



**Quality Action**  
Improving HIV Prevention in Europe

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 We do not publish this information unless you agree.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

Hellenic Center for Disease Control and Prevention (HCDCP- KEELPNO), Greece

### 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.)*

Christos Chrysomallis - Outreach Expert/Psychologist, HCDCP email: chrysomallis@keelpno.gr  
Ilias Liantis - Psychologist, HCDCP email: liantis@keelpno.gr

### 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..)*

Ms Vasilia Konte, Hellenic Center for Diseases Control and Prevention

### 4. Project/programme

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

The Office of Health Education and Awareness of the Hellenic Center for Disease Control and Prevention (HCDCP/KEELPNO), designs and implements outreach (street work) interventions targeting injecting drug users (IDU) in downtown Athens. The outreach team operates on weekends (Saturdays and Sundays). The programme aims to address the prevalence of HIV and hepatitis B and C among IDU as a counteraction related to the HIV epidemic among IDU that was observed mainly in the center of Athens, where most of the ID Users live and gather. During these interventions, trained staff of the agency (psychologists, sociologists etc.), having examined the drug use and distribution patterns in the center of Athens, applies peripatetic intervention and distributes free condoms and sterile equipment (syringes, alcohol wipes, serums etc.) to active IDU. In addition to providing clean needles, the outreach program can also act as a portal through which ID users are informed about safe injection practices, they are trained in safer sex practices, they are informed about all the available drug preventive services and they can be referred to specific infectious diseases units when necessary.

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

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

Our primary aim was to evaluate the quality of our harm reduction/outreach programme. We wanted to identify the strengths and weaknesses of the programme and have a clearer view on the quality of services we provide to IDU through our harm reduction project, using a structured and easy to use process.

We also considered the application of the tool an excellent opportunity for all team members and stakeholders involved to better understand every aspect and procedure of the project through a team-building experience. This would not only help us to improve the project itself (as we could see what we have missed), but also to improve team work and team dynamics.

We consider that the application of a common quality improvement tool is an excellent opportunity to communicate and compare project outcomes in the same way throughout the EU region, as well as to network at a national and European level.

Finally, this initial application was a good opportunity to familiarise ourselves with the tool and to be more confident to use it again in the future on other prevention or harm reduction projects.

## 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.)*

PIQA was the tool applied in this particular project and the steps we followed were:

- We initially held a meeting with the senior management team in order to discuss the possible application of this specific tool within our organisation. The application was approved and supported by the the Board of Directors as well as the Head of the Department of Community Intervention.
- This meeting was followed by an internal meeting of the outreach team leaders in order to schedule the application procedure and decide who should be called in the process.
- We created a working group consisting of 5 members (the team leader, 3 outreach workers/harm reduction specialists and 1 person that was responsible for the administrative work of the project and was suggested by the Head of the Department). All members of the tool application team were familiar with the project.
- We defined a specific date (February 6th. 2015) and place to apply the tool (Hellenic CDC Headquarters) and we booked a venue for the whole day.
- The team leader, who was also responsible for writing the results/case study, prepared the venue (audio-visual equipment, coffee and snacks etc.).
- The team leader presented in detail all aspects of the specific project (problem analysis, project objectives, target group, development of the intervention etc.)
- We applied the tool (the practical application took us one working day)
- We closed the day with discussions concerning the application procedure and we worked on future plans, mainly based on the weaknesses that came up through the application of PIQA.

## 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.)*

The whole procedure of applying the tool helped the people involved to understand better all aspects and procedures of the project through an excellent team building experience that also improved the communication among the team members.

Through the application, we managed to examine and scrutinise the project's goals and aims once again and see the things that we may have missed before (things and ideas that we are planning to include quite soon), but also the things we did not miss and were extremely important. In this case, the tool worked as a positive reinforcement for all team members, as we were able to see that most steps followed were crucial and necessary for projects focusing on IDU and we were very happy that we had not missed them.

In relation to the weaknesses of our project, the team proposed many ideas of how we could improve in the future. The two weaknesses that we considered to be needing immediate attention were the external training for the people involved in the project, no matter what the level of involvement in the project is, as well as the strengthening of our network with harm reduction services and health care providers. After the application of the tool we managed to propose immediate actions concerning those issues we identified as problematic to the Head of the Department and the Board of Directors of the HCDCP/KEELPNO.

## 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 application of the tool offered to the team an excellent way of identifying the strengths and weaknesses of the programme and of having a clearer view on the quality of services we provide to IDU through our harm reduction project, using a structured and easy to use process.

We also consider the tool an opportunity not only to improve the project itself (as we could see what we had missed), but also to improve team work and team dynamics.

In some cases, people indicated that parts of the tool were a bit unclear to them (this may be affected by the fact that we did not yet have in our hands the Greek translation of the tool, as we did in the case of Succeed) and some other parts were seen as quite technical, as the terms used were difficult to understand. It was also suggested by team members that PIQA as a tool could be more IDU specific (for instance it could be focused on harm reduction services and standard procedures that every project in the EU region should include and are suggested by International Organisations such as WHO, CDC and the European CDC).

Overall though, all members of the evaluation team agreed that this is an opportunity to communicate and compare project outcomes, methods and techniques in the same way throughout the EU region, as well as to network at a national and European level. After this initial application, each member of the evaluation team stated that he/she feels quite confident to use PIQA in the future on other prevention or harm reduction projects that we may design and implement.

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