

# Complex Collaborations: Public, Private and Non-profits Working (happily!) Together

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Mary Younge, RN, CIC  
Division of Nursing Services  
Monroe County DPH



# Monroe County, NY



- Monroe County: population 750,000
- Rochester, NY population 225,000
- Median Income: \$30,927 (30% pop. below poverty level)
- Affordable housing: (average house \$94,000)
- 86 % of children in city school district qualify for subsidized lunches.
- Home to Paychex, Eastman Kodak, Bausch and Lomb, Xerox, etc.
- Home to many great higher education centers.
- The “Flower City”
- 100 inches snow / year

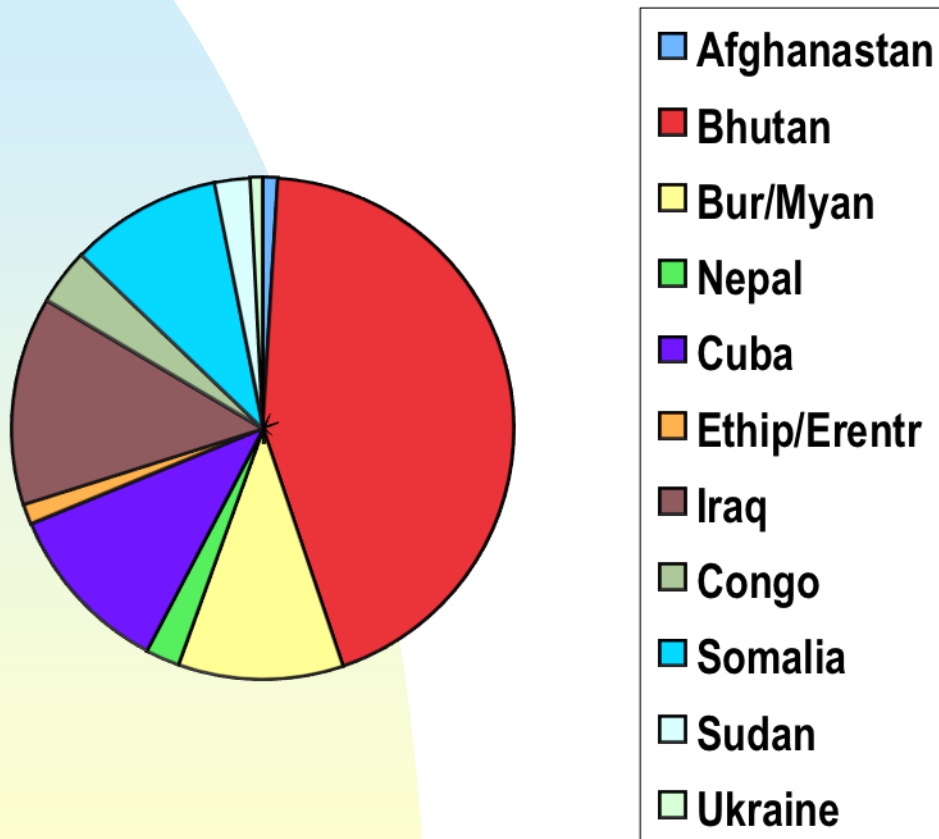


# Refugees in Monroe County

- Average 800 refugees / year arrive in Monroe County
- Ever-changing populations
- Establish communities which are ripe with opportunities and challenges



# 2013's Refugees



- Over 65% from Bhutan/Burma/Myanmar/Nepal
- Continue to see significant number from Cuba
- Growing numbers of Iraqis
- WHO will be next?



# Crisis or Opportunity?

- Previous Community Providers would no longer take no Refugees.
- Who would care for this unique and needy population?
- MCDPH aware of need for PCP
- Community Meeting
- RGMG stepped up
- Jim Sutton said, “Yes we can...and we can do it right!
- Let’s work together?



# And so it Began...



- There were years of issues...
- TB and IMM...different (but the same) needs
- RGMG needed “forms” filled out
- CFC needed to get people back and forth...all the time!!!
- The needs of the folks were overwhelming.
- CAN we rethink this?PLEASE?



# Impossible?

- IMM and TB would need to redo their schedules and their processes
- CFC would need to bring everyone at once...
- How to get RGMG here?
- Interpreters...
- Share. **SHARE?**



# Together We Build



- One morning just for Refugees
- Share waiting room
- Share interpreters
- Full TB screening
- Fully immunize
- PC on site
- A few years later added Lead testing
- Then came Mental Health Screens



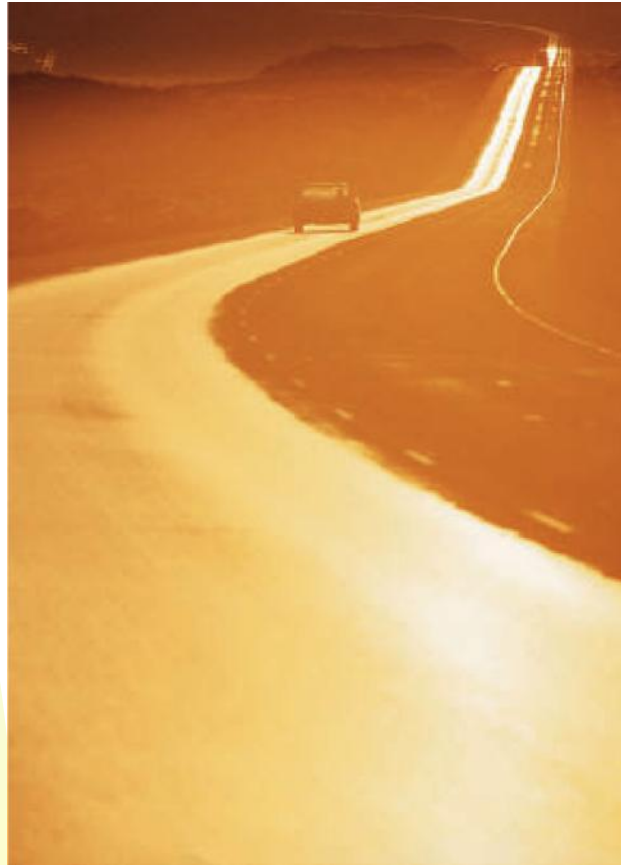
# The Outcomes...



- 804 (98%) out of 817 refugees who entered Monroe County were seen within 7 days or entering the US
- 226 (28%) had Latent TB Infection (LTBI) and needed treatment. 221 (97%) with LTBI accepted treatment.
- 3 newly entering Refugees were found to have active TB disease. (373 / 100,000).
- 361 were lead tested
- 13 had screens of 8 or higher(3600/100,000)
- 6 required environmental investigations
- ALL fully vaccinated / age requirements
- ALL seen by PA for triage into Primary Care



# Bumps in the Road



- Space
- Flow
- Preregistration
- IDs
- Consents
- Are they done?
- Monday holidays
- Please just a few more...

# Why Does It Work? Namaste!

- Although each agency and each program has their own needs and agendas, the primary focus, what unites us all, is a common passion to provide extraordinary care to extraordinary people.
- We learned to understand each other's agendas and accept them
- Hospitality...in order to welcome the refugees we need to welcome each other!
- Communication. Email is powerful (and scary).
- Laugh and breathe...
- Organization is essential to manage the chaos.



# How to build your collaboration...what we learned



# Know Your Community: What are your assets?

- What agencies in your community work well together?
- What kind of collaboration will work best with your assets?
- What agencies will *benefit* from the collaboration?
- Above all else, how can you leverage these assets to meet the needs of your Refugees?



# Know your Partners

- Each partner should clearly state what their needs/ agendas are.
- All partners should clearly understand the needs /agendas of the other partners
- All partners should understand what can and can not be changed. What must be rigid?
- Be flexible with all other areas to the best of your ability
- Flexibility must be an evenly distributed variable.
- Help each other when possible...remember you are *partners working for a common good.*



# Communicate, communicate, communicate

- Meet with ALL partners at least annually. More frequently in the beginning. Be *fearless*! Talk about what went well, what was tough, and what was really not ok in a respectful forum.
- Have more informal meetings as needs
- Email is powerful! When there are many people who need to know the same information use email strings.
- Remember to communicate some things privately!
- We all make mistakes. “I’m sorry” goes a long way. Forgive!



# RESPECT

- Treat each other with welcoming and hospitality
- Remember to respect each other's "space"
- Respect each other's time...none of us have any to spare!
- Live up to your word!
- Respect each other's personal culture
- Deal with the problems after the issues...NOT in the middle of the mayhem (or patient care...)





# Continual Quality Improvement

- Be fearless (plan, do, study, act)
- Continually study the data.
- Tweak what needs “fixing”
- Assess the effect of “the fix”
- Adjust as needed.
- Continue to study the data.
- The more simple the “tweak” the more likely it will become operationalized and more likely it will change the course of events



# Sell It!



- Be proud of your collaborations and speak well of them!
- Be open to new partners (?funders?)
- New comers bring new ideas and new solutions...
- Teach others what you learn!



# Change...



- Is inevitable
- Anticipate and Manage the changes
- Programs should never be “person” specific
- Crisis or opportunity....What lies ahead?

