An Overview of the Oak Tree Clinic

- The Oak Tree Clinic (OTC) is a provincial, tertiary-level HIV clinic for women, partners and children/youth living in BC. The clinic provides women and family-centred care in a safe, child-friendly environment. All known HIV+ pregnant women received obstetrical care through the clinic.
- The OTC is a joint program of the BC Women's and BC Children's Hospitals.
- Our inter-professional clinic team is comprised of: adult, pediatric and obstetrical/gynecological HIV physicians; a psychiatrist; nurse clinician; nurse practitioner; pharmacists; social worker; dietician; A&D counsellor; outreach workers (partnered with community-based ASO's); and researchers.
- Simultaneous adult, pediatric, urgent primary care, obstetric/gynecologic and psychiatric clinics are held in the same clinic space with the same clinic team. Healthy food and childcare . Gender based clinical research is embedded into the clinic model.
- In 2009/10 a total of 762 patients received care (558 adult women, 160 adult men 44 HIV children/youth).
- Approximately 33% of clinic patients are Aboriginal. Approx. 20% are from HIV-endemic countries.

Oak Tree Collaborative Team

Senior Leader: Cheryl Davies, VP – BC Women's Ambulatory Care
Admin Support: Susan Boutwood
Senior Clinical Champion: Dr. Neora Pick, Adult I.D.
Clinical/Technical Experts : Dulce Feder, Nurse Clinician,
Dr. Deborah Money (Obstetrics I.D.)

Day to Day Leader: Miranda Compton, Social Worker
(in process of recruiting a new leader as Miranda is leaving the team to go to VCH!!! – but hopes to stay involved somehow)

With the wisdom and support of our Fabulous Clinic Team:

Draft Aim Statement

- Over the next 12 months, Oak Tree Clinic will work to improve overall health, healthcare engagement and healthcare planning for our adult (non-pregnant) women patients by implementing a multi-disciplinary case management approach for patients with complex needs, and by connecting patients without access to a primary care provider to a provider in their home community.
- In addition to the overall Collaborative measures, we will measure our success by:
  - ➢20% increase in patients with a primary care provider (GP or NP) in their communities.
  - ➢ 75% of patients with a CD4<200 and challenges in treatment adherence have case management plans on file guiding/coordinating their care.

Draft Description of your Population of Focus

- We will focus initially on adult women patients (all HIV+) who are not pregnant and who access the clinic for their regular HIV care.

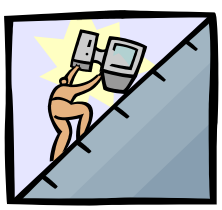
n= TBD

Baseline Data Collected So Far…

WORK IN PROGRESS!

WANTED:

1 clinic database to provide comprehensive, valuable clinical data to improve patient care



Description of Progress

- Identifying Population of Focus (PoF) has been a challenge. We struggled with narrowing down our PoF given our mandate to provide specialist HIV care for 3 distinct patient populations: children and youth, pregnant and post partum women, and adult women (and some men). Our largest patient population is adult women, who represent over 400 of our active patients. So adult women have become our PoF.
- Collecting baseline data is a challenge as our clinic unfortunately does not have a comprehensive database - we are in the process of gathering key baseline data from a number of different information sources.
- The development of our aim statement has been the most exciting aspect of our work as the Collaborative project presents an opportunity to formalize and engage in detailed planning for quality improvement initiatives (e.g case management, attachment to primary care) that were already identified as priorities for our program.
- As our aim statement and goals take shape, we are looking forward to planning and implementing our initiative, though we recognize that we will have to strategize to ensure that we have sufficient clinical and non-clinical time to devote to the initiative.

Seeking Partnerships …

- We are hoping to develop a partnership with the BCMA via a potential connection with the General Practice Services Committee, as part of our initiative to create stronger attachments for our patients to primary care in their communities.
- We also hope to strengthen partnerships with primary care providers within communities to share expertise via education sessions, telehealth, strengthened shared care approaches, the potential development of a network of women-centred care providers, and promotion of the upcoming new primary care guidelines for HIV care.
- With respect to case management, we are excited to build on plans for the integration of case management that the clinic previously engaged in.
- We are also eager to connect with other clinics employing a multi-disciplinary case management approach regarding potential tools/models of practice.