



HIV Continuum of
Care Collaborative

Navigation Booklet

If you had the tools to put an end to HIV and AIDS, would you use them? Are you surprised to learn that 945 people with an HIV diagnosis in BC have never accessed care, 2,156 are not regularly coming back for care, and 5,113 are not achieving treatment goals that can help them be healthy and live longer?¹

Together, we can do better.

Towards the vision of an HIV and AIDS-free generation in British Columbia, the HIV Continuum of Care Collaborative welcomes partners from across BC to join in a shared quality improvement initiative to close gaps across the HIV Continuum of Care. This document attempts to help you navigate the technical documents in the Collaborative. You will find icons matching corresponding source documents that will be provided at the first Learning Session.



Our aim

By January 1st 2015, we aim to work collaboratively between programs, reach out to individuals in our communities in need, and apply evidence- and experience-based interventions to help our collective population of focus achieve:

- 95% linkage to care
- 95% engagement in care
- 95% virologic suppression while on treatment

We will achieve these aims while focusing on client experience, embedding

¹ HIV Monitoring Quarterly Report for British Columbia, third quarter 2013. Indicator 5. Estimated Cascade of Care for BC. Available online at: <http://stophiv aids.ca/iv-monitoring-quarterly-reports-third-quarter-2013/>.

quality improvement into all we do, and working collaboratively with the client and the community to ensure needs and conditions that promote success along the continuum are met.



If the Collaborative is a river, each team is the tributary that contributes to it. Each team will craft specific, local aims that contribute towards our collective aim. Tips for creating your aim can be found in the ***Preparation Manual 2.0***.



How will we know that a change is an improvement?

Understanding why people in your region/site are not linked to care, why they don't return for regular care, and why people are not achieving suppression can help you learn about changes that will be useful to reach your aims.

The Collaborative offers a range of validated improvement measures organized by these three aims. Teams will have guidance to define their *Population of Focus*, collect required measures, and select from optional measures. Teams should aim to collect between 4 and 8 measures.

The ***Guide to Measurement*** provides guidance on why to measure, what to measure, and how to measure for improvement.



What changes can we make that will lead to an improvement?

What will you actually do to reach your aims? What changes will you make for your practice and community? What do you think will work locally?

The ***Change Package*** consolidates ideas and strategies that you may find useful to close gaps and reach your aims. Change ideas have been pulled from evidence, experience, and organizations committed to excellence in HIV/AIDS care for patients and families. These change ideas should be adapted to your context and serve as a springboard for other ideas.