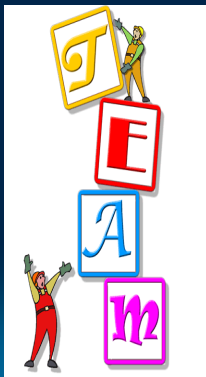
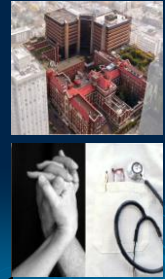


# STOP HIV/AIDS Structured Learning Collaborative

## John Ruedy Immunodeficiency Clinic (IDC)

- We are an ambulatory clinic attached to St. Paul's Hospital serving 1400 HIV+ patients.
- We offer low barrier services and have a combination of booked and drop in appointments
- We are an interdisciplinary team with specialist clinics
- We provide primary and specialty care



- Amanda Witter, QI Coach
- Julie Kille, Operations Leader
- Brynn Grierson, Clinical Nurse Leader
- Nancy Hay, Social Worker
- Nancy Chow, Nurse
- Elizabeth Barrett, Administration Lead
- Neil Fowler, Project Assistant
- Mary Petty, Social Worker
- Haley MacLeod, Nurse

## Aim of Project

Using the Chronic Care Model as a framework, the IDC will improve care of HIV/AIDS patients by making improvements in the following areas: self-management and adherence support; community linkages; care and services throughout the continuum of HIV care; and engagement of all patients – current, new and those lost to follow-up.

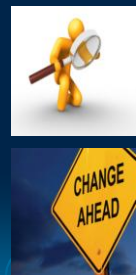


## Draft Aim Statements

- 95% HAART uptake in patients who have CD4 count <200
- 50% increase in identification of patients appropriate for self-management by January 2012
- Reduce patient wait times in the clinic to < 15 minutes by January 2012
- 50% increase patient satisfaction by January 2012
- 95% of patients have had a primary care visit in the last 4 months
- 95% of patients have had an HIV viral load in the last 4 months
- Organize and attend 4 collaborative educational meetings with new or existing community partners by January 2012
- 95% attendance for scheduled appointments by January 2012

## Draft Population of Focus

The population of focus will include all the patients in the IDC (approximately 1400 patients). After testing and implementing changes on a small scale, the goal is to spread identified improvements to the entire clinical practice.



## Preliminary Baseline Data

- 85% of patients have had a primary care visit in the last 4 months
- 92% of patients have had an HIV VL in past 4 months
- 92% of patients on HAART have virologic control
- 78% attendance at scheduled appointments
- First 2 months: POC testing of 32 people
- Average wait time for primary care clinic/pharmacy: 14.2 minutes (based on 42 visits)

## Current Partnerships

- Patient advisory group
- Informal community partnerships (e.g. BCPWA, AIDS Vancouver, Loving Spoonful)
- STOP Outreach VCH/PHC Collaboration
- Participation in many multi-agency forums *and in discipline specific educational events*



## Previous QI Progress

First  
contact

Standardization  
of STI exams

Database  
being  
Set up to  
Monitor  
additional  
Indicators  
(adherence)

Initiation of  
POC  
testing at acute  
Care site