

Procedure: 5.1 Clinical indicators
Approval date: July 12, 2024
Approved by: Director, MB HIV Program

PURPOSE

This procedure identifies and describes the indicators that will be monitored in each individual PATHS pod and as a whole to measure the clinical success of PATHS.

CLINICAL INDICATORS

1. People living with diagnosed HIV in Manitoba who were referred to PATHS
 - i. By geographic distribution
 - RHA
 - Town
 - ii. By age: <18, 18-24,25-29,30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64,65-69, >70
 - iii. By sex assigned at birth: Female, male, not registered
 - iv. By self-identified gender: Cis-woman, Cis-man, trans man, trans woman, non-binary, 2Spirit, Queer, unknown, other
 - v. By self-reported sexual orientation: Gay, Lesbian, Bisexual, MSM, 2Spirit, Queer, Indigiqueer, Pansexual, Asexual, not reported/no data, Other
 - vi. By self-reported ethnicity: Indigenous (Metis), Indigenous (Inuit), Indigenous (First Nation), Indigenous (unspecified), White/European, African/Black, East/Southeastern (Chinese; Korean; Vietnamese; Cambodian; Laotian; Indonesian; Japanese; Filipino), South Asian (Indian; Pakistani; Bangladeshi; Sri Lankan; Nepali; Bhutanese), Latin American (Hispanic; Mexican; Central American; South American), Not reported/No data, Other
 - vii. By exposure category: Perinatal acquisition, Injection drug/needle use, Heterosexual sex, Occupational exposure, Same sex sexual contact between men (i.e. MSM), Recipient of blood/blood products, Unknown/No identified risk
 - viii. By client engagement status
 - “Disengaged”
 - “Never Linked to care”
 - “Lost to care”
 - “Linked to HIV care”
 - “Retained in HIV care”
2. Acuity score
 - i. At intake
 - ii. At 3, 6, 9 and 12 month intervals
 - iii. Percentage change on client acuity scale for intake to reporting time
3. Number of clients referred to PATHS who were located
4. Time from PATHS referral to “Linked to HIV care”
5. Number and percentage of new ART starts
6. Number and type of medical interventions

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- i. HIV intake or monitoring lab work
 - ii. STBBI testing
 - iii. STBBI treatment
 - iv. Reproductive health
 - v. Wound care
 - vi. Opioid agonist therapy
 - vii. Respiratory assessment
 - viii. Urinalysis
 - ix. Immunizations
 - x. Harm reduction supply distribution
 - xi. Other
7. Number of encounters with primary care provider
 8. Number of encounters with HSC HIV clinic (remote or in person)
 9. Psychosocial interventions
 - i. Number of POD encounters by:
 - Engagement: Establishing/maintaining therapeutic relationship
 - Stabilization: crisis response and support related, service coordination related to high acuity presentation
 - Treatment: Medication management, therapeutic counseling, substance use, primary care interventions for mental/physical health
 - Rehabilitation: Housing, finances, cultural/spiritual, legal, social/natural supports, activities of daily living, education/vocation
 - ii. Outcomes by psychosocial intervention
 10. HIV Cascade of care for PATHS referrals
 - i. People who are Linked to HIV care
 - ii. People who are on HIV treatment
 - iii. People who are ART adherent
 - iv. People who have suppressed viral load
 11. Number of PATHS referrals discharged to primary care
 12. Number of PATHS referrals who are “deceased” at end of reporting period
 13. Number of emergency room visits in the 6 months before referral to PATHS and number of emergency room visits during the reporting period after PATHS referral