



Review Article

Integrated Care Plan In The Hospital Setting: A Scoping Review

Bangun Mukti Ardi^{1*} | Nursalam Nursalam¹ | Alfian Nur Rosyid²

¹Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia

²Universitas Airlangga Hospital, Surabaya, Indonesia

***Corresponding Author:**

Bangun Mukti Ardi, Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia.
Email: b.mukti.a@gmail.com

DOI: 10.33086/mtphj.v7i2.4733

Article History:

Received, July 20th, 2023

Revised, October 02nd, 2023

Accepted, October 04th, 2023

Available Online: October 25th, 2023

Please cite this article as:

Ardi, B. M. et al., "Integrated Care Plan In The Hospital Setting: A Scoping Review" Register: *Medical Technology and Public Health, Journal*, Vol. 7, No. 2, pp. 171-181, 2023

ABSTRACT

Improving the quality of healthcare services in hospitals is one of the main goals of achieving a high-quality healthcare system. One of the efforts to enhance the quality of healthcare services in hospitals is implementing an integrated care plan. This study aims to determine the implementation of integrated care plans in hospitals. There were no limitations on methodologies, dates, or settings when reviewing papers describing qualitative or quantitative studies examining the implementation of integrated care plans in hospitals. The setting, design, and findings were all extracted from key study aspects. The major components of the integrated care plan's key components served as a framework for organizing the findings. There are 15 relevant papers published between 2018 and 2023. Most of the studies reported are qualitative, where healthcare workers reflect on their experiences and preferences regarding implementing an integrated care plan. These studies reported on issues underlying the need for the implementation of an integrated care plan, including poor administrative and management systems, lack of access, lack of coordination, lack of regulation, lack of knowledge, and lack of experience, with the ultimate goal of care being aware of cooperation and benefits for patients. An efficient way to raise patient satisfaction and improve the standard of healthcare services is to establish an Integrated Care Plan in hospitals. The efficacy and efficiency of patient care in hospitals can be improved by implementing a more structured and measurable care plan.

Keywords: Integrated care plan, integrated health care systems, integrated delivery system, hospital.

INTRODUCTION

Improving the quality of healthcare services in hospitals is a critical objective in achieving a high-quality healthcare system (Kruk et al., 2018). One of the efforts to enhance the quality of healthcare services in hospitals is implementing integrated care plans (Baxter et al., 2018). An



integrated care plan is an approach that involves various healthcare professionals working together to provide coordinated and comprehensive care to patients. In an integrated care plan, patients are involved with a single medical specialist and engage a multidisciplinary team of doctors, nurses, nutritionists, psychologists, and other healthcare providers (Reid et al., 2018). An integrated care plan aims to raise patient happiness while lowering costs and improving service quality (Johansen et al., 2022). Lack of integration among healthcare professionals often leads to errors in executing care plans and can hinder the patient healing process (Warren et al., 2019). Additionally, existing tools may be inadequate or poorly structured, potentially causing discrepancies and inconsistencies in planning and delivering care to patients, ultimately negatively impacting the quality of service provided (Berntsen et al., 2018)

This study aims to ascertain how integrated care plans are implemented in hospitals. In recent years, integrated care plans have gained significant attention due to their potential to improve care coordination, reduce adverse events, and enhance patient health outcomes (Jiménez-Reguera et al., 2020). However, implementing integrated care plans still poses complex challenges. It involves collaboration among various stakeholders, using advanced information technology, and organizational culture adjustments within the hospital setting. In this research, we will identify the factors influencing the implementation of integrated care plans, evaluate the existing successes, and identify barriers that need to be overcome to achieve more effective implementation in hospitals.

REVIEW METHOD

Our study question was broad, so we performed a scoping review [(Peters et al., 2020), (Matheson et al., 2019)], attempting to highlight gaps in the data and summarize the extant information.

Search and inclusion/exclusion strategy

Using terms related to hospital integrated care plans, we searched using PubMed, CINAHL, Scopus, Web of Science, and ScienceDirect. The search was conducted from March 2018 until March 2023. The key phrases we utilized for the search are listed in detail in Table 1. To ensure that the literature review was thorough, we only searched for papers whose abstracts were written in English.

As we were specifically interested in integrated care plans in hospitals, we only included articles focusing on integrated care plans in the hospital setting. We excluded articles discussing the integration of care plans outside of hospitals. Articles that were not specific to integration within healthcare services. Additionally, news articles and opinions were removed from the review's scope.

The inclusion and exclusion criteria were applied to assess titles and abstracts. All authors concurred that the sample of publications chosen for full-text analysis was pertinent to the research issue. Data extraction will be performed on relevant studies to discuss the results. During the meetings, important ideas will be clarified and addressed. Additionally, any ambiguities about inclusion and exclusion will be clarified. A thorough explanation of the literature search and screening procedure will be given in the Prisma flow diagram (Figure 1).

Study Analysis

We gathered data on the author(s), publication date, country of origin, role, setting, sample size, the purpose of the study, and methods to comprehend the literature landscape. We used Excel to generate a table to record and arrange the findings following the themes found in the authors' research. After repeatedly rereading and analyzing the findings, we categorize the data according to

the benefits and drawbacks of integrated care plans. These findings encompassed three core aspects of integrated care plans: factors influencing the implementation, evaluation of existing implementation successes, and identification of barriers that need to be overcome for more effective hospital implementation.

REVIEW RESULT

First, we summarise our research findings in the literature based on the number of publications published by the author(s) and the date, as well as the country of origin, role, setting, sample size, and purpose of the study. Second, based on the three parts of an integrated care plan that resulted from the review, we utilize a narrative to summarize the findings of the scoping review.

Table 1. Search strategy for scoping review on integrated care plan in the hospital setting

Topic : Integrated care plan in the hospital setting: A scoping review

Population	All medical team
Concept	Integrated care plan
Context	Hospital settings

Keyword :

Population	-
Concept	integrated care plan OR integrated health care systems OR integrated delivery system
Context	hospital

Search Strategy: March 30, 2023

Databased	Keyword + Mesh	Total
PubMed	((("integrated delivery system"[Title/Abstract] AND ((y_5[Filter]) AND (fft[Filter])))) OR ("integrated health care systems"[Title/Abstract] AND ((y_5[Filter]) AND (fft[Filter])))) OR ("integrated care plan"[Title/Abstract] AND ((y_5[Filter]) AND (fft[Filter])))) AND (hospital[Title/Abstract] AND ((y_5[Filter]) AND (fft[Filter]))))	40
CINAHL	AB "integrated care plan" OR AB "integrated health care systems" OR AB "integrated delivery system" AND AB hospital	152
Scopus	ABS ("integrated care plan" OR "integrated health care systems" OR "integrated delivery system" AND hospital) AND (LIMIT-TO (PUBYEAR , 2023) OR LIMIT-TO (PUBYEAR , 2022) OR LIMIT-TO (PUBYEAR , 2021) OR LIMIT-TO (PUBYEAR , 2020) OR LIMIT-TO (PUBYEAR , 2019) OR LIMIT-TO (PUBYEAR , 2018))	103
Web of Science	(AB=("integrated care plan" OR "integrated health care systems" OR "integrated delivery system" AND Hospital))	69
Sciencedirect	"integrated care plan" OR "integrated health care systems" OR "integrated delivery system" AND hospital	677

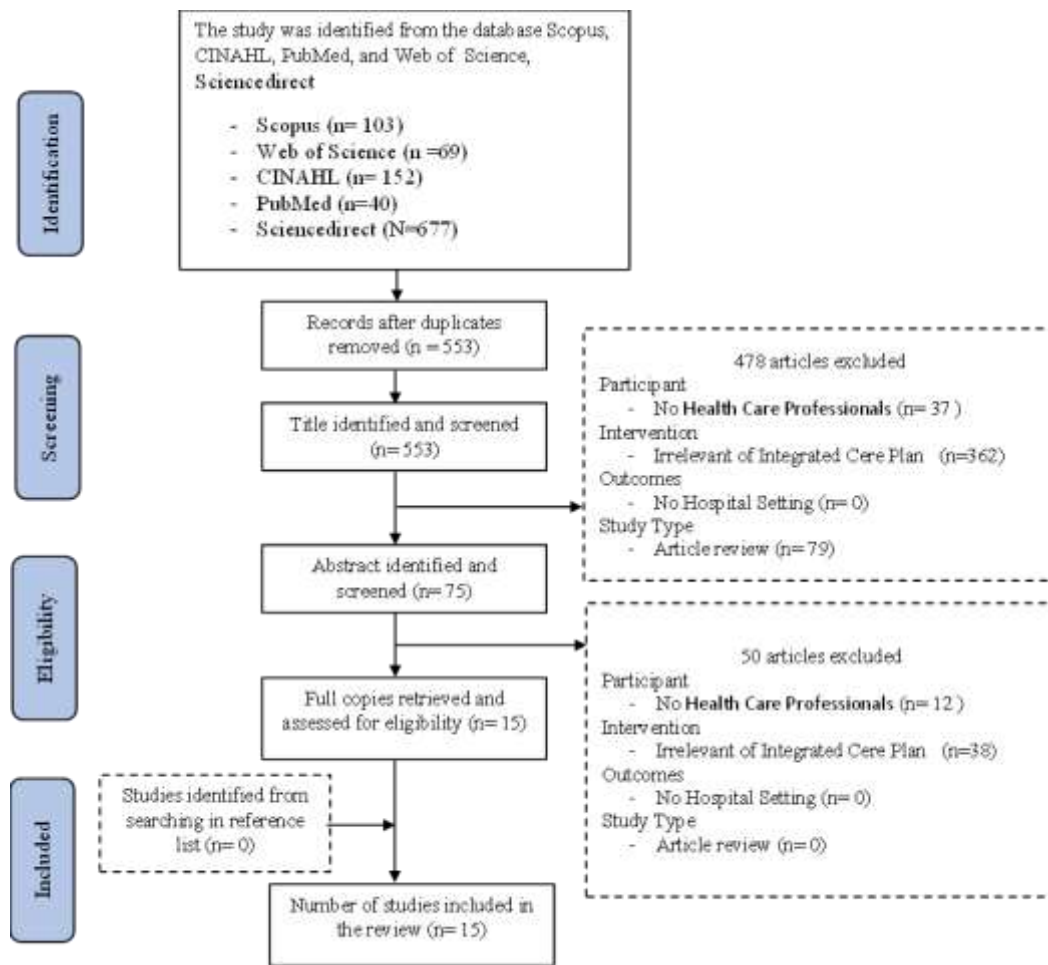


Figure 1 PRISMA Flow chart study's selection

Table 2. Summary of included studies

Author(s) and date	Country of origin	Role	Setting	Sample size	Aim of study	Methods
(Granadillo et al., 2023)	Ecuador	health care professionals	Hospital	25 Male: 10 Female: 15	To analyze perspectives of health professionals within different levels of care on the care coordination for asthma.	Semi-structured interviews
(Jepma et al., 2021)	Netherlands	Patient	Hospital	623 Male: n/a Female: n/a	To determine whether integrated care planning is effective in reducing readmission and mortality rates in geriatric patients with heart disease	Randomized clinical trial
(Crawford et al., 2021)	Australia	health care professionals	Hospital	74 Male: n/a Female: n/a	to exploring the perceived role, function, and value of each as they intersect to guide end-of-life care in an Australian hospital setting	Qualitative study, FGD
(Adelman et al., 2019)	USA	patient	Hospital	10 819 Male: 6035 Female: 4784	To analyze risk of wrong-patient order errors	Retrospective cohort study
(Wan, Mitchell and Maier, 2021)	Australia	Patient	Hospital	1553 Male: n/a Female: n/a	To ascertain the hospitalization rate, duration of bed occupancy, and mortality rate among patients admitted to HARP, and to assess the cost-effectiveness of the multidisciplinary approach.	Descriptive analysis
(Yen et al., 2021)	Taiwan	Patient	Hospital	995 Male: 542 Female: 453	To evaluated the factors that contribute to an improved quality of life among patients with multiple chronic conditions who receive integrated outpatient services.	Retrospective cohort study
(Ghariq et al., 2021)	Netherlands	health care professionals	Hospital	19 Male: n/a Female: n/a	To evaluate the implementation process by identifying barriers and facilitators to the implementation of syncope care guidelines.	Semi-structured interviews
(Li et al., 2018)	UK	health care professionals	Hospital	41 Male: n/a Female: n/a	To investigate the factors that impact the level of trust within the network of integrated healthcare service providers, particularly in the context of seeking combined health and care services in the UK	Qualitative-exploratory approach

Author(s) and date	Country of origin	Role	Setting	Sample size	Aim of study	Methods
(Geraghty, Doleman and De Leo, 2019)	Australia	Midways	Hospital	26 Male: 0 Female: 26	To analyze the attitudes of midwives towards pregnant women who use substances, which was used to develop an integrated care pathway that ensures the provision of optimal care.	Mixed methods approach
(van Doorne et al., 2023)	Netherlands	Nurse	Hospital	96 Male: n/a Female: n/a	To gain an understanding of how healthcare professionals working in hospitals view the current and ideal practices, as well as the roles of palliative care and advance care planning in the hospital setting.	Cross-sectional
(Reid, Escott and Isobel, 2018)	Australia	Nurse	Hospital	12 Male: n/a Female: n/a	To investigate the experiences of patients in an acute mental health unit as they participate in the development of a nursing care plan through collaboration.	Exploratory qualitative design
(Guan et al., 2021)	China	patient	Hospital	75 Male: 42 Female: 33	To explore the impact of integrated healthcare on the nursing care of patients with heart failure, as well as its effects on negative emotions and factors associated with heart failure	Randomized clinical trial
(Johansen, Grøndahl and Helgesen, 2022)	Norway	Nurse	Hospital	8 Male: n/a Female: n/a	to investigate the views and firsthand experiences of both resource nurses and ward nurses regarding the role of resource nurses in palliative care and explore their perceptions and experiences, shedding light on the responsibilities and contributions of resource nurses in this setting.	Qualitative study

Author(s) and date	Country of origin	Role	Setting	Sample size	Aim of study	Methods
(Jiménez-Reguera et al., 2020)	Spain	patient	Hospital	44 Male: n/a Female: n/a	To evaluate the impact of a web-based mHealth platform called HappyAir on adherence to a one-year maintenance program following pulmonary rehabilitation in individuals with chronic obstructive pulmonary disease (COPD), an integrated care plan was implemented.	Randomized Controlled Trial
(Verweij et al., 2018)	Netherlands	Patient	Hospital	500 Male: n/a Female: n/a	To examine whether the implementation of the Cardiac Care Bridge transitional care program (CCB program), which combines case management, disease management, and home-based cardiac rehabilitation, can effectively decrease unplanned hospital readmissions and mortality rates. mortality rates in geriatric patients with heart disease	Randomized clinical trial

Numerical analysis of the included studies

The database searches yielded 3,406 (N = 3,406) records (Figure 1). It was decided that 15 papers published between 2018 and 2023 qualified. The Netherlands (n = 4) and Australia (n = 4) submitted the most papers overall. Additionally, one paper each came from Ecuador (n = 1), the United States (n = 1), Taiwan (n = 1), the United Kingdom (n = 1), China (n = 1), Norway (n = 1), and Spain (n = 1).

(n = 15) Hospitals served as the sites of all studies. Most studies (n = 8) featured medical personnel (doctors, nurses, and midwives), whereas n = 7 of the publications featured patients. There were 14,910 participants, with men making up most of the sample.

Two papers employed qualitative research, and two used retrospective cohort studies and the randomized clinical trial approach used in five papers. One paper used descriptive analysis, one used a qualitative exploratory approach, one used a mixed methods approach, one used a cross-sectional design, and one used an exploratory qualitative design. Each paper focused on integrated care plans in hospitals.

Table 3. Themes Identified

No	Themes	Detailed Aspects
1	Poor administrative and management systems	The managers identified problems with the system's appointment scheduling and administrative processes for follow-up (Granadillo et al., 2023)

		Depression symptoms, poor nutritional status, and weakness are independent risk factors for decreased quality of life among recipients of integrated services (Yen et al., 2021).
		Poor workflow can affect coordination among multiple disciplines (Ghariq et al., 2021).
2	Lack of access	Emergency professionals need access to the previous medical records of patients experiencing an asthma attack, resulting in the administration of emergency treatments without the ability to refer the patient to a specialist afterwards (Granadillo et al., 2023).
3	Lack of coordination	High-risk geriatric disorders, such as functional impairment, fall risk, malnutrition, and various medication-related problems, necessitate coordinated professional treatment for older individuals (Jepma et al., 2021).
		Uncertainty about when and under what conditions clinicians should use ACDs or 7-SP (Crawford et al., 2021).
		Lack of integrated care planning, the absence of specialized medical care, and inadequate and interdisciplinary services can all contribute to more excellent patient mortality rates, extended hospital stays, and more expensive healthcare (Wan et al., 2021).
		The treatment of pregnant women with substance abuse problems necessitates effective collaboration and communication among various healthcare providers, such as midwives, doctors, social workers, and other professionals, to offer individualized and comprehensive care that caters to the specific requirements of these women (Geraghty et al., 2019).
4	Lack of regulation	The Joint Commission's requirement for a different name scheme may not be sufficient to prevent identifying mistakes among multiple-birth infants in the NICU (Adelman et al., 2019)
5	Lack of knowledge	Uncertainty about the roles and value of Advance Care Directives (ACDs) and Resuscitation Plan 7-Step Pathway (7-SP) in guiding end-of-life care in acute care settings (Crawford et al., 2021).
		Clarifying the functions of these documents in directing clinical practice, the legislative environment in which particular paperwork is placed, and the dynamics involved in collaborative decision-making in end-of-life care requires further explanation and training (Crawford et al., 2021).
		Inadequacies in education and monitoring can lead to increased patient mortality rates, prolonged hospital stays, and higher healthcare costs (Wan et al., 2021).
		The lack of trust between professional organizations in this context can be attributed to differences in educational background and levels of knowledge held by each organization (Li et al., 2018).
6	Lack of experience	The difference in levels of experience can hinder collaboration (Ghariq et al., 2021).
7	Awareness of cooperation.	The medical community is eager to improve palliative care. To accomplish this, nurses must share a common understanding of palliative care and the benefits of collaborating with other healthcare professionals (van Doorne et al., 2023).
		Collaboration among the entire healthcare team is necessary to implement a goal-oriented care plan for patient recovery (Reid et al., 2018).
		A comprehensive intervention allows for the evaluation of the effectiveness of each component separately. Nevertheless, the intervention's implementation and the associated healthcare professionals' performance will be the subject of data collection. Give patients comprehensive treatment, and this intervention entails teamwork between nurses, physical therapists, pharmacists, and doctors (Verweij et al., 2018)
8	Benefits for patients	Implementing an integrated healthcare plan for patients with acute heart failure significantly reduced patient anxiety and improved their quality of life (Guan et al., 2021).
		The nurse can make a substantial contribution to patient outcomes when viewed as a collaborator in the partnership with the doctor and not just as an assistant taking orders (Johansen et al., 2022)
		A patient's adherence to self-care plans and treatments, as well as their general health and attitude, have improved with the integration of multidisciplinary care. Positive health outcomes are a result of this integration, which alters patients' perspectives of the illness and increases their involvement in their care (Jiménez-Reguera et al., 2020)

DISCUSSION

The successful implementation of integrated care plans requires a deep understanding of the factors influencing their effectiveness (Ghariq et al., 2021). These factors include coordination and collaboration among various disciplines and healthcare professionals (Ghariq et al., 2021). Moreover, barriers such as limited access to previous medical records, inadequate care planning integration, and a lack of multidisciplinary and specialist services can hinder effective implementation (Granadillo et al., 2023; Wan et al., 2021). The challenges identified in access to previous medical records for emergency healthcare professionals can lead to suboptimal care provision for specific conditions, such as asthma attacks, further emphasizing the need for seamless integration and accessibility of patient information (Granadillo et al., 2023).

Uncertainty surrounding the use of documents like Advance Care Directives (ACDs) and Resuscitation Plan 7-Step Pathway (7-SP) also needs to be addressed in the implementation of integrated care plans (Crawford et al., 2021). Clarity regarding when and under what conditions clinicians should employ these directives is essential for effective end-of-life care planning (Crawford et al., 2021). Additionally, proper training and education are necessary to ensure healthcare professionals comprehend the functions of these documents and the legislative environment in which they are placed, ultimately facilitating collaborative decision-making in end-of-life care (Crawford et al., 2021).

By addressing these barriers, it is expected that implementing integrated care plans can achieve better success. A comprehensive evaluation is crucial to measure the effectiveness, considering improvements in patients' quality of life, anxiety reduction, and enhanced clinical outcomes (Guan et al., 2021; Jiménez-Reguera et al., 2020). Through these steps, integrated care plans are expected to provide significant patient benefits, reduce the burden of illness, and enhance the overall quality of care.”

CONCLUSION AND RECOMMENDATIONS

Implementing integrated care plans in hospitals is crucial for improving the quality of healthcare services. However, several factors can influence the success of implementation and pose barriers to achieving effective integration. Poor administrative and management systems, lack of access, coordination, and regulation are significant factors that must be addressed. It is essential to raise awareness about the importance of cooperation among healthcare professionals and stakeholders to overcome these barriers and enhance the implementation of integrated care plans. Additionally, recognizing the benefits of integrated care plans for patients is crucial in motivating the adoption of this approach.

Addressing the need for more knowledge and experience among healthcare providers through training and education programs can also contribute to successful implementation. Moreover, establishing effective administrative and management systems, ensuring adequate access to resources, and implementing supportive regulations can create an enabling environment for integrated care plans. By identifying and addressing these factors, healthcare institutions can enhance the implementation of integrated care plans, leading to improved care coordination, reduced adverse events, and better patient health outcomes. Effective implementation of integrated care plans in hospitals is vital to building a high-quality healthcare system.

REFERENCES

- Adelman, J. S., Applebaum, J. R., Southern, W. N., Schechter, C. B., Aschner, J. L., Berger, M. A., Racine, A. D., Chacko, B., Dadlez, N. M., Goffman, D., Babineau, J., Green, R. A., Vawdrey, D. K., Manzano, W., Barchi, D., Albanese, C., Bates, D. W., & Salmasian, H. (2019). Risk of Wrong-Patient Orders Among Multiple vs Singleton Births in the Neonatal Intensive Care Units of 2 Integrated Health Care Systems. *JAMA PEDIATRICS*, *173*(10), 979–985. <https://doi.org/10.1001/jamapediatrics.2019.2733>
- Baxter, S., Johnson, M., Chambers, D., Sutton, A., Goyder, E., & Booth, A. (2018). The effects of integrated care: A systematic review of UK and international evidence. *BMC Health Services Research*, *18*(1), 1–13. <https://doi.org/10.1186/s12913-018-3161-3>
- Berntsen, G., Høyem, A., Lettrem, I., Ruland, C., Rumpsfeld, M., & Gammon, D. (2018). A person-centered integrated care quality framework, based on a qualitative study of patients' evaluation of care in light of chronic care ideals. *BMC Health Services Research*, *18*(1), 479. <https://doi.org/10.1186/s12913-018-3246-z>
- Crawford, G. B., Hodgetts, K., Burgess, T., & Elliott, J. (2021). Documenting plans for care: advance care directives and the 7-step pathway in the acute care context. *BMC Palliative Care*, *20*(1), 1–9. <https://doi.org/10.1186/s12904-021-00838-8>
- Geraghty, S., Doleman, G., & De Leo, A. (2019). Midwives' attitudes towards pregnant women using substances: Informing a care pathway. *Women and Birth*, *32*(4), e477–e482. <https://doi.org/https://doi.org/10.1016/j.wombi.2018.09.007>
- Ghariq, M., van Bodegom-Vos, L., Brignole, M., Peeters, S. Y. G., de Groot, B., Kaal, E. C. A., Hemels, M. E. W., de Lange, F. J., van Dijk, J. G., & Thijs, R. D. (2021). Factors facilitating and hindering the implementation of the European Society of Cardiology Syncope Guidelines at the Emergency Department: A nationwide qualitative study. *International Journal of Cardiology*, *333*, 167–173. <https://doi.org/https://doi.org/10.1016/j.ijcard.2021.02.067>
- Granadillo, E., Romero-sandoval, A., Gómez-urrego, J. G., Rodriguez-alvarado, A., & Bachmann, M. (2023). *Integrated health care systems for asthma : A qualitative narrative study from the perspective of Ecuadorian health professionals*. 1–21.
- Guan, H., Wang, L., Zhu, B., Liu, Y., & Ji, J. (2021). The influence of integrated healthcare on the nursing effect, negative emotions, and heart failure indicators in acute heart failure patients. *AMERICAN JOURNAL OF TRANSLATIONAL RESEARCH*, *13*(6), 6694–6701.
- Jepma, P., Verweij, L., Buurman, B. M., Terbraak, M. S., Daliri, S., Latour, C. H. M., Ter Riet, G., Karapinar-Çarkit, F., Dekker, J., Klunder, J. L., Liem, S.-S., Moons, A. H. M., Peters, R. J. G., & Scholte Op Reimer, W. J. M. (2021). The nurse-coordinated cardiac care bridge transitional care programme: a randomised clinical trial. *Age and Ageing*, *50*(6), 2105–2115. <https://doi.org/10.1093/ageing/afab146>
- Jiménez-Reguera, B., López, E. M., Fitch, S., Juarros, L., Cortés, M. S., Hermosa, J. L. R., Rubio, M. C., Criado, M. T. H., López, M., Angulo-Díaz-Parreño, S., Martín-Pintado-Zugasti, A., & Vilaró, J. (2020). Development and preliminary evaluation of the effects of an mHealth web-based platform (HappyAir) on adherence to a maintenance program after pulmonary rehabilitation in patients with chronic obstructive pulmonary disease: Randomized controlled trial. *JMIR MHealth and UHealth*, *8*(7). <https://doi.org/10.2196/18465>
- Johansen, H., Grøndahl, V. A., & Helgesen, A. K. (2022). Palliative care in home health care services and hospitals – the role of the resource nurse, a qualitative study. *BMC Palliative Care*, *21*(1), 1–9. <https://doi.org/10.1186/s12904-022-00956-x>
- Kruk, M. E., Gage, A. D., Arsenault, C., Jordan, K., Leslie, H. H., Roder-DeWan, S., Adeyi, O., Barker, P., Daelmans, B., Doubova, S. V., English, M., Elorrio, E. G., Guanais, F., Gureje, O., Hirschhorn, L. R., Jiang, L., Kelley, E., Lemango, E. T., Liljestrand, J., ... Pate, M. (2018). High-quality health systems in the Sustainable Development Goals era: time for a revolution. *The Lancet Global Health*, *6*(11), e1196–e1252. [https://doi.org/10.1016/S2214-109X\(18\)30386-3](https://doi.org/10.1016/S2214-109X(18)30386-3)

- Li, W., Islam, A., Johnson, K., Lauchande, P., Shang, X., & Xu, S. (2018). Understanding inter-organizational trust among integrated care service provider networks: A perspective on organizational asymmetries. *Health Policy*, 122(12), 1356–1363. <https://doi.org/https://doi.org/10.1016/j.healthpol.2018.09.003>
- Matheson, A., O'Brien, L., & Reid, J. A. (2019). Women's experience of shiftwork in nursing whilst caring for children: A juggling act. *Journal of Clinical Nursing*, 28(21–22), 3817–3826. <https://doi.org/10.1111/jocn.15017>
- Peters, M. D. J., Marnie, C., Tricco, A. C., Pollock, D., Munn, Z., Alexander, L., McInerney, P., Godfrey, C. M., & Khalil, H. (2020). Updated methodological guidance for the conduct of scoping reviews. *JBI Evidence Synthesis*, 18(10). https://journals.lww.com/jbisrir/Fulltext/2020/10000/Updated_methodological_guidance_for_the_conduct_of.4.aspx
- Reid, R., Escott, P., & Isobel, S. (2018). Collaboration as a process and an outcome: Consumer experiences of collaborating with nurses in care planning in an acute inpatient mental health unit. *INTERNATIONAL JOURNAL OF MENTAL HEALTH NURSING*, 27(4), 1204–1211. <https://doi.org/10.1111/inm.12463>
- van Doorne, I., Mokkenstorm, K., Willems, D. L., Buurman, B. M., & van Rijn, M. (2023). The perspectives of in-hospital healthcare professionals on the timing and collaboration in advance care planning: A survey study. *Heliyon*, 9(4), e14772. <https://doi.org/https://doi.org/10.1016/j.heliyon.2023.e14772>
- Verweij, L., Jepma, P., Buurman, B. M., Latour, C. H. M., Engelbert, R. H. H., Ter Riet, G., Karapinar-Çarkit, F., Daliri, S., Peters, R. J. G., & Scholte Op Reimer, W. J. M. (2018). The cardiac care bridge program: Design of a randomized trial of nurse-coordinated transitional care in older hospitalized cardiac patients at high risk of readmission and mortality. *BMC Health Services Research*, 18(1). <https://doi.org/10.1186/s12913-018-3301-9>
- Wan, C. S., Mitchell, J., & Maier, A. B. (2021). A Multidisciplinary, Community-Based Program to Reduce Unplanned Hospital Admissions. *Journal of the American Medical Directors Association*, 22(6), 1331.e1-1331.e9. <https://doi.org/https://doi.org/10.1016/j.jamda.2020.09.034>
- Warren, C., Medei, M. K., Wood, B., & Schutte, D. (2019). A Nurse-Driven Oral Care Protocol to Reduce Hospital-Acquired Pneumonia. *AJN The American Journal of Nursing*, 119(2). https://journals.lww.com/ajnonline/Fulltext/2019/02000/A_Nurse_Driven_Oral_Care_Protocol_to_Reduce.26.aspx
- Yen, K.-H., Hsu, C.-C., Yu, P.-C., Liu, H.-Y., Chen, Z.-J., Chen, Y.-W., Peng, L.-N., Lin, M.-H., & Chen, L.-K. (2021). Determinants of improved quality of life among older adults with multimorbidity receiving integrated outpatient services: A hospital-based retrospective cohort study. *Archives of Gerontology and Geriatrics*, 97, 104475. <https://doi.org/https://doi.org/10.1016/j.archger.2021.104475>