



Assessment of Care for Chronic Conditions Survey 2022 Provincial Results: Hemodialysis



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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 **In-Centre Hemodialysis** and **Community Hemodialysis** units across BC. Additional analyses were carried out to identify and prioritize potential areas for improvement specific to this modality.

281 patients from in-centre HD and 237 patients from community HD participated in the 2022 survey (resulting in a 19.4% and 25.1% response rate, respectively). 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:

- Overall satisfaction with in-centre HD services significantly decreased in most regions, while the overall satisfaction with community HD services was comparable in 2016 and 2022.
- In 2022, overall organization and delivery of care (“delivery system/ decision support”) remain to be key strength for

both in-centre HD and community HD as in 2016.

- The key opportunities identified for both in-centre HD and community HD respondents 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.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 HD through one of the health authority renal programs³ in British Columbia were invited to participate in the survey.

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

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.

Table 1a. Response Rates and Sample Representativeness, In-centre HD, 2022

	Response Rate	% Pop	% Data	Diff
Region				
Fraser Health	15.2%	38.1%	29.9%	-8.2%
Interior Health	25.9%	13.3%	17.8%	4.5%
Island Health	21.8%	15.6%	17.4%	1.9%
Northern Health	14.0%	3.9%	2.9%	-1.1%
Providence Health Care	17.1%	12.5%	11.0%	-1.5%
Vancouver Coastal	24.8%	16.5%	21.0%	4.6%
BC Children's Hospital	0.0%	0.1%	0.0%	-0.1%

Source: 2022 Assessment of Care for Chronic Conditions Survey.

Table 1b. Response Rates and Sample Representativeness, Community HD, 2022

	Response Rate	% Pop	% Data	Diff
Region				
Fraser Health	22.5%	41.9%	37.6%	-4.4%
Interior Health	27.7%	14.5%	16.0%	1.5%
Island Health	33.1%	16.9%	22.4%	5.4%
Northern Health	27.6%	3.1%	3.4%	0.3%
Providence Health Care	21.1%	14.1%	11.8%	-2.3%
Vancouver Coastal	23.3%	9.5%	8.9%	-0.7%
BC Children's Hospital	n/a	n/a	n/a	n/a

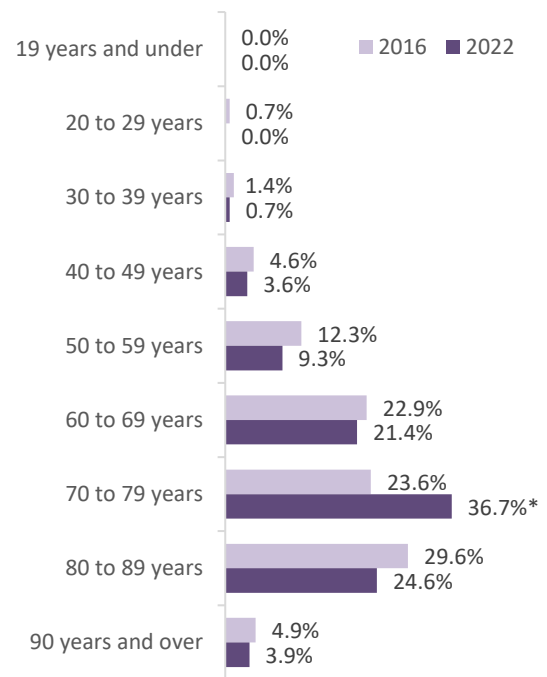
Source: 2022 Assessment of Care for Chronic Conditions Survey.

Gender. 58.5% of respondents from in-centre HD who completed the survey self-identified as male and 41.2% self-identified as female.⁴ For respondents from community HD, 67% self-identified as male and 33% self-identified as female.

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

Age. The majority of respondents from in-centre HD and community HD who completed the survey were 60 years of age or older (86.5% and 85.7%, respectively) (Figures 1a, 1b). Small year over year (YoY) changes were observed across age categories from 2016 to 2022; however, only one was statistically significant: an increase in the proportion of in-centre HD respondents 70 to 79 years in age.

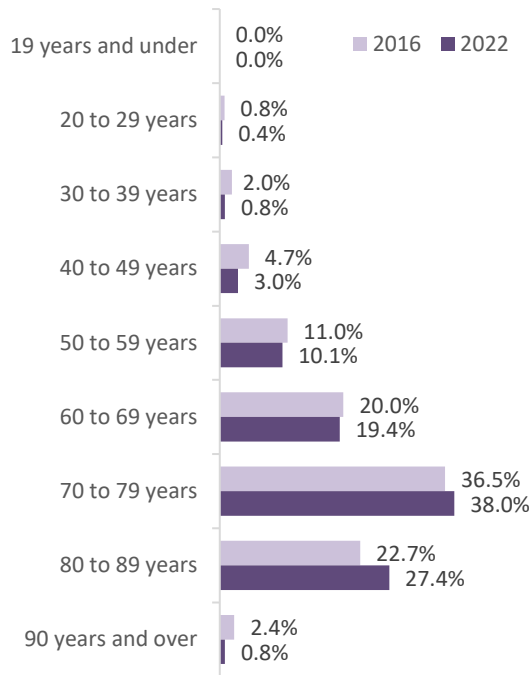
Figure 1a. Respondents by Age Category, In-Centre HD, 2016 and 2022



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

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

Figure 1b. Respondents by Age Category, Community HD, 2016 and 2022



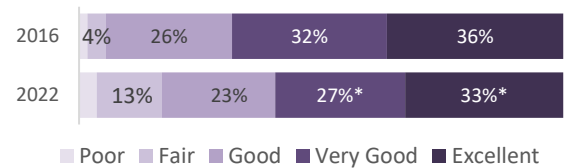
Sources: 2016 and 2022 Assessment of Care for Chronic Conditions Surveys.

Findings

Overall Satisfaction

When asked about the overall quality of the kidney services they received in the previous 6 months, the majority of in-centre HD (60%) and community HD (78%) respondents rated their services as “Very Good” or “Excellent” (Figures 2a, 2b).

Figure 2a. Overall quality of services, In-Centre HD, 2016 and 2022



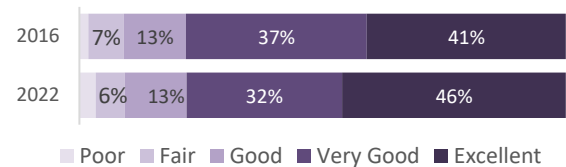
Sources: 2016 and 2022 Assessment of Care for Chronic Conditions Surveys.

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

Note: All scores are weighted.

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

Figure 2b. Overall quality of services, Community HD, 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?

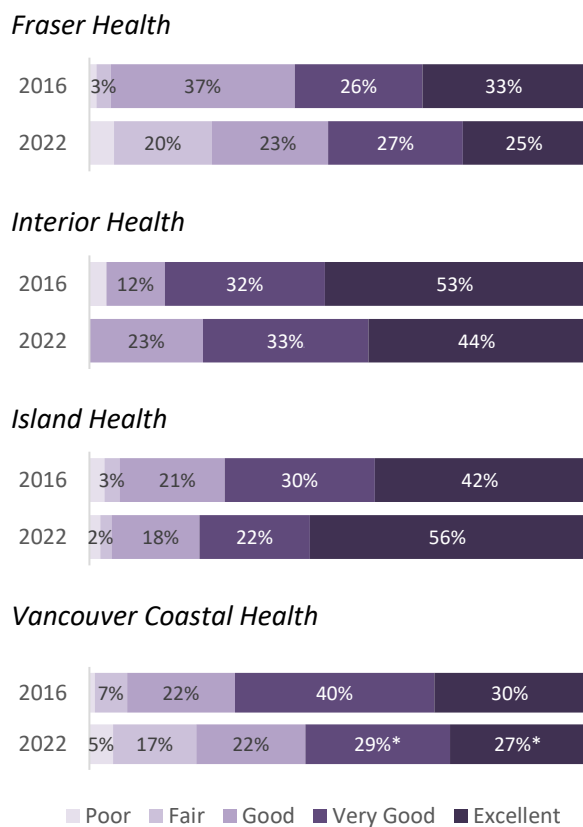
Note: All scores are weighted.

Overall Satisfaction with In-Center HD Services Decreased. When asked to rate their satisfaction with the kidney services they had received, a smaller proportion of in-centre HD respondents reported a score of “Very Good” or “Excellent” in 2022, compared to 2016 (59% versus 68%); a decrease that proved statistically significant when tested (Figure 2a).

This finding, however, is not uniform across regions. Respondents receiving treatment within Island Health reported statistically higher overall satisfaction scores in 2022 compared to 2016 (Figure 3a).

As with the province overall, respondents from in-centre HD units within the other regions all reported lower levels of satisfaction in 2022. While YoY decreases for Fraser Health and Interior Health were less substantial and statistically insignificant, the 14-percentage point difference for Vancouver Coastal Health was statistically significant.

Figure 3a. Overall quality of services by Region, In-Centre HD, 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.

Note: Vancouver Coastal Health includes Providence Health Care

Note: Overall satisfaction is broken out for only those regions with sufficient sample sizes (>15 responses).

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

Overall Satisfaction with Community HD Services Remained Stable. When asked to rate their satisfaction with the kidney services they had received, the same proportion of community HD respondents reported a score of “Very Good” or “Excellent” in 2022 as in 2016 (78%) (Figure 2b).

At the regional level, YoY changes in overall satisfaction were slight and insignificant except for within Island Health (Figure 3b). Paralleling their in-centre HD counterparts, those receiving community HD services in Island Health reported a large increase in overall satisfaction from 83% in 2016 to 95% in 2022. Even though this YoY change in score did not prove to be statistically significant, it is still worth mentioning due to its magnitude (+12 percentage points).

Subscale Results

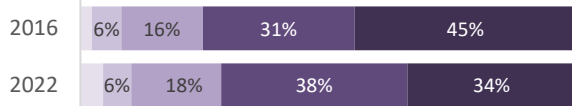
2022 PACIC subscale scores measuring the dimensions of “Patient Activation”, “Delivery System/Decision Support”, “Goal Setting/Tailoring”, “Problem Solving”, and “Follow-Up” range between 2.5 and 3.3 for in-centre HD and 2.8 and 3.7 for community HD, with respondents reporting more favourable scores on “Delivery System/Decision Support” and lower scores on “Goal Setting/Tailoring” (Table 2). A similar pattern was noted in 2016.

Subscale scores appear to be trending downward for the in-centre HD modality as respondent scores are statistically lower on all subscales in 2022 compared to 2016. The community HD modality experienced very little change since 2016, with the “Patient Activation” and “Goal Setting/Tailoring” subscales receiving the exact same mean scores in 2022 as in 2016. The YoY differences

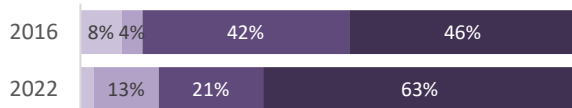
noted for community HD patients were slight and insignificant; thus, suggesting relative stability in community HD satisfaction with different dimensions of service provision.

Figure 3b. Overall quality of services by Region, Community HD, 2016 and 2022

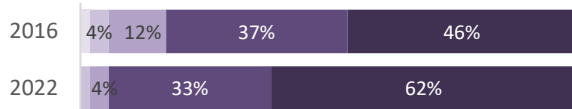
Fraser Health



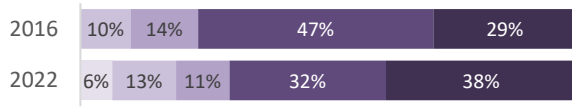
Interior Health



Island Health



Vancouver Coastal Health



■ 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

Note: Overall satisfaction is broken out for only those regions with sufficient sample sizes (>15 responses).

Table 2. Subscale (mean) scores, In-Centre HD and Community HD, 2016 and 2022

	2016	2022	Diff.
In-centre HD			
Delivery System/ Decision Support	3.5	3.3*	▼
Patient Activation	3.3	3.1*	▼
Problem Solving	3.2	2.9*	▼
Follow-Up	2.9	2.7*	▼
Goal Setting/ Tailoring	2.8	2.5*	▼
Community HD			
Delivery System/ Decision Support	3.6	3.7	▲
Patient Activation	3.4	3.4	◄►
Problem Solving	3.3	3.2	▼
Follow-Up	2.9	3.0	▲
Goal Setting/ Tailoring	2.8	2.8	◄►

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, priority matrices were produced (Figures 4a, 4b). Each priority matrix shows the mean scores for each of the PACIC survey items plotted against the individual correlation scores with Q21 (overall quality of service).

In-Centre HD Strengths

In-centre HD 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”), also from the “Delivery System” subscale, also emerged among the top strengths within this modality.

Additionally, all three questions belonging to the “Problem Solving” subscale (Q12, Q13, and Q14) 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 within the in-centre HD setting.

Lastly, Q3 (“Asked to talk about any problems with my medicines or their effects”) emerged as an area of strength within this modality. Among respondents, this item’s correlation with overall satisfaction was strong, and it received an above average mean score.

In-Centre HD Opportunities for Improvement

Two questions within the “Goal Setting/Tailoring” subscale emerged as possible opportunities for improvement for the in-centre HD 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” (Q8) and “Asked to talk about my goals in caring for my condition” (Q7). Improvements in these two areas would elicit gains in overall patient satisfaction among those receiving in-centre HD services.

Additionally, Question 16 (“Contacted after a visit to see how things were going”) also emerged as a potential area that could lead to improvement in overall satisfaction for In-centre HD patients. This item had both a high correlation with overall service satisfaction, as well as a below average mean score.

Community HD Strengths

Similar to in-centre HD respondents, community HD 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”), also from the “Delivery System” subscale, also emerged among the top strengths within this modality.

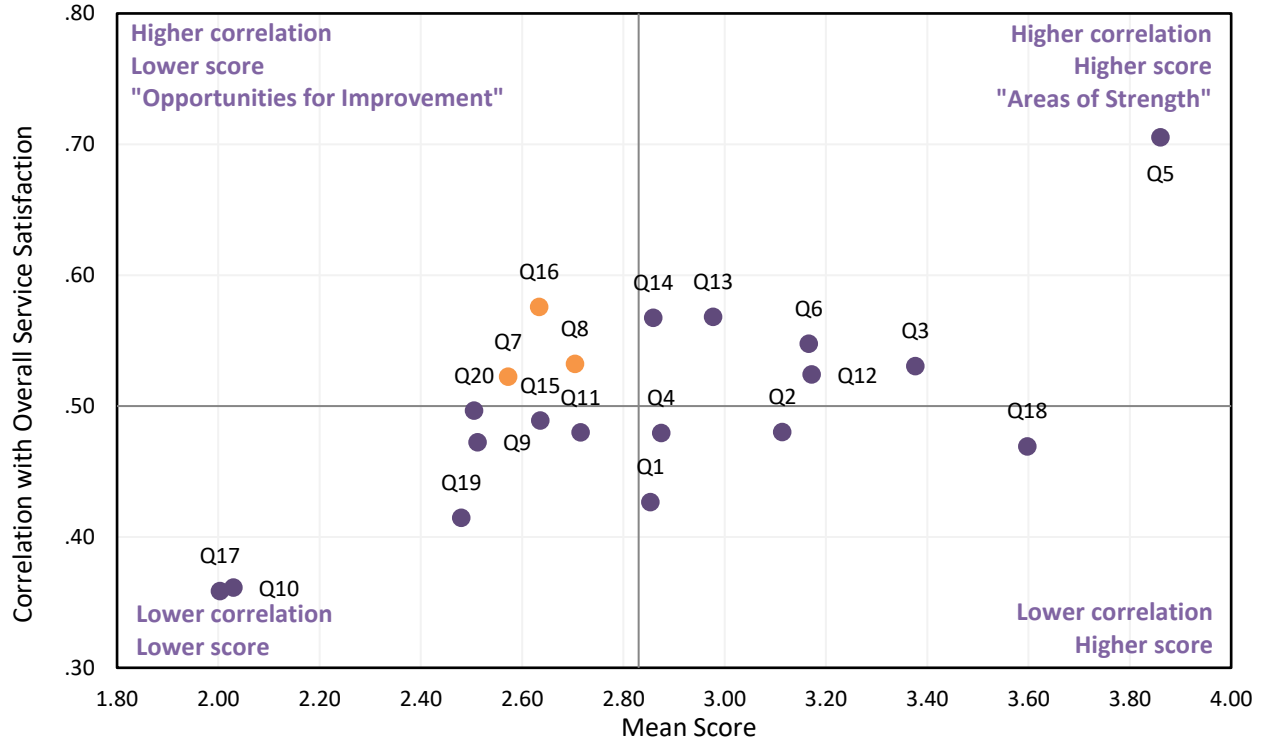
Additionally, and again similar to in-centre HD respondents, all three questions belonging to the “Problem Solving” subscale (Q12, Q13, and Q14) were both rated higher than average by Community HD respondents and are strongly correlated with overall satisfaction. This finding suggests that “Problem Solving” is a service success area within the community HD setting.

Community HD Opportunities for Improvement

Three questions within the “Goal Setting/Tailoring” subscale emerged as possible opportunities for improvement within the community HD modality as they showed strong correlations with overall service satisfaction and had considerably lower mean scores. They are: “Given a copy of my treatment plan” (Question 9), “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 three areas would elicit gains in overall patient satisfaction among those receiving community HD services.

Asking patients how their chronic condition affects their life (Q15), asking for patient ideas when creating treatment plans (Q1), and asking

Figure 4a. Priority Matrix, In-Centre HD, 2022⁵



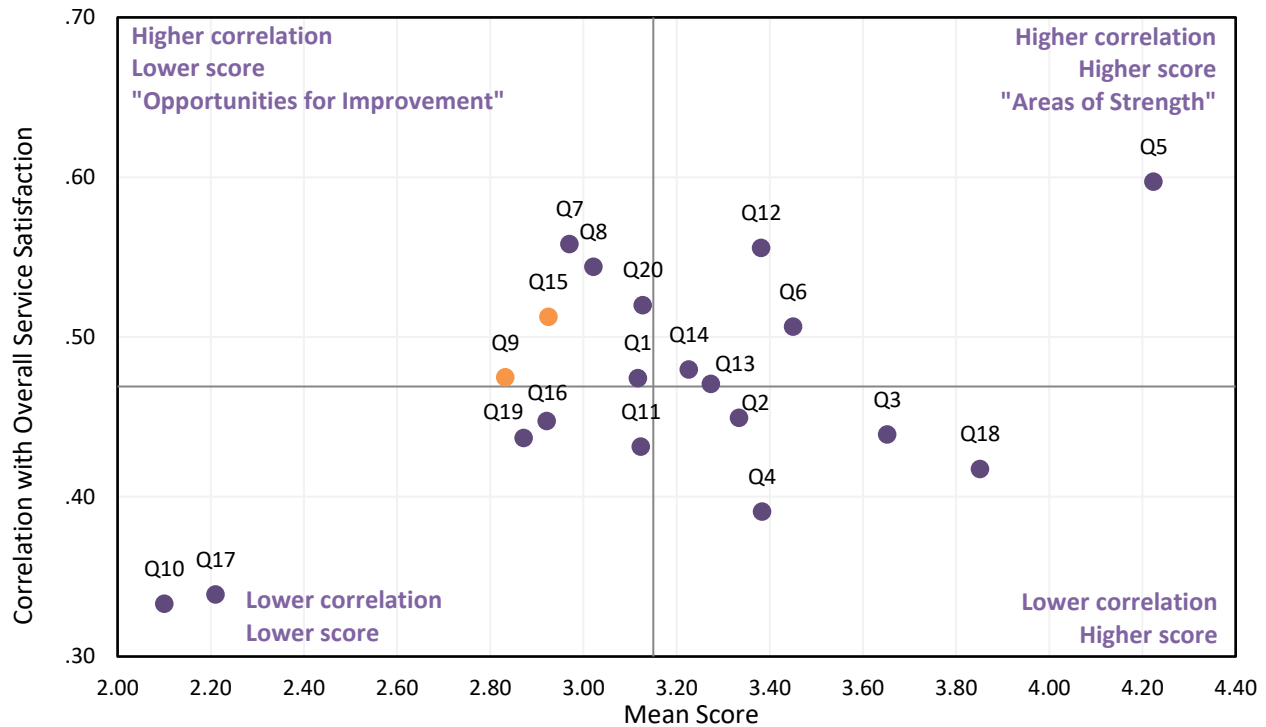
Key opportunities for improvement are those survey items highlighted in the table below in orange with bold font.

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.
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).

Figure 4b. Priority Matrix, Community HD, 2022⁶



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.

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

patients how their visits with other doctors are going (Q20) were also identified as areas possibly requiring improvement.

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 324 respondents (63% of respondents) who answered this question, 24% 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 76% provided concrete suggestions for service improvements.

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

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

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

3. Comfort/Amenities: Clinic amenities (television, ice machines, etc.) and comfort of the treatment environment.

Overall, the most cited suggestion related to communication between patients and health care professionals (28% of all suggestions contained this theme).

“My renal team was great. I only wish I was given more information from [the] team, instead of me asking all the time. I was sometimes disappointed at information I was given.” [Fraser Health Authority]

Other important themes for the respondents were Quality/Continuity of Care and Comfort/Amenities (respectively amounting to 20% and 10% of all suggestions).

“There should be a liaison person to answer questions for patients through their dialysis. It's a journey as things come up or change and they should be available as needed. Nurses and doctors are very busy and don't always have the time for one-on-one in-depth conversations. There are lots of patients that require their time and care.” [Providence Health Care]

“[The most important change could be made to improve patient experience]: Comfortable chairs. Some chairs are very old at dialysis. Overall, everything is good. Wish there [was] more bond with patients. More programs and interactions with patients.” [Interior Health Authority]