remains a key area of improvement, some signs of improvement were observed in most kidney care settings, despite the various challenges of past years.
- Improvement efforts take time, especially in the midst of workforce challenges and competing priorities. Alignment with local strategies helps.
- Ongoing support in integrating goal-setting conversations into routine practice at the local level, and sharing of lessons learned as a provincial kidney care community will likely yield further progress in improving collaborative patient goal-setting in BC over time.

## REFERENCES

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## CONTACT INFORMATION

E-mail: [hchiu@bcrenal.ca](mailto:hchiu@bcrenal.ca) | Tel: 604.802.8400