

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 We do not publish this information unless you agree.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).

This application of the QIP tool has been conducted at the STI and Sexual Health Technical Service of the Public Health Authority of Cologne in Germany.

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..).

Dr Barbara Kloss-Quiroga: Facilitator

4. Project/Programme and key population/target group addressed

(Please describe the project/programme and key population/target group addressed to which you applied the tool).

The STI and Sexual Health Technical Service at the Cologne Public Health Authority has been working with female sex workers in STI prevention and care for many years. Female sex workers work in a range of different settings, such as streets, sauna clubs, so-called walk-through houses (brothels), apartments and others. While the experience with outreach to the female street sex work scene is widely documented and evaluated by the Technical Service, this is not the case for outreach work in sauna clubs. Therefore, the opportunity to apply the QIP tool to outreach work in sauna clubs was timely in order to document the team's ample experience in this area and it made sense to opt for a tool that includes external recommendations for improving approaches and processes.

In accordance with the definitions in the QIP tool, the STI and Sexual Health Technical Service works with female sex workers as direct beneficiaries and managers and employees of sauna clubs as multipliers.

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 aim is to extend prevention work and counselling to sauna club managers and employees in sauna clubs in order to reach a wider audience for prevention.

At the same time, feedback on the actual approach should assist to improve the practical work and, if possible, identify additional strategies to reach female sex workers in sauna clubs based on new scientific evidence.

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).

In this case, the QIP tool was applied. The STI and Sexual Health Technical Service of the Cologne Public Health Authority was asked by the German Federal Centre of Health Education (BzGA) to apply this tool, as the service has been working with sauna clubs for several years but has not documented this part of the work.

After agreement to apply the tool, a facilitator was identified to assist the team of the Technical Service in filling in the QIP documentation form. In a first workshop (September 2014), the QIP tool was presented by the facilitator, questions clarified and a first analysis of the overall work of the service was conducted. Based on that, the service decided on three separate applications of the tool (to the work in sauna clubs, escort services and apartment buildings) starting with sex work in sauna clubs. In the same workshop, this last topic was discussed further, collecting the experiences made so far. The facilitator filled in the information collected during the workshop and the team gave feedback and made corrections to the preliminary version of the form. The form was filled in in German. As not all of the information could be collected in this first workshop, the team filled in missing information in various internal meetings, which was then sent to the facilitator for editing.

In a second workshop (October 2014), the new version of the form was discussed in depth and added to.

By January 2015, nearly 80% of the form had been filled in by the team.

Altogether three feedback loops with the facilitator took place.

By then, the facilitator started to translate the information into English and enter it into the online database provided by BzGA.

The final text was checked for consistency both by the facilitator and the head of the Technical Service.

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).

At the time of writing, the QIP documentation form still needs to be finalised by adding some more information from the team. This is taking place in January 2015 during a third workshop, in which preparation for the application of QIP to the work with Escort services will also happen.

Preliminary results for the team have been the thorough analysis of their own experiences and their reflection on them.

This has produced various learnings:

- standardisation of criteria and clarity about bottlenecks and problems to be solved
- having had an opportunity to systematically analyse their practical work
- developing ideas about how to improve the day to day work
- having objective arguments to present in requests for additional resources (personnel and funds) in annual budget processes
- having better evidence of what works and what needs improvement to count on.

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).

The process as such seems to be the most important benefit for the team as it encourages reflection and critical analysis, and identifies relevant information that is not readily available.

The team became aware of the really substantial range of work they do, which is not continuously thought about during the course of day-to-day work. This fact constitutes on the one hand a reason for being proud of what is being done and on the other hand shows that stepping back once in a while to analyse the work should be a routine exercise in public health services.

For an application to routine work of a public health service, as has been the case here and which is different from project work, the tool does not always pose the appropriate questions. Specifically, quantitative information concerning financial and time related inputs compared to time bound projects is extremely difficult to estimate if there is no related data base available in the public service itself.

As the reviewers feedback is still to be received and discussed by the team, learning and recommendations concerning this final step cannot be provided yet.

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(who will then forward it to their WP 6 contact).*

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