



**Kootenay Boundary**  
**Division of Family Practice**  
A GPSC initiative



# Kootenay Boundary Patient Experience Survey

**Key Findings | Report to Community**  
September 2020

# Every patient voice matters.

Across the Kootenay Boundary, primary care provided in clinics by local family doctors, nurse practitioners, allied health and clinic staff is integral to the health of our communities.

To better understand patient experiences of care, the physicians and nurse practitioners of Kootenay Boundary launched a region-wide 'Patient Experience Survey' in the fall of 2019. The survey ran from September 2019 to February 2020 and was promoted widely with the support of participating clinics, pharmacies, and community service organizations.

The survey questions, developed with input from our regional Patient Advisory Committee, focused on patient access to care, quality of care and self reported health. This summary report shares a snapshot of key findings.

We gratefully acknowledge the 1589 patients who took the time to participate in the survey and help us continue to improve health care throughout our region.

Sincerely,  
Dr. Trevor Aiken, Board Chair  
Kootenay Boundary Division of Family Practice

1589

Kootenay Boundary  
Patient Voices on:

Access  
to Care



Quality  
of Care



Self-Reported  
Health



## Demographic Snapshot | *Explore the full demographic summary at: [bit.ly/kb-pes-demographics](https://bit.ly/kb-pes-demographics)*

The Kootenay Boundary region includes the communities and outlying rural areas of Castlegar, Christina Lake, Fruitvale, Grand Forks, Greenwood, Kaslo, Midway, Nakusp, Nelson, New Denver, Rock Creek, Rossland, Salmo, and Trail. 1589 patients region-wide participated in the survey, inclusive of:

- 1402 'attached' patients with a regular family doctor or nurse practitioner in the Kootenay Boundary
- 187 'unattached' patients without a regular family doctor or nurse practitioner in the Kootenay Boundary
- 19% of total survey respondents were low-income residents, with a household income below the low-income cut-off before tax (LICO-BT) classification, used by Statistics Canada in the 2016 Canadian Census
- 4% of total survey respondents identified as Aboriginal
- Overall, females and people aged 65+ are overrepresented in the data compared to their representation in the population as a whole



# Access to Care

The Kootenay Boundary has over 15,000 patients who do not have a regular family doctor or nurse practitioner. Understanding the challenges patients face in getting the care they need will help us in our work to increase access to care in our region in collaboration with our government and community health care partners.



of patients without a regular family doctor or nurse practitioner are actively seeking one.

## Top reasons for not having a regular provider:

1. Family doctors and nurse practitioners not accepting new patients
2. Family doctor retired
3. Have not looked for one
4. Cannot find one that is a good "fit"
5. Cannot navigate the system in order to find one



## Emergency Department Visits:

Average # of Emergency Department visits per patient / per year, as reported by patients for times when they needed care but were not able to get an appointment with their family doctor/nurse practitioner or walk-in clinic:

- 1 visit per patient: Attached patients
- 1.4 visits per patient: Unattached patients
- 2.8 visits per patient: Aboriginal patients
- 1.45 visits per patient: Low-income patients



Low income patients are more likely to report not having a regular health care provider, with 1 in 3 unattached patients being low income.



## Attached Patient Wait Times:

- 49% are able to get a routine appointment in less than 7 days
- 61% say wait times for routine visits are acceptable or very acceptable
- 38% are able to get an urgent appointment on the same or next day
- 53% say wait times for urgent visits are acceptable or very acceptable

"[My clinic] is in a different community that is a 30 minute drive from my house. This was the only clinic accepting new patients when my doctor stopped practising due to medical issues. There is a clinic a block away that I can't use because I already have a family doctor".

"I get to see my doctor quickly and my doctor thoroughly discusses my medical issues and sets up further appointments immediately".

"I wish that my clinic was better at same day appointments for conditions that are not emergencies but need to be seen ASAP".





# Quality of Care

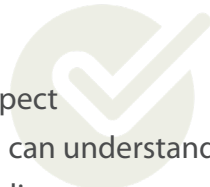
Evidence shows an ongoing relationship between a patient and their family physician is a key factor proven to help prevent disease, change the outcome of disease and prolong life. Understanding how patients feel about the quality of care they receive is essential in our work to help continually improve care in the Kootenay Boundary.



of patients with a regular family doctor or nurse practitioner rate their clinic as an **8 out of 10**, or higher.

Quality of care ratings by people with a regular doctor or nurse practitioner were high. The following statements show the % of respondents who answered “always” or “most of the time”.

- **94%:** Treats me with dignity and respect
- **94%:** Explains thing to me in a way I can understand
- **93%:** Involves me in decisions regarding my care
- **83%:** Spends enough time with me



of patients without a regular family doctor or nurse practitioner rate their primary care experience as an **8 out of 10**, or higher.



## Care & Culture:



of Aboriginal patients said that their care team asks about their cultural background and health practices related to their culture.



## Care Conversations:

Of patients with a regular doctor or nurse practitioner who felt that the following conversations were “needed” in the last 12 months:

- **79%:** My care team reviewed all of my prescriptions with me
- **75%:** My care team talked to me about appropriate tests and screenings for my age
- **54%:** My care team talked to me about my main priorities in caring for my health



## Discrimination:

- **20%** of patients without a regular doctor or nurse practitioner have felt that someone on the care team discriminated against them, in comparison to **6%** of attached patients.
- Low-income patients and Aboriginal patients were more likely to report feelings of discrimination.
- Overall leading reasons given for discrimination included health challenges, mental health, age, weight, and substance use.

“Complex health issues and aging issues require more time than current medical appointments allow for”.

“Excellent as always. We are so lucky to have this group of awesome people that go above & beyond for all those in their care”.

“I often feel rushed during appointment. The whole experience has become stressful and one I prefer to avoid”.



# Self Reported Health

Individual health is influenced by a variety of factors. Understanding the health successes and challenges patients face gives us guidance on where to focus efforts in continuing to help build solutions and strengthen health in collaboration with our communities, patients and health care partners.



## Overall Patient Health Ratings:

Physical Health



Mental Health



## Challenges:

% of patients who indicate experiencing challenges in managing their health:

- **40%** of attached patients
- **54%** of unattached patients
- **52%** of Aboriginal patients
- **57%** of low income patients



## Income Based Analysis:

Low income patients were more likely to report lower overall health ratings.



60% of low income patients reported their mental health to be fair, poor, or very poor - *in comparison to 38% of not low income patients.*



59% of low income patients reported their physical health to be fair, poor, or very poor - *in comparison to 38% of not low income patients.*

## Top Reported Health Barriers:

1. Difficulty exercising
2. Difficulty eating well
3. Cannot get an appointment with a health care provider
4. Difficulty getting to health care appointments
5. Not able to afford medications or treatment

“Consider offering integrated group health support programs/workshops/talks. This would reduce the need for some clinic and emergency visits because people can learn ways of caring for themselves and their families better. Doctors could suggest certain programs/workshops etc. to patients”.

“My overall health could be better if I could afford my medication for my fibromyalgia”.

“Many homeless access emergency rooms and hospitals simply to get warm or access food. Mental health is a crisis as well as the ability to have a proper roof over your heads. Create better mental health access for everyone”.

# Key next steps

The Kootenay Boundary Division of Family Practice is dedicated to improving care in our region in collaboration with our health care partners, patients and communities.

## Results of the Patient Experience Survey will be utilized in multiple ways:

- All participating primary care clinics received an individualized clinic report showing the regional results and their individual clinic results for their review and reflection.
- Results are utilized on a regional level to engage in conversations with family doctors and nurse practitioners regarding patient experiences of care and identify potential region-wide projects to address concerns and build solutions.

## Providing better, integrated patient care, increased access to care and culturally safe care for all patients:

- The Kootenay Boundary Primary Care Network is currently being implemented to provide team-based care throughout our region. It is a partnership between the Ministry of Health, Interior Health, Kootenay Boundary Division of Family Practice, the Ktunaxa Nation, and the Okanagan Nation Alliance.
- Over the next three years, 33 new full-time health-care providers will be recruited into participating clinics. In addition to family physicians and nurse practitioners, new positions include registered nurses, social workers, physiotherapists, and an Aboriginal health coordinator.
- These new health-care providers will work to help attach the approximately 15,000 patients who do not have a regular primary care provider, while also providing team-based care to clinic patients.
- Work is underway to develop a network of Community Health Centres in our region to provide increased opportunities for patient attachment and further strengthen a team-based approach to health care delivery.
- Input gathered through this Patient Experience Survey will be used to help inform Primary Care Network implementation; and will serve as a baseline measure to help better understand how networks are improving care for patients now and into the future.

The Kootenay Boundary Division of Family Practice is a not-for-profit organization representing all family physicians and nurse practitioners in the region.

Together, members work to improve patient access to local primary care, increase local physicians' influence on health care delivery and policy, and provide professional support for physicians.

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