

Quality Action CASE STUDY

1. Name and country of the organisation

(Please state the name and the country of the organisation that implemented this practical application of a QA/QI tool as part of Quality Action. We do not publish this information unless you agree. You can remain anonymous by adjusting the settings at the end of this form.)

The organization is KETHEA, and it is located in Greece. KETHEA is the Therapy Centre for Dependent Individuals, and the program is called Exelixis. It is a harm reduction programme that offers: 1. Counselling Centre, 2. Dual Diagnosis Centre, 3. Health Care Unit, 4. Mental Health Care Unit, 5. Off-Club Direct Intervention Unit, 6. Street Work Mobile Unit, & 7. Network Care for Dependent Homeless People including a) a Special Centre for Direct Access for drug users & b) an Outreach programme/street work/mobile unit.

2. Authors of the case study and contact details

(Please provide then name of the author(s) of this case study and any contact names, Email address or websites where readers can access more information about this practical application of a QA/QI tool.)

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3. External support (facilitators/partners/technical assistance)

(Please list the names of other organisations and/or people who were involved in this practical application of a QA/QI tool, e.g. project partners, technical assistance, external stakeholders etc.)

- All the staff at KETHEA-Exelixis, Network Care for Dependent Homeless People on the Street
- Deputy Head of the network, Pertetsoglou Iordanis
- Research department, Zaharopoulos Yiannis
- KETHEA's internal evaluation team
- Technical Assistance: Konte Vasilis, KEELPNO

4. Project/programme

(Please briefly describe the project/programme to which you applied the tool.)

The Special Centre for Direct Access for drug users (Harm Reduction Day Centre) was established due to the increasing number of marginalised substance users who are homeless and because of the continuous deterioration of their health condition; adding to the already gloomy picture is the increasing number of HIV+ substance users and the worsening of their life condition. The Day Centre gives access to a safe environment away from the dangers and the strains of the street, offering first aid health services, exchange of syringes, distribution of condoms, counselling services, education on matters of safer drug use and sexual issues, food, clothing, ability to have a shower so to ensure personal hygiene, and initial mobilisation for entering a treatment programme.

The goals of the Day Centre are to provide harm reduction services to substance users in order to:

1. Become a stable reference point in the centre of Athens with easy and immediate access to the services that are provided.
2. To further boost support for these group through the psychosocial services that are provided.
3. To contribute to the prevention of the rapid spread of HIV/AIDS.
4. To improve the health of substance users and to reduce the risks to public health.
5. To connect substance users with relevant treatment programmes.
6. To connect substance users with social and health services.

5. Goals/aims of applying the QA/QI tool

(Please list the goals you wanted to achieve with the practical application of the tool.)

The targets of applying the quality improvement tool are:

1. To assess what works appropriately, if there is a need for any improvements and in what areas as well as by whom and when these changes could be made.
2. The improvement of planning and implementation, monitoring and the evaluation of the programme when and if this was feasible.
3. The strengthening of team spirit and communication between the members of the team along with increasing job satisfaction.
4. To collect data regarding the effectiveness of the programme.
5. To explore the potential necessity of continuing the programme.

6. Tool and methodology used

(Please indicate which of the five tools you used (Succeed, QIP, PQD, PIQA, Schiff) and briefly sketch out the steps and measures of how you applied it.)

Succeed is a self-guided and self-assessed quality improvement tool, addressing three widely-recognised aspects of a project: Structure, Process and Results.

The "Network Care for Drug Dependent Homeless People" programme is composed of two (2) major services: a) Special Centre for Direct Access for drug users (day centre), b) Outreach programme/street work/mobile unit. Three staff members received training in the *Succeed* tool and presented their conclusions to the rest of the participants who received training. Then, these three staff members applied *Succeed* at the Special Centre for Direct Access for Drug Users (day centre), at a time relatively close to the completion of the programme (9 months before the end of the three-year programme). In that time period, the application of *Succeed* in three phases was adopted with the participation of:

- a) The rest of the staff of the "Network Care for Drug Dependent Homeless People".
- b) The Deputy Head of the programme and the Head of the research department.
- c) KETHEA's internal evaluation team.

7. Results and benefits of applying the QA/QI tool

(Please describe what resulted from applying the tool and if and how your project/programme benefitted.)

1. The individuals that are approached match, to a high degree, the intended target group as it was initially planned in the programme (successful planning regarding the target group).
2. The ways that the target group was approached seemed successful, as demonstrated by the number of individuals who received services and from the feedback that was provided by these same individuals (good planning of the way to approach people).
3. Great demand/necessity for the services provided (large number of individuals that uses the services during operating hours, good planning regarding the structure of the programme and the range of services).
4. The necessity of maintaining the entire program after the completion of the three years was confirmed. Some problems were also discovered that, due to their nature and the lack of time (since the program ends in a few months) are difficult to improve at this time. Specifically, we realised that:
 1. There is no job description for the people who work in harm reduction in any specialty.
 2. The necessity for improvements was highlighted regarding:
 - A. The premises
 - B. The education of staff so that they are able to handle the special needs of various subpopulations of the target groups (i.e. immigrants, users of new psychoactive drugs, sex workers etc)
 - C. The supply of consumables (sterile injecting equipment, clothing, medicine).

8. Recommendations

(Please describe the lessons learnt from positive and negative experiences during the process of using the tool itself and about the quality of projects/programmes like yours.)

Succeed offered us the opportunity to evaluate the program in which we are participating, and to involve the rest of the staff. Initially, the tool seemed quite complicated, but during the training and the application phase, the procedure progressed smoothly. *Succeed* promoted cooperation not only between the three staff members who received the training, but with the rest of the staff who participated during its application as well. Moreover, the fact that we came to realise the advantages and the disadvantages of the programme made us feel quite satisfied and also troubled us regarding what can be done or/and must change while the program is still running. We consider it important that *Succeed* has proven to be a tool that can be used both in outreach programs and in various other services like the day centre.

Please indicate how you want this case study to be published:

- ☒ *I want this case study to be published mentioning the names of countries, organisations, people and contact details/websites in the text above.*
- ☐ *I want this case study to be published anonymously, meaning that names of countries, organisations, people and contact details/websites in the text above will be removed by the editors before publishing.*
- ☐ *I want this case study to be published without mentioning people's names, meaning that names of people in the text above will be removed by the editors before publishing, but names of organisations and countries as well as website addresses will remain.*

Please send the filled in case study to carolin.vierneisel@dah.aidshilfe.de

Thank you!