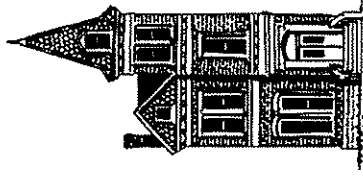


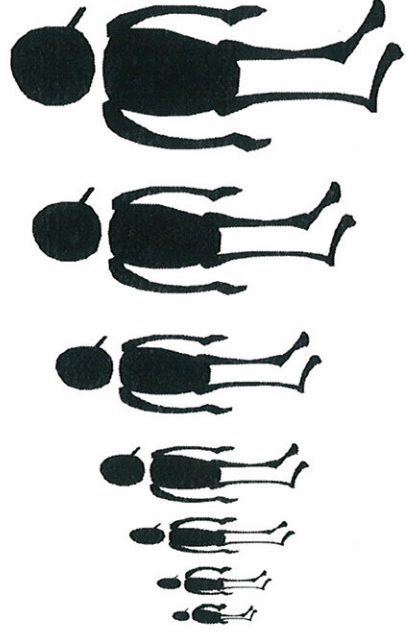
The Portland Hotel Society

- The Portland Hotel Society (PHS) Clinic service model is a combination of outreach and clinic encounters in conjunction with observed administration of antiretroviral drugs (ARVs) by support staff at the client's place of residence or at their pharmacy. The majority of PHS clients are dealing with both addiction and mental health issues. The clinic is closely connected with Vancouver Community programs such as:
 - Clinical Housing
 - Primary outreach services
 - Detox and Onsite, the supervised injection site.



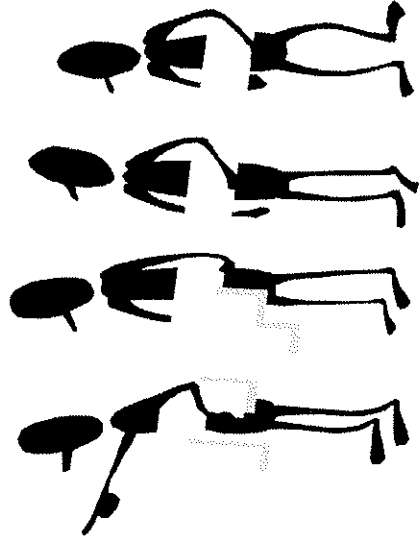
Population of Focus

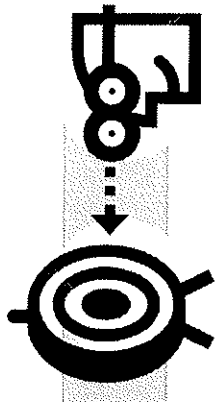
All HIV positive clients served by the Portland
Hotel Society as well as future patients
identified as we move forward with our aim



Our Team

- The Portland Hotel Society Clinic currently operates with:
 - A 0.6 FTE Physician
 - A 0.5 FTE nurse
 - A 0.5 MOA
 - A 0.25 Case Manager





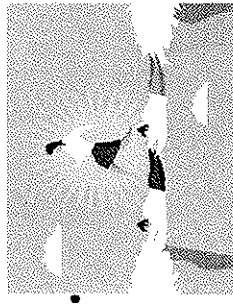
Our Aim

- Using STOP project funding, the clinic will increase services delivered, to the best of their ability, as specified:
- *Increase number of HIV tests (lab and Point of Care) by 290%:*
- Increase testing for existing clients by 57% (from 86 to 135 tests) by Dec 31, 2011.
- Phase 2 (Apr 1-Jun 30, 2011) will aim to conduct 34 (10 lab + 24 Point of Care) HIV tests.
- Increase number of HIV tests (lab and Point of Care) conducted for all 200 co-managed clients by Dec 31, 2011.
- Phase 2 (Apr 1-Jun 30, 2011) will aim to conduct 50 HIV tests for the co-managed population.
- *Increase the number of HIV+ clients actively engaged in care by 50% (from 40 to 60) by Dec 31, 2011.*
- Phase 2 (Apr 1-Jun 30, 2011) will aim to engage an additional 5 clients in HIV care (40 to 45 clients). *[New HIV positive clients will be drawn from a variety of sources including, new positives at PHS as well as referrals for partner organizations like Onsite or Insite.]*



Recognition of Gaps in care

- **Current recognized gaps in the Portland Clinic include:**
 - (1) Insufficient capacity to increase HIV testing
 - (2) Insufficient nursing resources to adopt an effective Chronic Disease Management approach to HIV care
 - (3) A lack social work resources to provide intensive or routine case management.



Baseline so far.....



- **HIV Care**
- 32.5% of the clinic's 200 patients are HIV positive; Total 65 HIV clients in 2009-10.
- 40 of HIV+ clients are active HIV patients of PHS, and the remaining 25 are active HIV patients of another clinic.
- 35 (87.5%) of the PHS active patients are on anti-retroviral therapy
- 7 (17.5%) patients who are on anti-retroviral therapy for longer than 6 months also have a viral load greater than 50.
- The estimated "occult" infections (clients who are unaware they are HIV positive) for the clinic population is (135*5%) 5 clients. (*This is a conservative estimate, taking into account the high rate of historic HIV screening in this population*).
- In 2009-10, the clinic conducted 77 HIV tests with 2.6% (or 2 tests) resulting in a positive diagnosis.

What We Have Done So Far

- Working with our current EMR to enable it to create reports useful in producing our monthly quantitative and qualitative data.
- Updated current HIV registry in order to get a picture of clients who are in need of blood work, ART initiation, and primary care visits. This has also allowed us to see what HIV clients are currently being seen by other physicians and those who are lost to care.
- Started phase of increasing use of nursing clinical skills in order to perform blood tests, immunizations, and testing blitzes.
- Worked with Lifelabs to come to an agreement on having mobile lab to come weekly for blood work in order to reach marginalized population.
- Created list of clients who have not had blood work in >4 months and contacted them to arrange blood sample collection.
- Beginning to form community linkages with associated sites and starting plans to begin HIV testing blitzes at these sites.

