

BOARD OF REGISTERED NURSING
Nursing Practice Committee
Agenda Item Summary

AGENDA ITEM: 10.1

DATE: June 4, 2015

ACTION REQUESTED: Selection of Nursing Topics for Discussion in 2015-2016:
Emerging Issues and Implications for Board of Nursing

- Telehealth
- Guidance for Safer Patient Care
- Community-based Nursing Care Issues

REQUESTED BY: Trande Phillips, RN, Chairperson

BACKGROUND:

Telehealth: US Department of Health and Human Services describes telehealth is the use of technology to deliver health care, health information or health education, at a distance.

<http://www.caltrc.org/about-us/>

Patient safety: is the cornerstone of high-quality health care. Defining patient safety and practices that prevent harm have focused on negative outcomes of care, such as mortality and morbidity. Nurses are critical to the surveillance and coordination that reduce such adverse outcomes. Much work remains to be done in evaluating the impact of nursing care on positive quality indicators, such as appropriate self-care and other measures of improved health status.

<http://www.ncbi.nlm.nih.gov/books/NBK2681/>

Community-based Nursing Care Issues: Care coordination represents a distinct responsibility that requires dedicated nursing time, that is separate from the day to day tasks in a busy practice.

To fully support these new functions, reimbursement models are needed that support such non visit-based work and provide incentives to coordinate and manage complex cases, achieve improved clinical outcomes and enhance efficiency of the health system.

<http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-17-2012/No2-May-2012/Primary-Care-Nursing-Role-and-Care-Coordination.html>

Attachments: Possible discussion points: Telehealth Resource Center; Ethics; Medical Technology.

RESOURCES:

NEXT STEPS: Board

FISCAL IMPACT, IF ANY: None

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*A Blueprint for 21st Century Nursing Ethics:
Report of the National Nursing Summit*

Executive Summary

November 18, 2014

***A Blueprint for 21st Century Nursing Ethics:
Report of the National Nursing Summit
Executive Summary***

In August 2014, 50 nursing leaders came together in Baltimore for a summit meeting on *Nursing Ethics for the 21st Century*, sponsored by the Johns Hopkins School of Nursing and Johns Hopkins Berman Institute of Bioethics. These leaders had set for themselves an ambitious agenda that could culminate in changing the nation's health care culture to more strongly support basic ethical values and principles and more effectively enables nurses' ethical practice.

For many reasons, the environments in which nurses work are changing rapidly, yet one core principle holds constant: nurses' desire to serve their patients, their patients' families, and their communities while fulfilling nursing precepts. Substantial changes in the U.S. health care system now under way also create new opportunities for organizational arrangements and work designs that enhance the practice of nursing and create for the next generation the chance to fulfill their desire to have meaningful careers in service to others.

Summit participants concentrated on ways that nursing and ethics intersect in four critical domains: clinical practice, education, research, and public policy. They identified priorities in each of these domains and created a blueprint for the future leading to the following vision statement:

Ethics is a critical part of everyday nursing practice. Nurses in all roles and settings must have the knowledge, skills and tools to uphold their professional values. We pledge to work together to support and safeguard the professional values of nurses – and all health care professionals – and to strengthen a culture where they are able to practice ethically.

(Detailed information about the priorities, the blueprint, the project's growing list of collaborating partners, and additional resources, as well as an invitation to comment on and join in this vital work can be found on the project's website, <http://www.bioethicsinstitute.org/nursing-ethics-summit-report>.)

Further, participants made commitments to carry on this work—commitments to themselves, to each other, and to the profession they revere.

Eight Key Assumptions

Underlying summit planning were eight key assumptions:

1. In all settings in which nurses work, ethical challenges are embedded in everyday practice
2. The need to strengthen the ethical foundation of nursing is urgent, particularly in light of pressures that threaten the integrity of individual nurses, the profession, and the people they serve
3. The ANA Code of Ethics is foundational to understanding the ethical landscape for nurses, and serves as an invaluable resource and guide for how nurses carry out their professional ethical obligations
4. Many ethical pressures arise more from disparities in the human resources, social capital, and financial resources available across the system, many of which result from resource allocation decisions and waste, rather than from resource scarcity, and contribute to persistent problems in access to care
5. Moral distress is a pervasive reality for nurses when they are unable to translate their moral choices into action because barriers prevent them from practicing in accord with their values
6. Nurses must define the boundaries of their professional responsibility with inter-professional colleagues in the environments where they practice
7. Nurses are ideally situated to lead and contribute to contemporary models of care delivery, policy, research, and education
8. Efforts to improve the ethical environment for nurses have direct impact on the quality of care provided to patients and families and the sustainability of the health care system

Achieving the Triple Aim in health care—improving the experience of care, reducing per capita health care costs, and improving population health—depends heavily on the day-to-day actions of nurses. These actions take place in a multi-layered social-ecological context.

Social-Ecological Context

Many layers of relationships and interactions make up nurses' working environments, whether they work in hospitals, nursing homes, physician offices, home health agencies, schools, prisons, or public health programs. The social-ecological context of these work environments is shaped by individual characteristics of nurses, patients, and patients' families, and the relationships among them, as well as relationships between the nurse and full array of other health care professionals. The context also is established by characteristics of the employer organization (including its "invisible architecture") and the community it serves, and, more broadly, by professional and educational regulations and standards and by the broad social, political, and economic forces.

Nurses working in supportive contexts are more able to practice according to their ethical values and to emphasize other important work attributes, including good communication and teamwork. When asked to describe the essential qualities of nurses who are practicing ethically, summit participants produced a lengthy list, headed by compassion, competence, courage, respect, openness, and reflection.

Blueprint Summary

To move nursing ethics issues forward, Summit participants developed bold ideas for making progress in how nurses are prepared through *education*, how they are supported in *clinical practice* and by *policy*, and what we know about their work through *research*. Although each of these four domains was discussed by separate work groups, a number of themes cut across their deliberations:

- The need for a more intentional and proactive approach to ethical practice.
- Ethical practice is a key feature of accountability and personal responsibility.
- The significance of moral distress in the daily lives of nurses.
- The interplay among nurses' competence in ethics, the environments where they practice, and the culture that either supports or constrains integrity and ethical behavior.
- The need for interdisciplinary and cross-organizational efforts and partners and strong dissemination plans.
- The importance of building on existing work, activities, and commitments.
- The value of a diverse set of funders for this work, including pooling funds from multiple sources.
- *While changing the culture of health care is a long-term project, changing the work environments for individual nurses can start now.*

Each of the domain groups created their own terminology and action plans that contain common themes and interrelated action steps.

Clinical Practice: Develop and sustain work environments that support ethical nursing practice

The above bold idea related to clinical practice is embedded in nursing's foundational commitments, articulated by the Summit participants, of: integrity and respect; commitment to the health and well-being of patients, families, and the public; and moral agency.

System shifts needed to attain more ethical work environments for nurses would change the approach to ethics by organizations and their leaders, by individual nurses, and in nursing education, and would involve patients and families in real partnerships.

Illustrative action plan steps include defining and describing ways in which workplaces currently fall short of creating ethical environments for nurses and how they could improve; and bringing these issues to the attention of broader audiences.

Nursing Education: Promote excellence in nursing ethics education, in order to build a strong and diverse health care workforce to advance the ethical delivery of health care

The nursing education bold idea is embedded in foundational commitments to clinical competence and the need for educational preparation to meet ethical challenge that builds on students' underlying values, continues throughout their careers, and is grounded by ANA and NSNA codes of ethics, among others. To achieve stronger ethical components of educational programs, shifts are needed in their current scope, priority, design, and evaluation.

Examples of the action plan steps in this domain are: to compile information about the current status of ethics teaching at all levels of nursing education and to strengthen expectations for students' ethical behavior within educational settings.

Nursing Research: Develop a research agenda that will lead to a culture of ethical practice in diverse settings that is evidence-based and measurable in terms of outcomes and pragmatic considerations

This bold idea is embedded in foundational commitments related to achieving clarity and focus for the research agenda, identifying the need for champions and a powerful coalition to identify and follow through on top research questions, and the quality of research ideas. To achieve the bold idea will require shifts in the scale and scope of nursing ethics research and the creation of new research opportunities.

Action plan steps can be illustrated by the following suggested activities: surveying ANA membership and medical center leaders on important areas for research and developing tools and metrics that enable ethics research projects to identify key patient, nursing, and organizational outcomes.

Nursing Policy: Create an ethical health environment through the development of resources, policies, metrics (outcomes), education, training, and research

For nursing policy, the bold idea is embedded in these foundational commitments: the prime importance of promoting care excellence and the need for civility in the work environment, protection of professional integrity, reciprocal loyalty, collegiality and collaboration, and adherence to fundamental virtues, including justice and courage. Systemic changes needed to promote the bold idea include support for change at the institutional level, which may entail operational changes, and building public support.

Examples of action plan steps to achieve the bold idea include creation of a centralized, publicly available resource of existing standards, guidelines, and best practices influential in creating an ethical work environment for nurses, and inclusion of emerging concepts about an ethical culture in the activities of nursing credentialing boards.

Literature Review

Ethics has been integral to the nursing profession from its earliest beginnings, when Florence Nightingale and other early path-breakers articulated the ethical foundations of nursing practice. This foundation is vital for the future of nursing as the profession rises to the challenges of a rapidly evolving health care sector.

The need for a thorough understanding of current ethical issues facing nursing, as well as reflection on potential future challenges, prompted preparation of a review of the voluminous recent literature in three domains: clinical practice, nursing education, and nursing research. (A separate review of the literature on ethics in nursing policy was not performed, in the belief that

policy issues would emerge from consideration of the other three domains. Nor was a separate review of the philosophical and theoretical literature related to nursing ethics included. Finally, the research ethics section does not include research *about* nursing ethics. All represent topics for future work.)

The literature review was intended not only to uncover what is known about nursing ethical issues and practices and the strength of that knowledge, but also to find out what is not known. Detailed reports on the literature reviews will be submitted for publication in appropriate journals at a later date and their publication announced on the nursing ethics website.

Next Steps

Nursing Summit participants and partners have committed to putting the blueprint into action and transforming the vision into reality. Over the next year, project organizers and partners will be moving forward to disseminate the ideas generated by the summit and initiate change in the four domains. Specifically, they will focus their efforts around the following:

- Disseminating the report and the blueprints for clinical practice, education, policy, and research
- Refining, collaborating on, and implementing portions of the action plans
- Building a directory of nurses with expertise in ethics
- Preparing for launch of the ANA revised Code of Ethics, June 2015
- Collaborating with others to increase visibility of nursing ethics within healthcare
- Engaging the public in dialogue about ethical issues in healthcare
- Aligning the Blueprint for Nursing Ethics with the strategic priorities of professional nursing organizations
- Securing endorsements of the vision, intended to capture the spirit of collegiality and commitment from the summit.

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Additional information on nursing ethics developed by the Nursing Ethics Summit:

Nursing Ethics Summit website: <http://www.bioethicsinstitute.org/nursingethics>

“What Keeps Nurses Up at Night”: <http://youtu.be/pOakDs41IsI>

#NursingEthics Twitter Chats: <http://bioethicsbulletin.org/archive/nursingethics-chat>

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Cover Story

The Medical Technologies That Are Changing Health Care

04.14.15 by John Morrissey

New, eye-popping medical technology provides earlier diagnoses, personalized treatments and a breathtaking range of other benefits for both patients and health care professionals.

Not long ago, people started wearing wristbands that recorded the number of steps they took, their heart rates and sleep cycles. But if the now-ubiquitous bands and accompanying apps that stored biorhythms started out as novelties, they paved the way for a new generation of gadgets that have become serious tools to improve health care delivery and outcomes. These newfangled contraptions will change how and where care is delivered and will enable providers to stay continuously connected with patients wherever they may be — or at least connected to the devices that indicate whether a patient is abiding by prescription protocols, getting up and about safely, and eating regularly. In some cases, they may even provide an early-warning system for serious degenerative conditions like Alzheimer's and Parkinson's disease.

The scope of these emerging technologies is breathtaking. High-tech sensors soon will monitor the at-home cardiac patient's heart every minute of every day. A new type of chip, embedded in a pill will be activated at the precise moment it reaches a patient's stomach, and will confirm for the medical record that he's taking his medications. Straight out of science fiction, new gizmos will emerge that can scan a body for a host of symptoms without poking or prodding and, in seconds, they'll make a diagnosis.

They may sound futuristic, but many of these devices already exist and, in fact, are being supplanted by a new generation of products that do it all faster and better.

For instance, wearable techno patches now can monitor a person's heart rate, body temperature and other vital signs — a big leap over monitors that have to be hooked up — and their results read by the patient. The data are more robust and valuable because the patches provide "continuous monitoring instead of taking a periodic snapshot," says Sean Chai, director of innovation and advanced technology services at Kaiser Permanente.

Another sensor under development will be capable of reading biomarkers, blood-borne chemical clues that signal the levels of stress and anxiety, which can affect health as much as disease, diet and daily activity do. If the stress-level data can be synchronized with vitals such as pulse and blood pressure, a patient will receive personalized feedback on what makes her tense and which relaxation techniques work for her. Steven Steinhubl, M.D., who directs the digital medicine program at Scripps Translational Science Institute, San Diego, calls this aid to stress control "the most exciting aspect of wearables, and I'm convinced it will happen. There are a lot of hurdles to overcome before it becomes extremely functional, but the capability is remarkable."

Menu of innovation

Pick a medical issue — congestive heart failure, diabetes, medication noncompliance, even stressful isolation — and you'll find researchers working to solve it with remarkable new technologies. Here are some areas they're targeting:

Heart failure

This is Medicare's most costly diagnosis, and the mortality rate is comparable to a new cancer diagnosis. The Scripps institute is testing three types of sensors — necklace, wristband and watch — that give both the patient and the care team continuous information on how a compromised heart is functioning. Medications can be adjusted and dietary recommendations can be made in real time that are specific to the individual. The sensors replace once-daily routines such as measuring a patient's weight for signs of water retention, an indirect rather than direct measure of heart function.

Social influences

The ability to track a patient's movements will help providers determine how social and environmental factors affect his or her health. The Kaiser institute is evaluating products that can analyze various components of a patient's daily routine. Where does she eat breakfast and lunch? Does he interact with other people on a regular basis, or is he generally isolated? Correlating such personal information with vital signs can produce important insights into an individual's well-being.

Medication compliance

An ingestible — and digestible — sensor is being rolled out to record whether and when a patient takes a medication. Developed by Proteus Digital Health, London and Redwood City, Calif., the chip uses gastric fluids as a power source, which means it turns on when it reaches the stomach. The sensor transmits the identity of the medication and the time it was taken to a skin patch, which then sends that info to an app on the patient's mobile device. The patch also detects and transmits heart rate, activity and rest.

Timely diagnosis

Diagnostic tests to detect medical problems can be expensive and time-consuming for patients, and they have to be done one by one. A nonprofit organization called the XPrize Foundation is holding a \$10 million competition to find a solution. Early next year, it will choose among 10 teams of finalists from around the world who are attempting to create a "tricorder," named for the fictional device used to diagnose ailing characters in the "Star Trek" TV series.

Approaches vary among the competing teams but, at minimum, all devices are required to continuously monitor up to five vital signs for 72 hours, says Grant Campy, the foundation's senior director. And they must be able to identify and diagnose up to 15 conditions as varied as stroke, AIDS, pertussis and chronic obstructive pulmonary disease.

3-D printing

Every geek's jaw dropped at the sight of the 3-D printer when it first came to market. These days, medical researchers are harnessing its potential to vastly improve patient care. For example, Kaiser Permanente's Los Angeles Medical Center is perfecting the use of 3-D printers to produce exact, multidimensional models of trouble spots inside patients. Surgeons can scrutinize and handle the models, then simulate a variety of possible procedures before ever going into the operating room.

This technology's potential was dramatically demonstrated when a Kaiser patient suffered a tear in the wall of his aorta, the main artery leading out of his heart. The clinical team "printed his artery in 3-D and actually went through several different scenarios on how they could insert a stent to prevent further rupture," Chai says. "They used that in a team-based training environment to see how they could confidently proceed with some of these special procedures." Chai compares the process with a flight simulator in which a pilot masters the intricacies of the cockpit before entering a real one. The innovation "allows us to develop a more specialized, personalized, precise treatment plan," Chai explains. "Ultimately, that improves the quality and affordability of care." The patient, by the way, came through the procedure fine and is recovering.

The potential and how to reach it

Much of the emerging technology is aimed at getting inside the body without actually *going* inside it. "There is already significant interest in noninvasive data acquisition, whether that's light imaging or infrared or sound waves," says Peter Reinhart, director of the Institute for Applied Life Sciences, University of Massachusetts, Amherst.

Longer-range research is focused on capturing much more sophisticated information than current products can, Reinhart says. A promising example is a patch that uses a combination of electrical and chemical signals to identify either the predisposition to or the existence of a particular disease.

That would provide an enormous advantage when it comes to illnesses that involve brain and nerve degeneration, such as Alzheimer's, Huntington's or Parkinson's disease. Instead of conducting a test and comparing results with a norm, as is done today, continuous tracking of certain biomarkers would establish a personal baseline while an individual is still healthy. Readings that significantly move off the baseline would signal declining cognitive activity before symptoms ever arise, and physicians would be alerted to do further tests. "Now you get a much earlier readout that something has just changed in your body, so let's talk to someone," Reinhart says.

To reach that potential, three things must happen: improvements in sensor technology; better interpretation of massive amounts of data in a medically relevant, rigorous way; and development of earlier intervention strategies. "As we get better and better at this, we're going to find that new therapeutic options are going to be open to us," Reinhart says. "Identifying an Alzheimer's patient at the [observable] behavioral point, when 70 percent of the brain mass has already disappeared, really limits the number of therapeutic options you can provide that patient. If you could identify someone like that seven or eight years earlier, it now opens up a very different array of intervention strategies."

The promise of personalized medicine to meet the unique needs of individuals depends on establishing baselines for each patient. To assess anxiety, for example, "One person's stressor is another person's idea of just an average day," Reinhart says. "So just differentiating across individuals will be huge."

That's especially true with post-traumatic stress disorder. A lot of treatments have been shown to be effective, but they work differently for different people, says the Scripps institute's Steinhilber. The emerging sensors will provide objective evidence of when someone is getting anxious, and how activities like meditating, reading a book, taking a walk or shooting baskets can ease the anxiety. "That can and will be life-changing," he says. — *John Morrissey is a freelance writer in Chicago.*

Google glass aids trauma care

Trauma surgeons at the Forbes Hospital Trauma Center near Pittsburgh are testing Google Glass technology using a software called VIZR, Visual Info Zonal Reminder. Google Glass is a wearable technology with an optical head-mounted display that provides information in a smartphone-like, hands-free format. Wearers communicate with the Internet via natural language voice command. At Forbes, the technology initially is being used to provide prompts during patient resuscitation based on checklists similar to those used in the aviation industry. "With this new technology, surgeons will have hands-free, immediate access to critical information, checklists and reminders specific to injury categories that will greatly assist our efforts to provide effective, timely care that saves lives," says Christoph R. Kaufmann, M.D., trauma medical director. For example, if a pregnant patient with injuries to the abdomen is in transport to the emergency

department, the surgeon can use a voice command to access a checklist with crucial questions to ask the paramedic upon or even before the ambulance arrives.

Source: Allegheny Health Network

Press-and-print body parts

Last year, Cornell University scientists used a 3-D printer to produce an artificial ear that, according to Randy Reiland's January 2014 report in Smithsonian.com, "looks and works like the real thing." Reiland notes that researchers at the University of Pennsylvania and Massachusetts Institute of Technology have bioprinted blood vessels; their counterparts at Wake Forest University developed a method for printing skin cells directly onto wounds. And a company called Organovo has come up with a 3-D printed liver. Next up? According to Bernard Meyerson, writing for weforum.com, a 4-D printer is being developed capable of creating products that can alter themselves in response to environmental change, such as heat and humidity. That could be useful for things like clothes and footwear, Meyerson points out, and also for "health care products, such as implants designed to change in the human body."

Source: Smithsonian.com, Jan. 6, 2014; World Economic Forum, weforum.org, March 4, 2015

Battery-powered germ-killers

As the number of joint replacement surgeries grows, so do concerns about the complications of infection from antibiotic-resistant superbugs. Biomedical engineers from the North Carolina State University Department of Industrial and Systems Engineering are developing nanotechnology built directly into orthopedic implants. A battery-activated device powers an army of microscopic germ-killers to fight bacterial infections, including methicillin-resistant *Staphylococcus aureus*, or MRSA. The process applies a low-intensity electrical charge to a silver titanium implant, releasing low-toxicity silver ions that kill or neutralize bacteria. The power source, similar to a watch battery, can be integrated into the implant design. The body's own fluids act as a conducting medium between battery and silver, enabling the low-level charge.

Source: North Carolina State University's Edward P. Fitts Department of Industrial and Systems Engineering

The orderly robot

The UCSF Medical Center at Mission Bay now has a fleet of about two dozen Tug

robots delivering drugs, linens and meals and carting away medical waste, soiled linens and trash, reports Josh Valcarcel in Wired magazine. Twenty-seven infrared and ultrasonic sensors enable the robots to avoid bumping into people or blocking their paths. They stand back from elevators and summon them through the hospital's Wi-Fi, using radio waves to open doors. Human staff have varied reactions to the Tugs and, in his amusing piece, Valcarcel, who grew up in the Silicon Valley, says even he finds the hospital robots "just weird."

Source: Wired, February 2015

A health check chair

Checking health signs such as blood pressure, temperature and mobility usually involves multiple tests and can be time-consuming. A chair developed by Sharp is equipped with multiple sensors that can measure a user's vital signs all at once and save the data to the cloud for physicians to reference. Sharp designed the chair for patients to use at home and is considering adding a videoconferencing system so patients can visit with physicians remotely. "Rather than people who are ill going to the doctor, our idea is for healthy people to think about how to stay healthy, prepare for any emergencies and improve their day-to-day lifestyle," a spokesman said way back in 2013.

Source: www.diginfo.tv

Fingertip surgery

A stretchable electronic sensor may replace the scalpel and other operating room tools for some surgical procedures. It lets physicians feel electronic activity and slice tissue with their fingertips.

Futuristicnews.com reports that researchers at the University of Illinois, Northwestern University and Dalian (China) University of Technology changed hard semiconductors into flexible electronics "and managed to produce special materials, which could be used for surgical gloves that give their wearer an enhanced sense of touch." The news website states that silicon was transformed into ultrathin "nanomembranes, cut into wavy shapes and combined with a rubbery membrane."

Source: Futuristicnews.com

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About Us

A Telehealth Leader



The California Telehealth Resource Center (CTRC) is a leading source of expertise and comprehensive knowledge in the development and operation of telemedicine and telehealth programs. CTRC is nationally recognized as one of fourteen federally designated Telehealth Resource Centers around the country. CTRC offers extensive hands-on experience in telemedicine development. CTRC understands the larger healthcare delivery system and works with policy makers, corporate, and industry leaders, and community based organizations to develop an environment that will support the optimal use of telemedicine and telehealth.

CTRC has worked with hundreds of programs, providers, universities, government agencies, and equipment developers to identify best program practices, newly emerging technologies and trends, and studies that identify the impact of telemedicine services.

The California Telehealth Resource Center was made possible by grant number G22RH24744 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.

CTRC Mission and History

Mission and Vision

CTRC is the federally designated Telehealth Resource Center for California. CTRC's vision is to achieve the fully optimized use of telehealth and other technology enabled health care in order to:

- improve access to health care for all California citizens
- improve clinical efficiency and access to health information and education
- reduce the cost of providing needed health care

CTRC's mission is to be an objective source of information for health systems developing telehealth programs, to provide technical assistance and program support, to provide up to date information on policy, emerging trends and concerns, reimbursement, operations and other key topics and to provide leadership in the development of telehealth systems.

The California Telemedicine Resource Center (CTRC) is a leading source of expertise and comprehensive knowledge in the development and operation of telemedicine and telehealth programs. CTRC is nationally recognized as one of twelve federally designated Telehealth Resource Centers around the country. CTRC offers extensive hands-on experience in telemedicine development. CTRC understands the larger healthcare delivery system and works with policy makers, corporate, and industry leaders, and community based organizations to develop an environment that will support the optimal use of telemedicine and telehealth.

The California Telehealth Resource Center's History

The Resource Center has a long history of leadership in telehealth. The California Telemedicine & Telehealth Coordinating Project initiated the creation of the California Telemedicine and eHealth Center (now known as the California Telehealth Resource Center) and produced the first strategic plan for California's telemedicine adoption. The Resource Center became the focal point for initial telehealth development efforts in California and deployed the \$20 million investment by The California Endowment in telemedicine.

This support has assisted in the development of 10 rural telemedicine networks, with over 100 sites throughout California. The Resource Center funded and aided in the development of new and innovative telemedicine programs for medical specialty services, behavioral health, school dental screenings, diabetic retinopathy screenings, patient education programs, breast cancer support group services, continuing medical education, provider site development and on-line telemedicine training, and collaborated on the development of California's two Telemedicine Learning Centers at UC Davis and UC San Diego.

Since 1997, California's Telehealth Resource Center has worked with hundreds of programs, providers, universities, government agencies, and equipment developers to identify best program practices, newly emerging technologies and trends, and studies that identify the impact of telemedicine services.

The California Telehealth Resource Center is housed within the [California Telehealth Network](#), a 501(c) (3) nonprofit corporation.

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