

News Release

St. Paul's Hospital's John Ruedy Immunodeficiency Clinic helps HIV-positive and AIDS patients live well and long with this disease Advent of ARVs sees shift in clinic services from focus on dying to improving quality of life

VANCOUVER, NOV. 28, 2011 – Thanks to the miracle workers at St. Paul's Hospital (SPH), the treatment and care for HIV/AIDS is now about living, not dying.

The focus of SPH's John Ruedy Immunodeficiency Clinic (IDC) has changed significantly since the days when it initially provided monitoring and support for HIV-positive patients, most of whom went on to develop AIDS defining illness and die.

The historic advances in HIV/AIDS treatment made at SPH through the work of Providence Health Care's (PHC) BC Centre for Excellence (BC-CfE) in HIV/AIDS have heralded a new era for a disease that was once automatically a death sentence. Since the development of antiretroviral therapy (ARVs) at PHC's BC-CfE at SPH in the late 1990s, survival rates have increased dramatically, transforming a once deadly disease into a treatable one. However, the need to help people living with HIV and AIDS continues on.

Today IDC focuses on quality of life for HIV/AIDS patients and provides "one-stop shopping" in services to optimize it.

"It's only fitting that SPH's IDC supports this bright new world in HIV/AIDS treatment and care. SPH was initially the first hospital in BC to knowingly receive people with AIDS and one of the first hospitals in Canada to treat HIV/AIDS patients. Now that commitment has come full circle and the HIV/AIDS patients who have been saved as a result of SPH's remarkable achievements are now living healthier, happier lives thanks to the work of IDC," said Dianne Doyle, PHC president and CEO.

IDC originally opened in the late 1980s following the onset of the AIDS epidemic to serve as a primary and specialty care clinic for HIV-infected patients. In 2003, IDC expanded its services for people living with HIV and AIDS, adding family physicians to the staff so it could offer primary HIV/AIDS care on site, benefiting patients with this multidisciplinary approach and full range of care and support.

"Patients are offered a menu of care and can select those services that make the most sense for them, their current health and social needs and lifestyle. Developed by SPH nurses, social workers, counsellors and a dietician, IDC services have effectively evolved from monitoring a patient's decline into AIDS and assisting with grief management, to helping people live well with HIV. Services address mental health, addictions, housing, finances, self-care and other issues," said Scott Harrison, PHC program director, urban health & HIV/AIDS.

Referrals can be made by patients themselves, by other health care providers, and through a wide network of community agencies. New patients are assessed by a unique nurse-led and nurse-designed process called First Contact. At this appointment, a full patient history is taken, and patients receive a clinic orientation and meet key staff members.



Sites: St. Paul's Hospital | Holy Family Hospital | Mount Saint Joseph Hospital | Youville Residence | Marion Hospice St. Vincent's: Brock Fahrni Pavilion, Langara, Honoria Conway - Heather Services include:

Social work to support housing, transport, benefits, counselling, immigration; HIV nurse clinicians;

Clinical psychology and psychiatry;

Specialist clinics including dermatology, neurology, respirology, endocrinology;

Full immunization service including seasonal influenza;

Addictions clinic with addictions physician, addictions nurse and addictions counselor;

Methadone maintenance;

Phlebotomy for routine and research blood work so patients don't have to wait in the main hospital lab;

Clinical case management for patients with complex health and social needs;

Point of care rapid HIV testing for the general public;

Specialist HIV dietician and cooking skills group;

HIV support group;

Peer navigators;

HIV/Hepatitis C Co-Infection Clinic (nurse-led).

Case management, for example, helps patients increase their ability to self care and provides them with one professional -- nurse or social worker -- with whom to liaise. As a result, patients become more focused, attend appointments, take medications and develop trusting relationships with care providers -- which may be a challenge for marginalized patients such as intravenous drug users.

The IDC Mental Health Team has greatly streamlined access to mental health care which is a major gap in HIV care across the country. Patients are now seen more rapidly, assessed by a specialist nurse and offered follow-up by the most appropriate professional.

Diagnosed earlier, HIV is a treatable, chronic infection. Thanks to SPH's IDC, treatment is simpler and more effective than ever and the medication provided keeps the immune system strong and lowers the chance of passing on the virus to others. That -- combined with regular check-ups and other services offered at IDC -- means an HIV-positive person can live a long, full life. People with treated HIV have sex, raise children, start businesses, run marathons, learn to salsa, sing karaoke. Nobody wants HIV, but you can live with it, and live well.

To find out more about IDC, go to <u>http://www.cfenet.ubc.ca/our-work/programs/john-ruedy-immunodeficiency-</u> <u>clinic-idc</u>. To find out more about HIV/AIDS testing and treatment today, go to <u>http://itsdifferentnow.org</u>.

About Providence Health Care

Providence Health Care is one of Canada's largest faith-based health care organizations, operating 16 facilities within Vancouver Coastal Health. Guided by the principle "How you want to be treated," PHC's 1,200 physicians, 6,000 staff and 1,500 volunteers deliver compassionate care to patients and residents in British Columbia. Providence's programs and services span the complete continuum of care and serve people throughout B.C. PHC operates one of two adult academic health science centres in the province, performs cutting-edge research in more than 30 clinical specialties, and focuses its services on six "populations of emphasis": cardiopulmonary risks and illnesses, HIV/AIDS, mental health, renal risks and illness, specialized needs in aging and urban health.

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