BCRenal
Provincial Health Services Authority

Assessment of Care for Chronic Conditions Survey
2022 Provincial Results: Kidney Care Clinics

Provincial Health Services Authority — Province-wide solutions. Better health.

BC Children's Hospital

fraserhealth — Better health. Best in health care.

northern health — the northern way of caring

Interior Health

Providence HEALTH CARE — How you want to be treated.

vancouver coastalHealth — Promoting wellness. Ensuring care.

island health

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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 care at Kidney Care Clinics (KCCs) across BC. Where appropriate, results are also broken out by KCC sub-modalities: Polycystic Kidney Disease (PKD) and Glomerulonephritis (GN). Additional analyses were carried out to identify and prioritize potential areas for improvement specific to this modality.

3,154 patients receiving care at KCCs participated in the 2022 survey (resulting in a 25.0% 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 receiving care at KCCs rated overall quality of services very highly and similarly in 2016 and 2022. For both surveys, lower satisfaction scores were observed among respondents with an *eGFR ≥20* compared with those with an eGFR <20.

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- In 2022, overall organization and delivery of care ("delivery system/ decision support") remain to be key strength for this care setting, including PKD and GN, as in 2016.

- The key opportunities identified for this patient cohort (inclusive of PKD and GN sub-modalities) are about eliciting information from patients in their care: "Asked to talk about my goals in caring for my condition" (Q7) and "Asked how my visits with other doctors were going" (Q20).

- 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.[1] 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.[2] 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 care from a KCC in one of the health authority renal programs in British Columbia were invited to participate in the survey.[3] KCC patients include those receiving care from a general KCC (non-GN or non-PKD), as well as PKD and GN sub-modalities.

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 1A, Table 1B, Table 1C). To correct for

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[1] Previous survey cycles took place in 2009, 2012, and 2016.

[2] 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.

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

[3] 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.

these imbalances, survey weights were developed and applied to the data for analysis purposes.

Table 1A. Response Rates and Sample Representativeness, Kidney Care Clinics, 2022

	Response Rate	% Pop	% Data	Diff
Region				
Fraser Health	20.8%	31.9%	26.5%	-5.4%
Interior Health	27.9%	25.2%	28.1%	2.9%
Island Health	28.2%	13.4%	15.1%	1.7%
Northern Health	27.4%	4.7%	5.2%	0.5%
Providence Health Care	26.9%	12.5%	13.4%	0.9%
Vancouver Coastal	24.7%	11.2%	11.1%	-0.1%
BC Children's Hospital	14.0%	1.0%	0.6%	-0.4%

Source: 2022 Assessment of Care for Chronic Conditions Survey.

Table 1B. Response Rates and Sample Representativeness, Polycystic Kidney Disease, 2022

	Response Rate	% Pop	% Data	Diff
Region				
Fraser Health	23.8%	28.5%	27.0%	-1.5%
Interior Health	26.3%	15.2%	15.9%	0.7%
Island Health	30.2%	10.6%	12.7%	2.1%
Northern Health	33.3%	3.0%	4.0%	1.0%
Providence Health Care	25.7%	28.7%	29.4%	0.7%
Vancouver Coastal	20.0%	14.0%	11.1%	-2.9%
BC Children's Hospital	n/a	n/a	n/a	n/a

Source: 2022 Assessment of Care for Chronic Conditions Survey.

Table 1C. Response Rates and Sample Representativeness, Glomerulonephritis, 2022

	Response Rate	% Pop	% Data	Diff
Region				
Fraser Health	21.7%	25.2%	19.8%	-5.4%
Interior Health	27.4%	27.7%	27.4%	-0.3%
Island Health	30.9%	8.2%	9.2%	1.0%
Northern Health	23.7%	6.4%	5.5%	-0.9%
Providence Health Care	35.2%	18.5%	23.5%	5.0%
Vancouver Coastal	29.4%	13.5%	14.3%	0.8%
BC Children's Hospital	14.3%	0.6%	0.3%	-0.3%

Source: 2022 Assessment of Care for Chronic Conditions Survey.

Gender. 55.5% of KCC respondents who completed the survey self-identified as male and 44.5% self-identified as female (Figure 1A). Figure 1A also presents the gender distribution for each KCC sub-modality.

Figure 1A. Respondents Gender, Kidney Care Clinics, Overall and by sub-modality, 2022
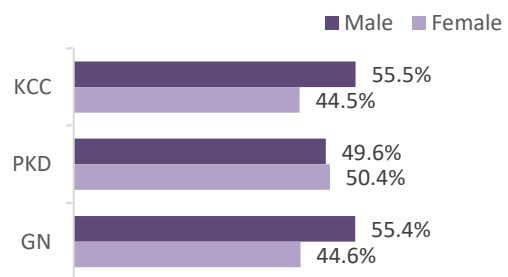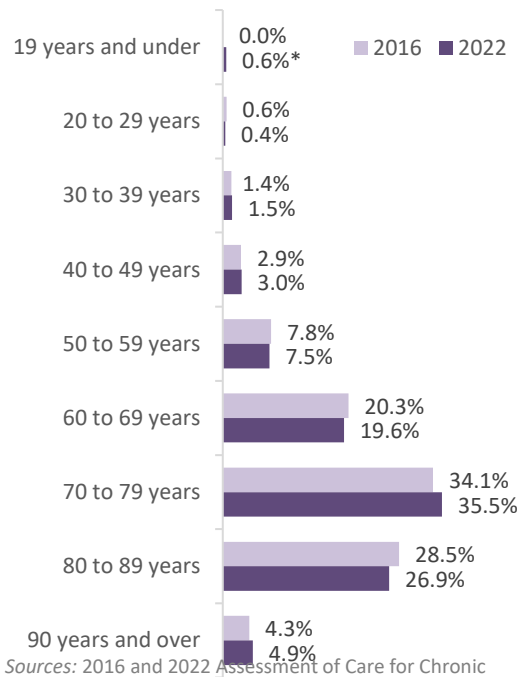

Source: 2022 Assessment of Care for Chronic Conditions Survey.
Note: One KCC respondent (non-PKD, non-GN) self-identified as gender diverse.

Age. The majority of respondents who completed the survey were 60 years of age or older (86.9%) (Figure 1B). Small year over year (YoY) changes were observed across age

categories from 2016 to 2022; however, only one emerged as statistically significant; an increase in the proportion of patients aged 19 years and under. This change is understandable given that the 2022 data collection year is the first-time patients and families from BC Children's Hospital were invited to participate in the survey. Figure 1C presents the age distribution for each KCC sub-modality.
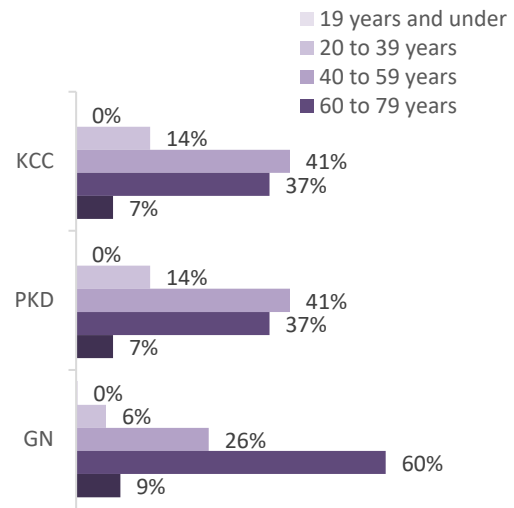
Figure 1B. Respondents by Age Category, Kidney Care Clinics, 2016 and 2022

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

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

Figure 1C. Respondents by Age Category, Kidney Care Clinics, Overall and by sub-modality, 2022

Source: 2022 Assessment of Care for Chronic Conditions Survey.

eGFR level. 80.6% KCC respondents who completed the survey had an eGFR ≥20 and 19.2% had an eGFR <20 (Table 1D). A small portion (0.2%) did not have a specified eGFR value. Table 1D presents the eGFR level distribution for each KCC sub-modality.

Table 1D. eGFR level, Kidney Care Clinics, Overall and by sub-modality 2022

| Modality	eGFR ≥20	eGFR <20	eGFR non-specified
KCC	80.6%	19.2%	0.2%
PKD	83.3%	16.7%	0.0%
GN	81.7%	18.3%	0.0%

Source: 2022 Assessment of Care for Chronic Conditions Survey.

Findings: Kidney Care Clinics

Overall Satisfaction

When asked about the overall quality of the kidney services they received in the past 6 months, the majority of KCC respondents (74%) rated services as "Very Good" or "Excellent" (Figure 2A-1). This compares to 75% who reported the same in 2016. This minimal YoY shift from 2016 is not statistically significant.

Figure 2A-1. Overall quality of services, Kidney Care Clinics, 2016 and 2022
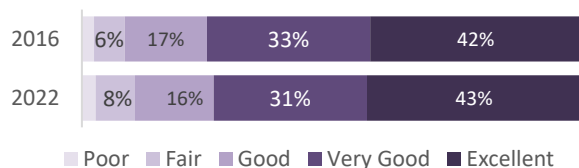
	Poor	Fair	Good	Very Good	Excellent
2016		6%	17%	33%	42%
2022		8%	16%	31%	43%

Sources: 2016 and 2022 Assessment of Care for Chronic Conditions Surveys.
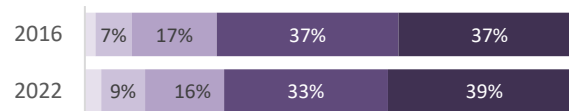Question 21: Overall, how would you rate the quality of the services you receive?
Note: All scores are weighted.

Looking across the HARPs (Figure 2A-2), the proportion of respondents to rate their services as either "Very Good" or "Excellent" varied in 2022, from 70% (Interior Health) to 83% (BC Children's Hospital).
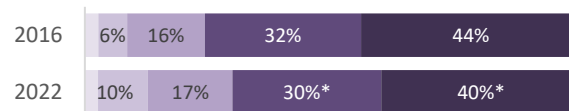
Comparing overall satisfaction by eGFR level, the proportion of respondents to rate their services in 2022 as either "Very Good" or "Excellent" was lower for those with an eGFR ≥20 (73% compared to 78% for those with an eGFR <20), a difference that proved to be statistically significant when tested (Figure 2A-3).

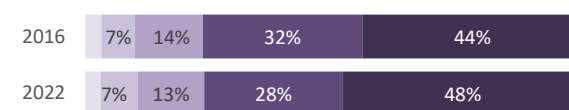Figure 2A-2. Overall quality of services by Region, Kidney Care Clinics, 2016 and 2022
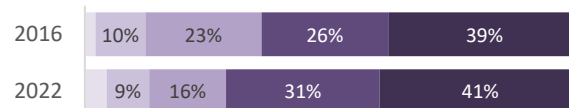
Fraser Health

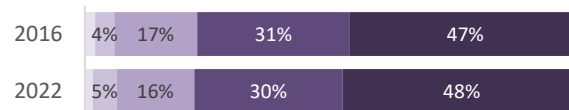|	Poor	Fair	Good	Very Good	Excellent
2016		7%	17%	37%	37%
2022		9%	16%	33%	39%

Interior Health

	Poor	Fair	Good	Very Good	Excellent
2016		6%	16%	32%	44%
2022		10%	17%	30%*	40%*

Island Health

	Poor	Fair	Good	Very Good	Excellent
2016		7%	14%	32%	44%
2022		7%	13%	28%	48%

Northern Health

	Poor	Fair	Good	Very Good	Excellent
2016		10%	23%	26%	39%
2022		9%	16%	31%	41%

Vancouver Coastal Health

	Poor	Fair	Good	Very Good	Excellent
2016		4%	17%	31%	47%
2022		5%	16%	30%	48%

BC Children's Hospital

	Poor	Fair	Good	Very Good	Excellent
2022		6%	11%	28%	55%

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?
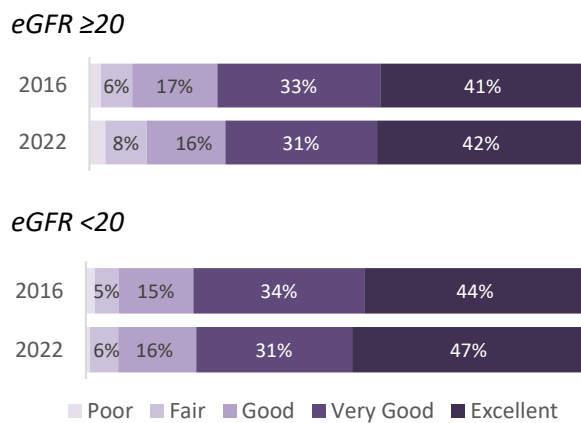*Note:* All scores are weighted.
Note: Vancouver Coastal Health includes Providence Health Care.
* Indicates a YoY difference that is statistically significant (p<.05).

MALATEST
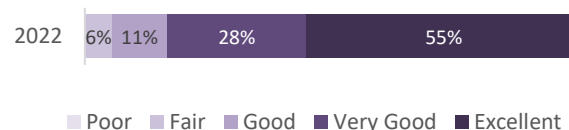
Satisfaction Remains Relatively Stable since 2016.

With the exception of Interior Health, the KCC modality did not experience a significant YoY shift regardless of health authority (Figure 2A-2) or eGFR level (Figure 2A-3). Overall, this suggests that the KCC patient experience remained relatively unaffected by the impacts of the COVID-19 pandemic.

Figure 2A-3. Overall quality of services by eGFR Level, Kidney Care Clinics, 2016 and 2022

eGFR ≥20

eGFR <20

Poor Fair Good Very Good Excellent

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: GFR Level 'Other' was not included due to limited representation as a result of the insufficient sample size (<15 responses).

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 3.1 and 3.8 for KCC respondents with an *eGFR ≥20* and between 2.9 and 3.7 for KCC respondents with an *eGFR <20*. Within both eGFR level groups, respondents reported more favourable scores on "Delivery

System/Decision Support" and lower scores on "Follow-Up" (Table 2A). A similar pattern was noted in 2016.

A YoY analysis does show, that for KCC respondents with an *eGFR ≥20*, subscale scores are trending downwards in the "Problem Solving", "Patient Activation" and "Goal Setting/Tailoring" subscales all revealing statistically significantly lower mean scores in 2022 than in 2016. However, subscale scores appear relatively stable for KCC respondents with an *eGFR <20*.

Table 2A. Subscale (mean) scores, Kidney Care Clinics by eGFR level, 2016 and 2022

	2016	2022	Diff.
eGFR ≥20			
Delivery System/ Decision Support	3.8	3.7	▼
Problem Solving	3.5	3.4*	▼
Patient Activation	3.5	3.4*	▼
Goal Setting/ Tailoring	3.2	3.0*	▼
Follow-Up	2.9	2.9	◄►
eGFR <20			
Delivery System/ Decision Support	3.9	3.8	▼
Patient Activation	3.8	3.8	◄►
Problem Solving	3.7	3.7	◄►
Goal Setting/ Tailoring	3.3	3.3	◄►
Follow-Up	3.1	3.1	◄►

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

Areas of Strength and Potential Opportunities for Improvement

To isolate areas of strength as well as opportunities for improvement, a priority matrix was generated for KCC patients by eGFR level (Figure 3A-1, Figure 3A-2). Each 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).

These items' correlation scores with overall satisfaction are strong, and they also show above average mean scores.

Kidney Care Clinic (eGFR ≥20) Strengths

For KCC respondents with an eGFR level ≥20, 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"), another "Delivery System" subscale question, also emerged among the top strengths within this modality.

All four questions belonging to the "Problem Solving" subscale (Q12, Q13, Q14 and Q15) are 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 KCC delivery modality for patients with an eGFR level ≥20.

Additional areas of strength for KCC respondents with an eGFR level ≥20 include:

From the "Patient Activation" subscale:
- Q3 ("Asked to talk about any problems with my medicines or their effects")
- Q2 ("Given choices about treatment to think about")

From the "Goal Setting" subscale:
- Q11 ("Asked questions, either directly or on a survey, about my health habits")
- Q8 ("Helped to set specific goals in caring for my condition").

Kidney Care Clinic (eGFR ≥20) Opportunities for Improvement

Q20 ("Asked how my visits with other doctors were going"), Q7 ("Asked to talk about my goals in caring for my condition") and Q1 ("Asked for my ideas when we made a treatment plan") all emerged as possible opportunities for improvement within the KCC modality for respondents with an eGFR level ≥20. Each item showed strong correlations with overall service satisfaction and considerably lower mean scores. Improvements in these areas would result in gains in overall patient satisfaction.

Kidney Care Clinic (eGFR <20) Strengths

For KCC respondents with an eGFR level of <20, 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"), also from the "Delivery System" subscale, also emerged among the top strengths within this modality.

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" also appears to be a success area within the KCC delivery modality for patients with an eGFR level <20.

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Additional areas of strength for KCC respondents with an eGFR level <20 included:

From the "Goal Setting" subscale:
- Q8 ("Helped to set specific goals in caring for my condition")
- Q7 ("Asked to talk about my goals in caring for my condition")
- Q11 ("Asked questions, either directly or on a survey, about my health habits")

From the "Patient Activation" subscale:
- Q3 ("Asked to talk about any problems with my medicines or their effects").

These items' correlation scores with overall satisfaction are strong, and they also have above average mean scores.

## Kidney Care Clinic (eGFR <20) Opportunities for Improvement

Within this group of respondents, no survey questions demonstrated an above average correlation with overall service satisfaction as well as a considerably lower mean scores. Therefore, no key opportunities for improvement were identified. However, Q20 ("Asked how my visits with other doctors were going"), and Q7 ("Asked to talk about my goals in caring for my condition") are moderately correlated with overall service satisfaction and had a below average mean score. Improvements in these two areas might result in a gain in overall patient satisfaction among KCC patients with an eGFR<20.

Findings: Polycystic Kidney Disease

Overall Satisfaction

When asked about the overall quality of the kidney services they received in the past 6 months, the majority of PKD respondents (75%) rated services as "Very Good" or "Excellent" (Figure 2B-1).

Figure 2B-1. Overall quality of services, Polycystic Kidney Disease, 2022
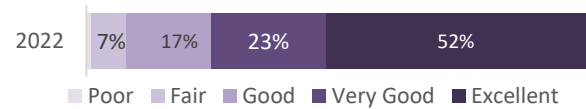
| 2022 | 7% | 17% | 23% | 52% |

Poor Fair Good Very Good Excellent

Source: 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.

Compared to the provincial average, a greater proportion of PKD respondents (82%, and 78% respectively) within Vancouver Coastal Health and Fraser Health reported "Very Good" or "Excellent" treatment (Figure 2B-2). While cumulatively the remaining HARPs have a below-average patient satisfaction level, due to low sample, further inspection by region is not possible.

MALATEST

Figure 2B-2. Overall quality of services by Region, Polycystic Kidney Disease, 2022

Fraser Health

Vancouver Coastal Health
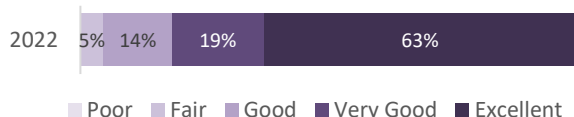
■ Poor ■ Fair ■ Good ■ Very Good ■ Excellent

Source: 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.
* Indicates a YoY difference that is statistically significant (p<.05).
Note: Q21 is broken out for only those regions with sufficient sample sizes (>15 responses).

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 3.1 and 3.9 for PKD respondents. Respondents reported more favourable scores on "Delivery System/Decision Support" and lower scores on "Follow-Up" (Table 2B).

Table 2B. Subscale (mean) scores, Polycystic Kidney Disease, 2022

	2022
Delivery System/ Decision Support	3.9
Patient Activation	3.9
Problem Solving	3.8
Goal Setting/ Tailoring	3.3
Follow-Up	3.1

Source: 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 for the Polycystic Kidney Disease cohort (Figure 3B). Each 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).

Polycystic Kidney Disease Strengths

PKD 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"), another question from the "Delivery System" subscale, also emerged as a top strength within this modality.

All four questions belonging to the "Problem Solving" subscale (Q12, Q13, Q14 and Q15) were both rated higher than average by respondents and are also strongly correlated with overall satisfaction. This finding suggests that "Problem Solving" is a success area within the PKD delivery modality.

Additional areas of strength for PKD respondents included:

From the "Patient Activation" subscale:
- Q2 ("Given choices about treatment to think about")
- Q1 ("Asked for my ideas when we made a treatment plan")

From the "Goal Setting" subscale:

- Q11 ("Asked questions, either directly or on a survey, about my health habits")
- Q8 ("Helped to set specific goals in caring for my condition").

These items' correlation scores with overall satisfaction are strong, and they also show above average mean scores.

Opportunities for Improvement

Both Question 20 ("Asked how my visits with other doctors were going") and Question 16 ("Contacted after a visit to see how things were going") from the "Follow-Up" subscale emerged as possible opportunities for improvement within the PKD cohort as they show strong correlations with overall service satisfaction and have considerably lower mean scores. Additionally, Q7 ("Asked to talk about my goals in caring for my condition") from the "Goal Setting" subscale also emerged as an opportunity for improvement. Improvements in these areas would yield gains in overall patient satisfaction among PKD patients.

Findings: Glomerulonephritis

Overall Satisfaction

When asked about the overall quality of the kidney services they received in the past 6 months, the majority of GN respondents (77%) rated services as "Very Good" or "Excellent" (Figure 2C-1). This compares to 79% who reported the same in 2016. This minimal YoY shift from 2016 is not statistically significant.

Figure 2C-1. Overall quality of services, Glomerulonephritis, 2016 and 2022
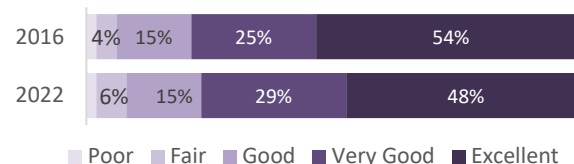
Sources: 2016 and 2022 Assessment of Care for Chronic Conditions Surveys.
Question 21: Overall, how would you rate the quality of the services you receive?
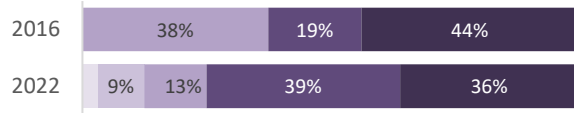*Note:* All scores are weighted.

Looking across the HARPs (Figure 2C-2), the proportion of respondents to rate their services as either "Very Good" or "Excellent" varied in 2022, from 53% (Northern Health) to 86% (Vancouver Coastal Health).

Comparing overall satisfaction by eGFR level (Figure 2C-3), the proportion of respondents to rate their services as either "Very Good" or "Excellent" was about the same for those with an eGFR ≥20 (76% compared to 77% for those with an eGFR <20); a difference that was not statistically significant when tested.
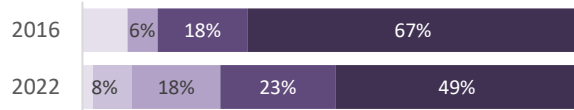
Satisfaction Remains Relatively Stable since 2016. The GN cohort did not experience a significant YoY shift between 2016 and 2022, regardless of health authority (Figure 2C-2). Overall, this suggests that the GN patient experience remained relatively unaffected by the impacts of the COVID-19 pandemic.

Figure 2C-2. Overall quality of services by Region, Glomerulonephritis, 2016 and 2022
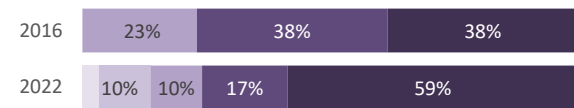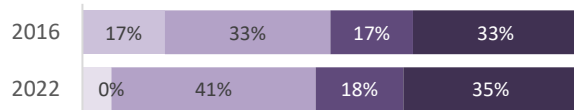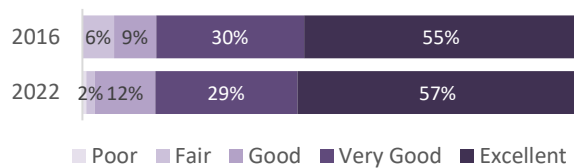
Fraser Health

Year					
2016	38%	19%	44%		
2022	9%	13%	39%	36%	

Interior Health

Year				
2016	6%	18%	67%	
2022	8%	18%	23%	49%

Island Health

Year			
2016	23%	38%	38%
2022	10%	10%	17%	59%

Northern Health

Year				
2016	17%	33%	17%	33%
2022	0%	41%	18%	35%

Vancouver Coastal Health

Year				
2016	6%	9%	30%	55%
2022	2%	12%	29%	57%

■ Poor ■ Fair ■ Good ■ Very Good ■ Excellent

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.

Figure 2C-3. Overall quality of services by eGFR Level, Glomerulonephritis, 2016 and 2022

eGFR ≥20

Year				
2022	6%	15%	30%	46%

eGFR <20

Year				
2022	7%	17%	23%	54%

■ Poor ■ Fair ■ Good ■ Very Good ■ Excellent

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.

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 3.0 and 3.9 for GN respondents (Table 2C-1). For GN respondents with an *eGFR ≥20*, subscale scores also range between 3.0 and 3.9, while those with an *eGFR <20*, scores range between 3.2 and 3.9 (Table 2C-2). For both groups, respondents reported more favourable scores on "Delivery System/Decision Support" and lower scores on "Follow-Up." A similar pattern was noted in 2016 (Table 2C-1).

A YoY analysis across all GN respondents, subscale scores appear to be trending downwards in the "Patient Activation", "Problem Solving" and "Follow-Up" subscales; however, none of these differences proved to be statistically significant from 2016 to 2022.

Table 2C-1. Subscale (mean) scores, Glomerulonephritis, 2016 and 2022

	2016	2022	Diff.
Glomerulonephritis (GN)			
Delivery System/ Decision Support	3.9	3.9	◀▶
Patient Activation	3.8	3.7	▼
Problem Solving	3.7	3.6	▼
Goal Setting/ Tailoring	3.2	3.2	◀▶
Follow-Up	3.1	3.0	▼

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

Table 2C-2. Subscale (mean) scores, Glomerulonephritis by eGFR level, 2022

	2022
eGFR ≥20	
Delivery System/ Decision Support	3.9
Patient Activation	3.6
Problem Solving	3.6
Goal Setting/ Tailoring	3.2
Follow-Up	3.0
eGFR <20	
Delivery System/ Decision Support	3.9
Patient Activation	3.9
Problem Solving	3.7
Goal Setting/ Tailoring	3.3
Follow-Up	3.2

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

Areas of Strength and Potential Opportunities for Improvement

To isolate areas of strength as well as opportunities for improvement, a priority matrix was generated for GN patients by eGFR level (Figure 3C-1, Figure 3C-2). Each 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).

Glomerulonephritis (eGFR ≥20) Strengths

For GN respondents with an eGFR level of ≥20, 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"), another question from the "Delivery System" subscale, also emerged as a top strength within this group.

All four questions belonging to the "Problem Solving" subscale (Q12, Q13, Q14 and Q15) were both rated higher than average by respondents and are also strongly correlated with overall satisfaction. This finding suggests that "Problem Solving" appears to be a success area for GN respondents with an eGFR level ≥20.

Additional areas of strength for GN respondents with an eGFR level ≥20 included:

From the "Patient Activation" subscale:
- Q3 ("Asked to talk about any problems with my medicines or their effects")

From the "Goal Setting" subscale:
- Q8 ("Helped to set specific goals in caring for my condition")
- Q11 ("Asked questions, either directly or on a survey, about my health habits").

These items' correlation scores with overall satisfaction are strong, and they also have above average mean scores.

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Glomerulonephritis (eGFR ≥20) Opportunities for Improvement

Q7 ("Asked to talk about my goals in caring for my condition") emerged as a possible opportunity for improvement within the GN modality for respondents with an eGFR level ≥20. This item has a strong correlation with overall service satisfaction and a considerably lower mean score. Improvement in this area may result in an increase in overall patient satisfaction.

Glomerulonephritis (eGFR <20) Strengths

Similar to GN respondents with eGFR levels ≥20, satisfaction with how well care was organized (Q5) emerged as a notable area of strength for those with eGFR levels <20. Q5 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"), also from the "Delivery System" subscale, also emerged among the top strengths within this respondent group.

Additional areas of strength for GN respondents with an eGFR level <20 included:

From the "Patient Activation" subscale:

- Q2 ("Given choices about treatment to think about")
- Q3 ("Asked to talk about any problems with my medicines or their effects")

From the "Follow-Up" subscale:

- Q18 ("Referred to a dietitian, health educator or counselor")

From the "Problem Solving" subscale:

- Q12 ("Sure that my doctor or nurse thought about my values, beliefs and traditions
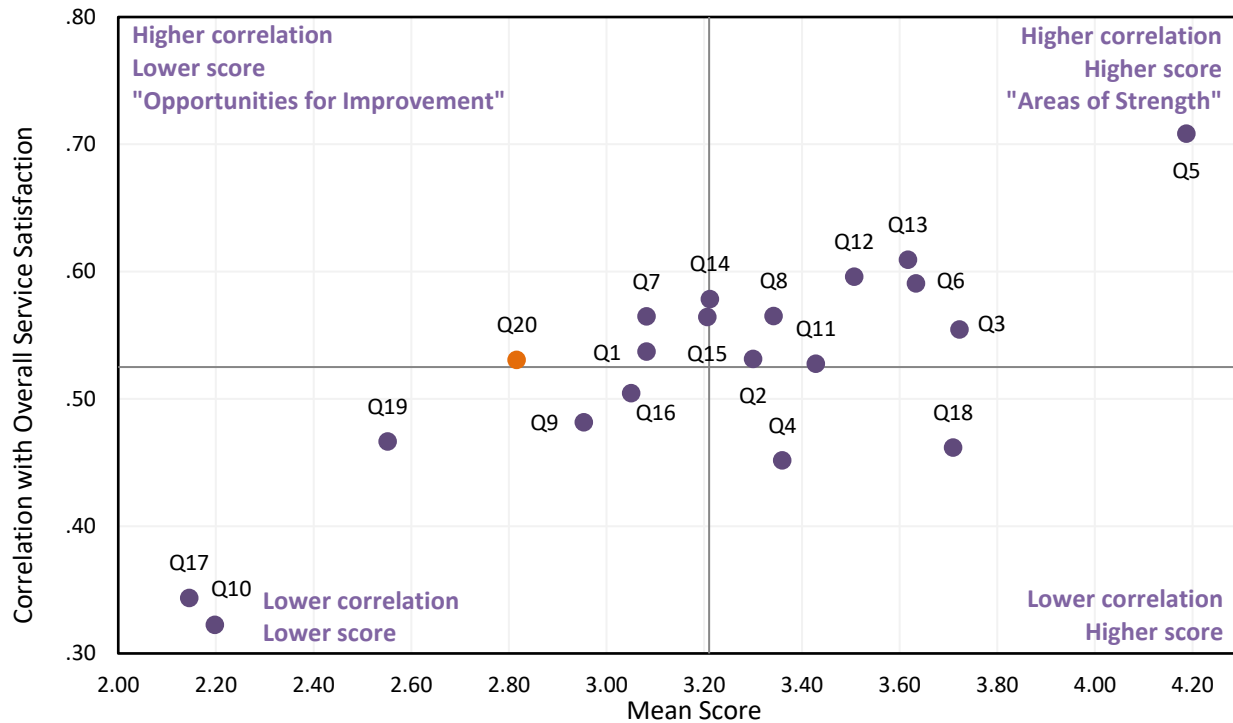
when they recommended treatments to me")
- Q14 ("Helped to plan ahead so I could take care of my condition even in hard times")
- Q15 ("Asked how my chronic condition affects my life").

These items' correlation scores with overall satisfaction are strong, and they also received above average mean scores.

Glomerulonephritis (eGFR <20) Opportunities for Improvement

Within this sub-group of respondents, both Question 20 ("Asked how my visits with other doctors were going") and Question 16 ("Contacted after a visit to see how things were going") from the "Follow-Up" subscale emerged as possible opportunities for improvement, as they show strong correlations with overall service satisfaction and considerably lower mean scores. Additionally, Q8 ("Helped to set specific goals in caring for my condition") and Q7 ("Asked to talk about my goals in caring for my condition") from the "Goal Setting" subscale also emerged as opportunities for improvement. Improvements in these areas would yield gains in overall patient satisfaction among GN patients with eGFR levels <20.

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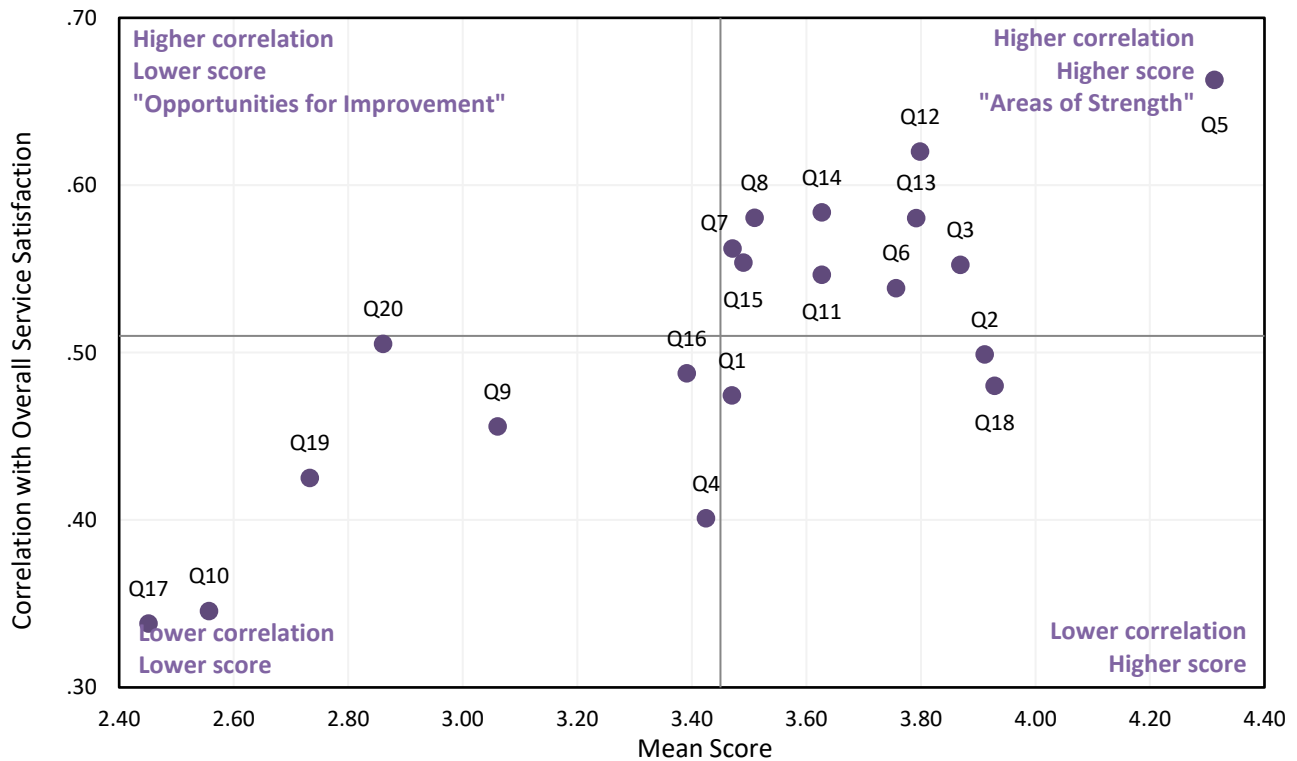Priority Matrix, Kidney Care Clinics, *eGFR ≥20*, 2022[4]

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

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.
Q7	Asked to talk about my goals in caring for my condition.	Q17	Encouraged to attend programs in the community that could help me.
Q8	Helped to set specific goals in caring for my condition.	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.**

[4] Matrix axes cross at the averages for each set of scores (mean scores/correlation coefficients).

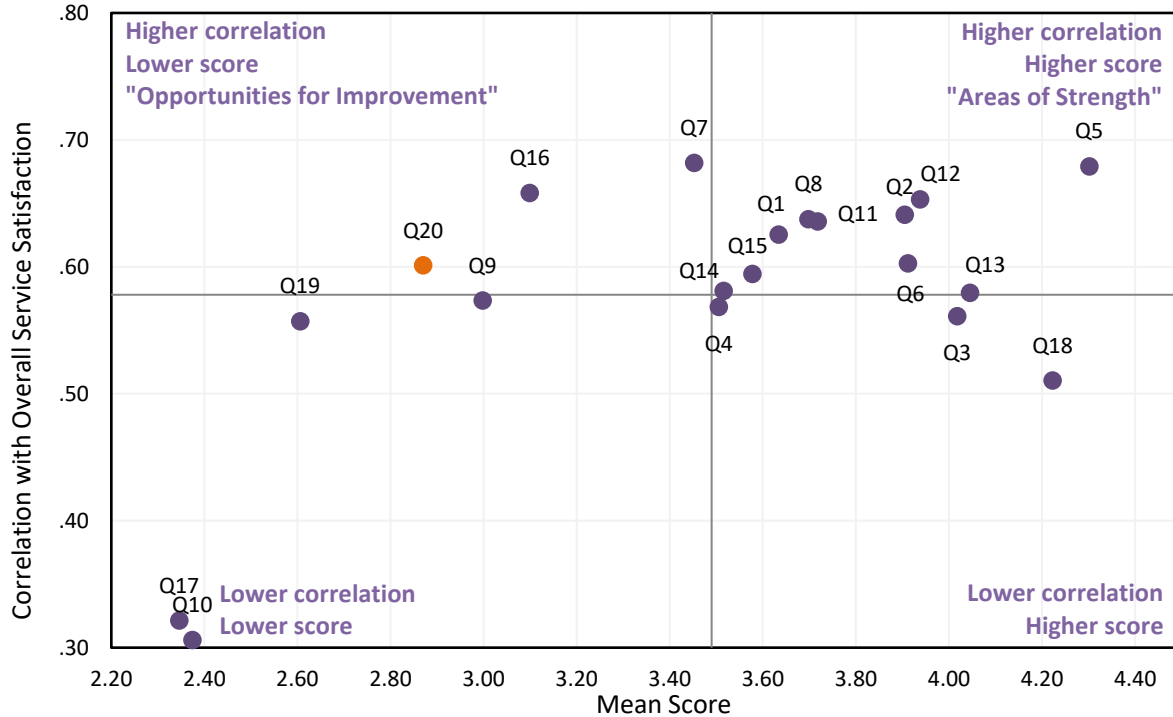Figure 3A-2. Priority Matrix, Kidney Care Clinics, *eGFR <20*, 2022[5]

Opportunities for improvement are those survey items highlighted in the table below in purple.

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.
Q7	Asked to talk about my goals in caring for my condition.	Q17	Encouraged to attend programs in the community that could help me.
Q8	Helped to set specific goals in caring for my condition.	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.

[5] Matrix axes cross at the averages for each set of scores (mean scores/correlation coefficients).

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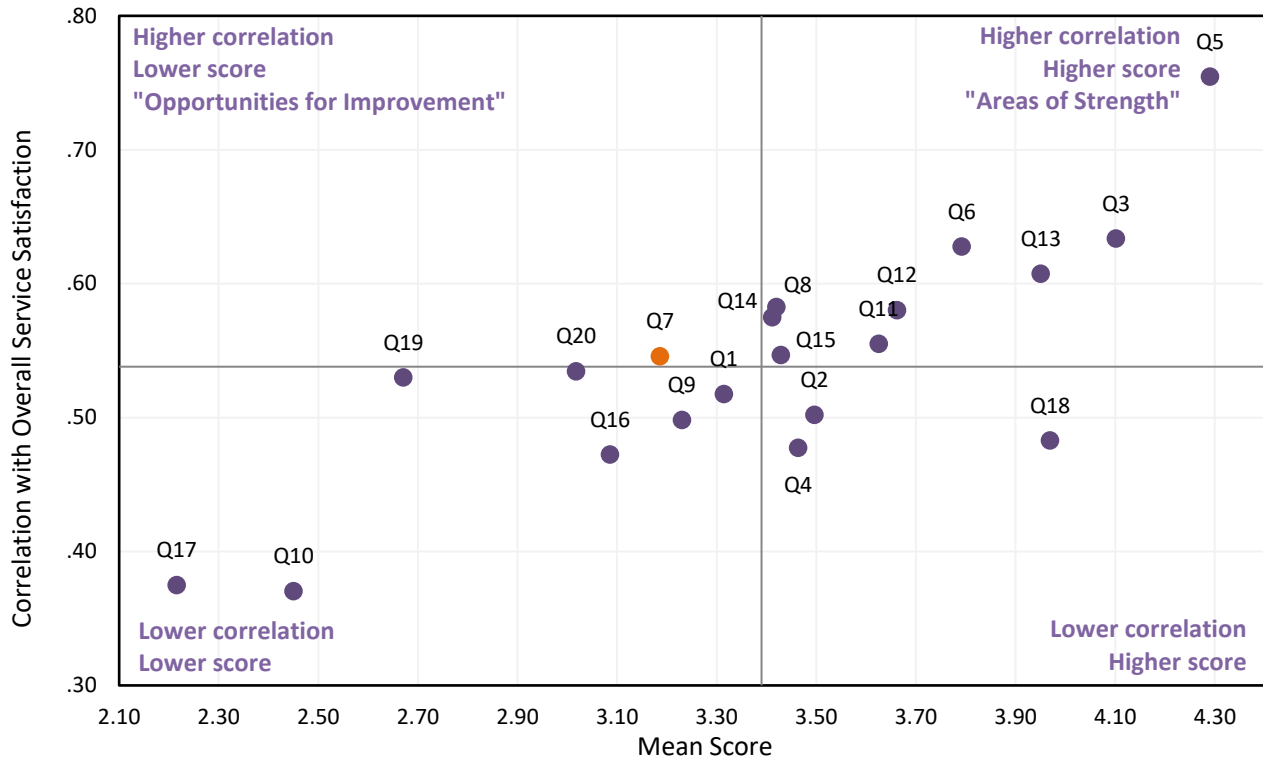Priority Matrix, Polycystic Kidney Disease, 2022[6]

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

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.
Q7	Asked to talk about my goals in caring for my condition.	Q17	Encouraged to attend programs in the community that could help me.
Q8	Helped to set specific goals in caring for my condition.	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.**

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[6] Matrix axes cross at the averages for each set of scores (mean scores/correlation coefficients).

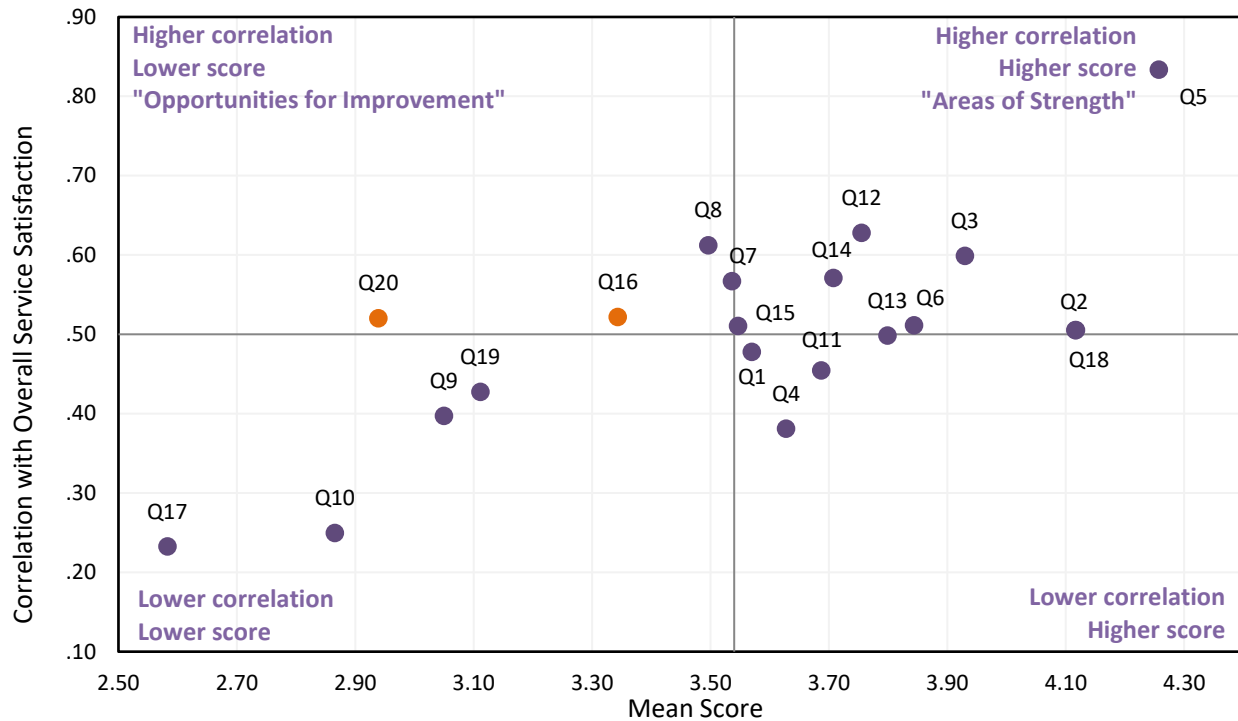Figure 3C-1. Priority Matrix, Glomerulonephritis, *eGFR ≥20*, 2022[7]

Opportunities for improvement are those survey items highlighted in the table below in purple.

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.
Q7	**Asked to talk about my goals in caring for my condition.**	Q17	Encouraged to attend programs in the community that could help me.
Q8	Helped to set specific goals in caring for my condition.	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.

[7] Matrix axes cross at the averages for each set of scores (mean scores/correlation coefficients).

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Figure 3C-2. Priority Matrix, Glomerulonephritis, *eGFR<20*, 2022[8]

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

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.**
Q7	Asked to talk about my goals in caring for my condition.	Q17	Encouraged to attend programs in the community that could help me.
Q8	Helped to set specific goals in caring for my condition.	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.**

[8] Matrix axes cross at the averages for each set of scores (mean scores/correlation coefficients).

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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 1,911 respondents (61% of respondents) who answered the open-ended question at the end of the survey, 37% 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 63% 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 KCC 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. COVID-19 Impact: Service and treatment implications due to the pandemic.

Overall, the most cited suggestion related to communication between patients and health care professionals (29% of all suggestions contained this theme).

"Sometimes phoning in is difficult to get through. With everything virtual, I wish more contact would be made between visits to check up by a nurse." [Interior Health Authority]

"For elderly patients, try to include family members/caregivers on the communications. Sometimes, communications may be missed if they are only sent to the patient (e.g., mail, phone)." [Vancouver Coastal Health Authority]

Other important themes for the respondents were Information/Education, and impacts of the COVID-19 pandemic (respectively amounting to 13% and 11% of all suggestions).

"Personally, I feel well-informed and well-supported in my care. As a patient whose care has limited treatment options, I'm very interested in the research being carried out by BC Renal and would love to learn more about broader initiatives and priorities in this area." [Providence Health Care]

"Because of COVID-19, personal face-to-face and community care [is] limited. I do like telephone consultations though, and I find the professionalism reassuring." [Northern Health Authority]

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