

# Guiding Public Health Systems Change Through Nursing Leadership and Lewin's Change Theory: A Proposal for Statewide EHR Integration

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# Unfreeze – Preparing for Change

# Identifying the Problem and Need for an EHR

Non-standardized  
fragmented  
documentation  
systems

No unified Electronic  
Health Record (EHR)  
exists for municipal or  
shared-service PHNs

Inconsistent data  
storage  
(Chen et al., 2022)

Need to monitor  
disease trends and  
outbreaks across  
municipalities

Delays reporting,  
reduces efficiency  
(Bjerkan et al., 2021)

Support equitable  
access, increased  
surveillance and  
performance  
monitoring

# Why We Must Change: Context, Evidence and Public Health Impact

EHR'S IMPROVE PATIENT SAFETY, CONTINUITY OF CARE, AND ACCESSIBILITY OF INFORMATION (BJERKAN ET AL., 2021)

INTEROPERABILITY IS ESSENTIAL FOR PUBLIC HEALTH REPORTING AND DISEASE SURVEILLANCE (CHEN ET AL., 2022)

TRACK DISPARITIES, COORDINATE INTERVENTIONS AND MEET FOUNDATIONAL PUBLIC HEALTH SERVICE (FPHS) STANDARDS (PUBLIC HEALTH NATIONAL CENTER FOR INNOVATIONS, 2022)

REAL TIME DATA SHARING FOR EMERGENCY RESPONSE, IMMUNIZATIONS AND TREND RECOGNITION

MUNICIPAL PHNS NEED TOOLS COMPARABLE TO THOSE USED BY HOSPITALS/CLINICS TO ENSURE HEALTH EQUITY AND ACCOUNTABILITY

# Building Awareness: Data Collection

REVIEW  
DOCUMENTATION  
PRACTICES

SURVEY/  
INTERVIEW PHNS  
TO IDENTIFY  
WORKFLOW  
GAPS

EVALUATE DELAYS IN  
REPORTING OR  
SHARING  
INFORMATION  
(VEST & KASH, 2016)

# Building Awareness: Insights and Staff Engagement

PRESENT  
FINDINGS TO  
POTENTIAL  
STAKEHOLDERS

SHARE NOTABLE  
EXAMPLES  
DEMONSTRATING  
INEFFICIENCIES OR  
RISKS

USE DATA  
VISUALIZATIONS TO  
SHOW IMPACT

# Laying the Groundwork: Developing a Strategic Change Plan

Create task force

Conduct needs  
assessment

Define functional  
requirements

(Yasnoff et al., 2019)

Evaluate EHR  
vendors or other  
custom options

Identify funding  
sources

Develop  
implementation  
timeline, training  
plan, SOPs

# Clarifying the Path Forward: Goals and Measurable Objectives

BY MONTH 6, 100% OF PHNS IN PILOT MUNICIPALITIES WILL COMPLETE TRAINING ON NEW EHR SYSTEM

WITHIN 12 MONTHS OF IMPLEMENTATION, REPORTING TIME FOR COMMUNICABLE DISEASES WILL DECREASE BY 25%

# Mobilizing People: Stakeholder Support, Barriers and Readiness for Change

## Support

- PHNs
- MDPH and OLRH
- Providers

## Resistance

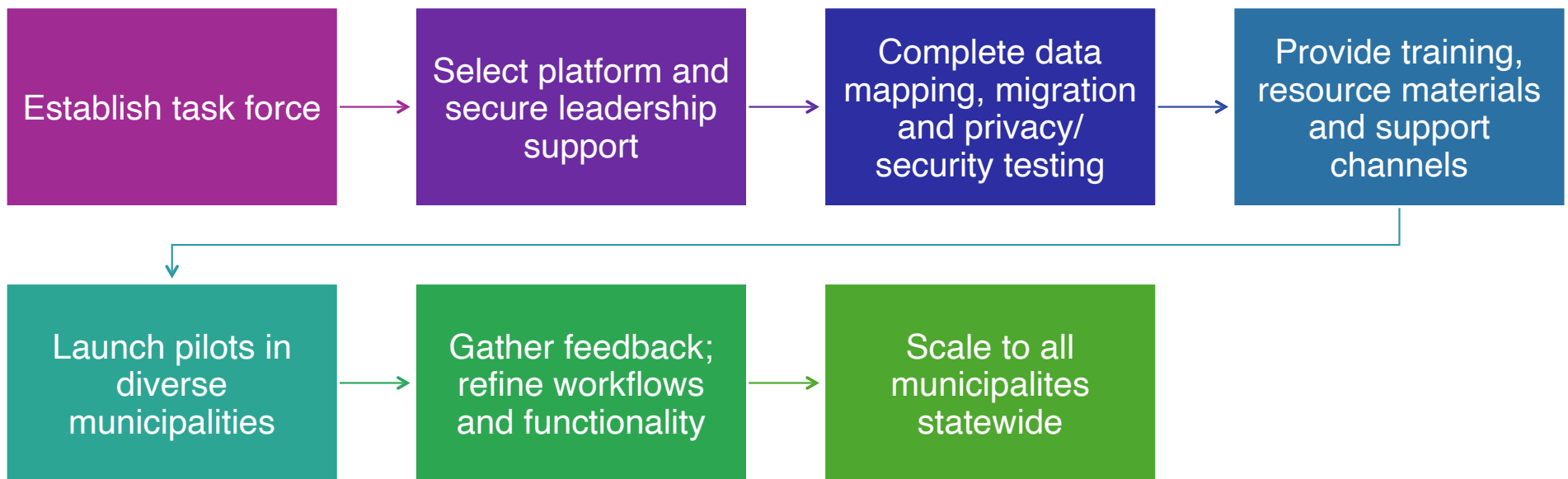
- Staff
- Municipal officials

## Stakeholders

- PHNs, LPHC consultants, LBOH
- MDPH/ORLH leadership and epi teams
- Town administrators, finance dept, IT
- Local clinicians, residents, EHR vendors

# Change: Moving Toward the New System

# Making the Shift: Implementing the EHR Change Process



# Guiding the Transition: Supporting Teams and Managing Resistance

## Support Strategies

- Ongoing training, office hours, drop in support
  - Clear SOPs, documentation standards, workflow guides
  - EHR Champions at each municipality or regional
- (McAlearney et al., 2019)

## Overcoming Resistance

- Provide demonstrations
- Offer phased implementation
- Reinforce policy expectations
- Provide incentives

# Checking Our Progress: Evaluation and Continuous Improvement

## Evaluation Measures

- Timeliness of reporting communicable disease
  - Completeness and accuracy
  - Provider satisfaction
  - Number of documentation or communication errors
- (Adler-Milstein & Jha, 2017)

## Continuous Improvement

- Quarterly audits and reports
- Surveys
- Workflow adjustments
- Annual review

# What's New?: Highlights of the Implemented EHR System

ADOPTION OF A  
UNIFIED MA PHN  
EHR SYSTEM

STANDARDIZED  
TEMPLATES /  
DOCUMENTATION

AUTOMATED  
REPORTING  
CONNECTION TO MIIS,  
MAVEN AND OTHER  
SYSTEMS  
(MDPH, 2023)

ABILITY TO SHARE  
DIRECTLY WITH  
PROVIDERS

MUNICIPAL  
ACCESS TO  
PERFORMANCE  
AND EQUITY  
METRICS

# Transforming Practice: Nursing Implications of the New Workflow

Improve accuracy  
and consistency in  
documentation

Enhance ability to  
identify outbreaks,  
disparities and  
trends

Strengthen role in  
care coordination  
(Kulbok et al., 2012)

Supports best  
practices

Improves patient  
safety

Helps PHNs  
demonstrate impact  
through measurable  
outcomes

# Refreeze: Sustaining the Change

# Refreezing the New Norm: Long-Term Adoption and Sustainability

## Adoption Strategies

- Strong leadership support
- Statewide policy
- Training integrated into orientation

## Sustainability

- Ongoing IT support and cybersecurity updates
- Regular refresher trainings
- Continuous reporting of public health outcomes based on data
- Dedicated EHR Champions across regions

# Ownership and Accountability: Assigning Responsibility Moving Forward

MDPH

OLRH

PHN EHR Task  
Force

LBOH

EHR Champions

PHNs providing  
feedback and  
identifying  
ongoing needs

# Strengthening the Future: Recommendations for Ongoing Improvement

## Enhance System Interoperability

- Expand interoperability to additional systems (EMS, hospitals)
- Broader data-sharing improves emergency preparedness and care coordination

(Yasnoff et al., 2019)

## Performance and Equity Dashboards

- Develop statewide dashboards for real-time epidemiologic monitoring
- Supports performance management, FPHS metrics, grant applications and equity initiatives

# Final Reflections: Key Takeaways to Support a Lasting Change

## Current Challenges:

- Fragmented documentation limits interoperability
- Delayed communication impacts patient safety
- Inconsistent data hinders care coordination

## Benefits of a Standardized EHR:

- Streamlines workflows and supports disease surveillance
- Improves care coordination across municipalities
- Ensures accurate, shareable, and actionable data

## Key Strategies for Implementation:

- Establish a statewide task force for leadership
- Engage Public Health Nurses (PHNs) in system design
- Provide ongoing training and support

## Long-Term Impact:

- Empowers PHNs to demonstrate their value
- Advances health equity
- Strengthens public health performance statewide

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