



CAMP Clinic Survey

Welcome to the CAMP Clinic Survey.

WHAT THIS SURVEY IS:

The questions in this survey will allow us to describe the current: **CAPACITY** - how many patients can be seen, by how many providers, in a typical week, and **ACCESS** - how and when patients receive care. This work is part of an ongoing Quality Improvement initiative by the Innovation Support Unit at UBC.

The survey questions are designed to collect information that is **typically available to patients** when they book or have an appointment. The survey asks questions about provider and patient scheduling, in a typical week. **No sensitive or patient-specific information will be collected.**

This tool, the **CAMP Clinic Survey** is part of a larger project that aims to provide effective tools to describe capacity, access, comprehensiveness and quality of primary care within British Columbia (BC). Work on the larger CAMP project occurs within the Innovation Support Unit (ISU), in the Department of Family Practice at the University of British Columbia (UBC).

WHO SHOULD COMPLETE THE SURVEY:

It is designed to be completed by an MOA, team leader, or office manager (one per clinic/health centre).

WHO SHOULD BE AWARE THAT THE SURVEY IS BEING COMPLETED:

Each clinic may decide to inform their clinical and non-clinical team members.

HOW LONG WILL IT TAKE YOU TO COMPLETE:

We estimate that this online survey should take **15-20 minutes** to complete.

WHAT INFORMATION WILL YOU NEED TO HAVE AT HAND:

To successfully complete this survey, you will need to have the information about



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provider (doctors, nurse practitioners and other clinical team members) and patient scheduling, at your clinic/health centre, in a typical week.

QUESTIONS? CONCERNS?

Do not hesitate to send us an email: isu@familymed.ubc.ca.

This page is considered Question 1.



2. What is the name of the clinic/health centre?

3. Postal code [Format A1B 2C3 - capitals, space required]

4. Street Address

5. City/Town

6. Please identify your occupation at the clinic/health centre:

- MOA
- Family physician
- MOA Team leader
- Executive Director
- Office manager
- Other, please specify: _____
- Clinic nurse

7. Does the clinic/health centre offer primary care/family medicine services?

- Yes
- No

*If you selected "no", skip to **question 70** (end of survey)*

8. Is there at least one FAMILY DOCTOR or NURSE PRACTITIONER or NURSE who sees patients at the clinic/health centre?

- Yes
- No



9. Does this clinic/health centre provide services to patients that are covered by BC's medical services plan (MSP)?

- Yes No

10. Which BEST describes the clinic/health centre's way of providing primary care?

- Primarily a walk-in clinic Virtual appointment only
- Mixed walk-in and regular family practice clinic Community Health Centre (CHC)
- Regular family practice clinic Other type of clinic, please specify:
-

11. How do patients book appointments at the clinic/health centre? **[Please select ALL that apply]**

- Online (website, e.g. veribook) Walk-in
- By phone Other, please specify:
-
- Email



12. Does the clinic/health centre ROUTINELY (weekly, monthly, annually) ask for patient feedback?

- Yes No Not sure

13. How many active patients does the clinic/health centre have? *(If possible, please obtain this number by running a report in your EMR)*

14. Please provide an estimate of the percentage of types of appointments provided at the clinic/health centre **(must add up to 100%)**:

	Percentage (%)
Individual appointments at clinic/health centre	
Group appointments at clinic/health centre (e.g. group sessions related to mental health or education)	
Phone	
Video	
Email or text (directly with provider)	
In home visits or "House Calls"	
Other (please specify: _____)	
Total	

15. How many exam rooms are at the clinic/health centre?

16. How many exam rooms are used in a typical day at the clinic/health centre?



17. Is the lobby accessible by wheelchair?

- Yes No Not sure

18. Is there at least one exam room that is accessible by wheelchair?

- Yes No Not sure

19. What fees are associated with the clinic/health centre? **[Please select ALL that apply]**

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Missed appointment fees | <input type="checkbox"/> | Annual membership fees |
| <input type="checkbox"/> | Sick notes for work or school | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Procedures not covered by MSP (e.g. wart treatments) | <input type="checkbox"/> | <input checked="" type="checkbox"/> None of the above |
| <input type="checkbox"/> | Complete driver's physical | | |

20. Does the clinic/health centre have business/office/staff meetings?

- Regularly scheduled Not sure
 Occasionally No



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21. Do ANY of the family doctors at the clinic/health centre only address one issue per appointment?

- Yes No Depends on the family doctor Not sure

22. For the following questions "*working at*" refers to individuals and providers who work in the physical clinic/health centre space as part of the clinic/health centre team.

23. Are there MEDICAL OFFICE ASSISTANTS (MOAs) working at the clinic/health centre?

- Yes No

24. If yes, how many part time?

25. If yes, how many full time?

26. Are there FAMILY PHYSICIANS working at the clinic/health centre?

- Yes No



27. If yes, please enter the following information for each FAMILY PHYSICIAN:

Physician Name (For each physician at the clinic)	How many hours does each provider schedule appointments for on each day of the week? E.g. If a provider books appointments from 9:00AM to 5:00PM and takes an hour lunch from 12:00PM-1:00PM you enter 7.							On average, how many patients per hour does the provider see or provide services to? For group visits, count each patient in the group individually.
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	

Please add more rows if needed.

28. If yes, how many days a week (Monday to Friday) do family physicians see patients after 5PM?

29. Are there NURSE PRACTITIONERS working at the clinic/health centre?

- Yes No



30. If yes, please enter the following information for each NURSE PRACTITIONER:

NP Name (For each NP at the clinic)	How many hours does each provider schedule appointments for on each day of the week? E.g. If a provider books appointments from 9:00AM to 5:00PM and takes an hour lunch from 12:00PM-1:00PM you would enter 7.							On average, how many patients per hour does the provider see or provide services to? For group visits, count each patient in the group individually.
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	

Please add more rows if needed.

31. Are there NURSES (RN, LPN, or Public Health) working at the clinic/health centre?

- Yes No

32. If yes, how many NURSES are working at the clinic/health centre?

33. If yes, how many patients are seen by each nurse in a TYPICAL week? *(Please provide an average number of patients per week for the nurses, e.g. Nurse A sees 20 patients per week and Nurse B sees 30 patients per week, enter 25)*

34. Are there SPECIALISTS (e.g. internist, psychiatrist, pediatrician) working at the clinic/health centre?

- Yes No



35. If yes, which specialties work at the clinic/health centre (please enter all in the box provided):

36. Are there PHARMACISTS working at the clinic/health centre?

- Yes No

37. If yes, how many hours in a TYPICAL week do they see patients?

38. If yes and more than 0 hours in a typical week, how many patients are seen per hour?

39. Are there mental health professionals (e.g. counsellor, psychologist) working at the clinic/health centre (please DO NOT count family physicians or psychiatrists who may provide mental health care)?

- Yes No

40. If yes, do patients need to pay for these appointments?

- Yes No

41. If no (patients do not need to pay), how many appointments are available in a TYPICAL week?



42. Are there SOCIAL WORKERS working at the clinic/health centre?

- Yes No

43. Are there PHYSIOTHERAPISTS working at the clinic/health centre?

- Yes No

44. If yes, do patients need to pay for these appointments?

- Yes No

45. If no (patients do not need to pay), how many appointments are available in a TYPICAL week?

46. Are there OCCUPATIONAL THERAPISTS working at the clinic/health centre?

- Yes No

47. If yes, do patients need to pay for these appointments?

- Yes No

48. If yes (patients need to pay), how many appointments are available in a TYPICAL week?

49. Are any of the FAMILY DOCTORS or NURSE PRACTITIONERS at the clinic/health centre currently accepting new patients?

- Yes No Not sure

50. If yes, typically, how many new patients join the clinic/health centre per month?



51. When a patient books an appointment, can they:

- Only see their own provider
- See any provider in the clinic
- See another provider ONLY if their own provider is away/sick/etc.

52. Which Electronic Medical Record (EMR) system does the clinic/health centre use?

- OSCAR
- Intrahealth, Profile
- MedAccess
- Wolf/Telus
- No EMR Used
- Other EMR, please specify: _____

53. Do all team members at the clinic/health centre (e.g. physiotherapist, social worker) chart in the same EMR as Family Doctors/Nurse Practitioners?

- Yes
- No
- Not sure

54. Does the clinic/health centre participate in any of the following? **[Please select all that apply]**

- Canadian Primary Care Sentinel Surveillance Network (CPCSSN)
- Health Data Coalition (HDC)
- Not sure
- None

55. For patients who do not speak English, does the clinic/health centre regularly utilize the Provincial Language Service?

- Yes
- No
- Not sure

56. In how many days is the third next available appointment? *[Please estimate an average for the clinic/health centre]*



57. How are PATIENTS WITH URGENT ISSUES typically scheduled at the clinic/health centre?
Urgent being defined as URGENT BUT MINOR health problems that come up suddenly like a fever, headache, sprained ankle or rashes. They are not serious enough to make you go immediately to a hospital emergency room, [Please select ALL that apply].

- | | | | |
|--------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> | SAME DAY, between appointments/squeezed in | <input type="checkbox"/> | REFERRED ELSEWHERE, to Emergency Department |
| <input type="checkbox"/> | SAME DAY, using a free appointment time slot | <input type="checkbox"/> | OTHER |
| <input type="checkbox"/> | NEXT AVAILABLE APPOINTMENT, even if it is several days away | <input checked="" type="checkbox"/> | None of the above |
| <input type="checkbox"/> | REFERRED ELSEWHERE, to Urgent Primary Care Centre | | |



58. How is AFTER HOURS coverage provided at the clinic/health centre? **[Please select ALL that apply]**

- There is no after hours coverage
- The clinic is open EXTENDED HOURS (evenings and weekends)
- On call provider available by phone or pager
- Patients are advised to seek care at the Emergency Department
- Patients are advised to seek care at the Urgent Primary Care Centre
- Not sure
- Other, please specify: _____

59. Are there family practice residents at the clinic/health centre at any point throughout the year?

- Yes No Not sure

60. If yes, please estimate the number of family practice residents per year: _____

61. Are there medical students at the clinic/health centre at any point throughout the year?

- Yes No Not sure

62. If yes, please estimate the number of medical students per year: _____



63. Are there any other types of medical learners at the clinic/health centre (e.g. nursing students, physiotherapy students) at any point throughout the year?

- Yes No Not sure

64. [COMPREHENSIVENESS] Does your clinic/health centre offer appointments or patient services for any of the following? **[Please select ALL that apply]**

- | | | | |
|--------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> | Supports to address Housing Insecurity/Homelessness | <input type="checkbox"/> | Supports to address health issues related to sex work |
| <input type="checkbox"/> | Supports to address isolation/loneliness | <input type="checkbox"/> | Supports to address immigration status |
| <input type="checkbox"/> | Supports to address poverty | <input checked="" type="checkbox"/> | None of the above |

65. [COMPREHENSIVENESS] Does your clinic/health centre offer appointments or patient services for any of the following? **[Please select ALL that apply]**

- | | | | |
|--------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> | Pregnancy | <input type="checkbox"/> | Well child/youth growth and/or development |
| <input type="checkbox"/> | Labour and delivery/Intrapartum | <input type="checkbox"/> | Parenting supports |
| <input type="checkbox"/> | Postpartum (e.g. well baby checks, breastfeeding promotion, parental depression screening) | <input checked="" type="checkbox"/> | None of the above |
| <input type="checkbox"/> | Routine baby/child immunizations | | |



66. [COMPREHENSIVENESS] Does your clinic/health centre offer appointments or patient services for any of the following? **[Please select ALL that apply]**

- | | | | |
|--------------------------|-----------------------------|--------------------------|---|
| <input type="checkbox"/> | Colorectal cancer screening | <input type="checkbox"/> | Other cancer screening programs |
| <input type="checkbox"/> | Breast cancer screening | <input type="checkbox"/> | <input checked="" type="checkbox"/> None of the above |
| <input type="checkbox"/> | Cervical cancer screening | | |

67. [COMPREHENSIVENESS] Does your clinic/health centre offer appointments or patient services for any of the following? **[Please select ALL that apply]**

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Gender-affirming care / Transgender Health | <input type="checkbox"/> | Hepatitis C treatment |
| <input type="checkbox"/> | Substance use (including for tobacco or alcohol use, and prescription of methadone and suboxone) | <input type="checkbox"/> | Human immunodeficiency virus (HIV) |
| <input type="checkbox"/> | Mental health | <input type="checkbox"/> | <input checked="" type="checkbox"/> None of the above |
| <input type="checkbox"/> | Group visits (e.g. for mental health or chronic disease care) | | |

68. Thank you for participating and completing the survey. For more information or to provide any additional comments or thoughts about this survey, please contact isu@familymed.ubc.ca.