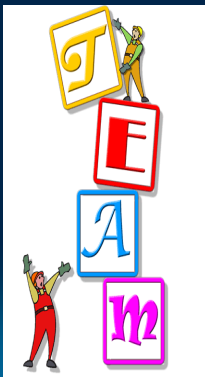
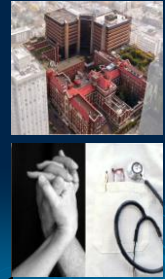


STOP HIV/AIDS Structured Learning Collaborative

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.

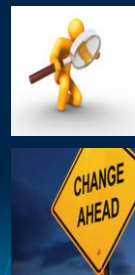


Draft Aim Statements

- 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

