Advanced Nursing in High-Need Patient Management in Critical Settings

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Abstract:

Advanced nursing in high-need patient management within emergency settings plays a pivotal role in optimizing care for critically ill individuals. Emergency departments are often the first line of defense for patients facing life-threatening conditions, requiring nurses to possess a blend of clinical expertise, quick decision-making skills, and the ability to prioritize tasks in high-pressure environments. Advanced practice nurses, such as nurse practitioners and clinical nurse specialists, are equipped to assess, diagnose, and initiate treatment plans for complex cases, ensuring that patients receive timely interventions. Their extensive training enables them to collaborate effectively with interdisciplinary teams, facilitating coordinated efforts that improve patient outcomes and enhance the overall efficiency of emergency care. Moreover, the dynamic nature of emergency settings demands that advanced practice nurses are not only proficient in technical skills but also adept at providing emotional support to patients and their families. High-need patients often present with a myriad of challenges, including acute medical conditions, psychological distress, and social complexities. Advanced nursing care in these situations encompasses holistic approaches that address both the physiological and psychosocial aspects of patient care. By leveraging evidence-based practices and innovative strategies, advanced nurses are crucial in triaging patients appropriately, managing complex conditions, and navigating healthcare systems efficiently, ultimately fostering an environment where high-risk patients receive the comprehensive care they require.

Keywords: Critical Care Nursing, Complex Patient Care, Intensive Monitoring, Advanced Life Support, Multidisciplinary Teams, Comorbidities, Evidence-Based Practices, Patient Advocacy

Introduction:

The landscape of healthcare is undeniably evolving, marked by increasing complexities in patient care, advances in medical technology, and a growing demand for specialized skills among healthcare professionals. In this dynamic milieu, the role of advanced nursing positions itself as a cornerstone in the management of high-need patients, particularly within emergency settings [1]. These environments,

characterized by their unpredictable nature and the immediate necessity for clinical interventions, often present an intricate tapestry of challenges that require not only acute medical expertise but also comprehensive, patient-centered approaches. When faced with critically ill patients or those with multifaceted needs, the skills and knowledge of advanced practice nurses (APNs) are paramount, as

they bridge the gap between immediate medical interventions and holistic patient management [2].

Emergency departments (EDs) serve as both a first point of contact and a critical juncture in the healthcare continuum for patients experiencing acute health crises. These settings are often inundated with high volumes of patients, many of whom present with complex comorbidities, mental health issues, and socio-economic challenges that further complicate their medical conditions [3]. In this context, APNs, equipped with advanced training in assessment, diagnosis, and treatment modalities, play an essential role in ensuring that the healthcare delivery is not only efficient but also responsive to the unique needs of each patient. The integration of nurses with advanced education and clinical expertise into emergency care teams catalyzes innovation in practice, promotes interdisciplinary collaboration, and enhances patient outcomes [4].

Moreover, the demands placed upon the healthcare system by high-need patients necessitate an adaptable and versatile nursing workforce that can swiftly respond to changing circumstances while maintaining high standards of care. Advanced practice nurses are uniquely positioned to fulfill this role. Their advanced clinical competencies, combined with a deep understanding of healthcare systems and patient advocacy, empower them to lead in initiatives aimed at improving care delivery in emergency settings. They not only provide critical care but also engage in complex decision-making processes, initiate evidence-based practices, and contribute to the development of protocols that enhance patient safety and quality of care [5].

An essential aspect of advanced nursing in emergency settings is the emphasis on holistic assessment and management of patients. This approach transcends immediate medical needs, encompassing psychological support, social factors, and the cultural context of patients' lives. Advanced practice nurses employ their skills to conduct comprehensive assessments that identify not just the presenting symptoms but also underlying issues that may require intervention. Moreover, the role of advanced nursing extends beyond individual patient encounters; it encompasses broader initiatives to address population health trends and to devise strategies aimed at reducing emergency department

visits, thereby contributing to the sustainability of healthcare resources [6].

Complex patient care typically involves several key components, which together foster a comprehensive and cohesive treatment plan. Understanding these elements is essential for developing effective strategies aimed at improving health outcomes for this population [7, 8].

Multidisciplinary Team Collaboration: A cornerstone of complex patient care is the collaboration among healthcare professionals from diverse disciplines, including physicians, nurses, social workers, pharmacists, and mental health specialists. This collaborative approach ensures that all aspects of a patient's health are addressed comprehensively, thus facilitating more effective treatment outcomes [9].

Patient-Centered Care: At the heart of complex patient care is the recognition that patients are not merely recipients of medical interventions; they are active participants in their care. A patient-centered approach emphasizes shared decision-making, considers the patient's preferences, values, and experiences, and aligns treatment plans with the patient's life context [10].

care Coordination: Given the often fragmented nature of healthcare systems, effective care coordination is critical for complex patient populations. This involves the organization of patient care activities across various providers to ensure that all healthcare services are delivered seamlessly. Care coordinators serve as liaisons who facilitate communication among providers while advocating for the needs of the patient [11].

Comprehensive Needs Assessment: Addressing the complexities of patient care necessitates a thorough assessment of the patient's medical history, current health status, psychosocial factors, and environmental influences. This comprehensive evaluation lays the groundwork for identifying potential barriers to care and tailoring interventions accordingly [12].

The recognition and implementation of complex patient care have far-reaching implications for healthcare providers, patients, and the broader Letters in High Energy Physics ISSN: 2632-2714

healthcare system. For healthcare providers, an understanding of complex patient care requires ongoing education and training to navigate the intricacies of managing multifactorial health issues. Providers must develop competencies in communication, teamwork, cultural competency, and behavioral health strategies to effectively address the diverse needs of their patients [13].

For patients, complex care can lead to improved health outcomes, enhanced patient satisfaction, and better management of chronic conditions. When patients receive coordinated, patient-centered care, they are more likely to engage actively in their treatment plans, set achievable health goals, and maintain adherence to prescribed regimens. This can ultimately lead to a higher quality of life and reduced healthcare costs over time [14].

At a systemic level, a focus on complex patient care can lead to innovative healthcare delivery models that promote efficiency, reduce redundancy, and improve accessibility. Value-based care paradigms that emphasize outcomes over volume can be particularly beneficial in managing complex patient populations. Additionally, health information technology solutions, such as electronic health records and telemedicine, can facilitate improved communication, streamline care coordination, and increase access to specialized services [15].

Nursing Roles in Critical Care:

Critical care nursing is a specialized field of nursing that involves the care of patients with life-threatening conditions, often requiring comprehensive monitoring and intervention. The role of a critical care nurse is inherently demanding, requiring a unique set of skills and competencies to manage complex scenarios in high-stakes environments, such as intensive care units (ICUs) or emergency departments. [16]

Patient Assessment and Monitoring

At the core of a critical care nurse's role is the continuous assessment and monitoring of patients. This involves not only observing vital signs but also interpreting a plethora of diagnostic information such as laboratory results, imaging studies, and hemodynamic data. Critical care nurses utilize state-

of-the-art monitoring equipment, such as cardiac monitors and ventilators, to track physiological changes and identify potential complications early. These assessments contribute to timely and individualized care plans tailored to the specific needs of each patient [17].

Collaboration and Communication

Critical care nurses function within multidisciplinary team comprising physicians, respiratory therapists, pharmacists, and other healthcare professionals. Effective communication is paramount in this environment; critical care nurses often serve as the linchpin for information exchange among team members. They must accurately relay clinical observations, advocate for their patients, and contribute to discussions regarding treatment strategies, all while ensuring that information is conveyed clearly appropriately to patients' families [18].

Implementing Interventions

Once assessments are complete and care plans developed, the role of a critical care nurse shifts to executing specific nursing interventions. This may include administering medications, performing wound care, managing ventilator settings, or initiating advanced life support protocols. Critical care nurses must be adept in these procedures, often requiring a high level of technical skill and precision. Furthermore, they must constantly evaluate the effectiveness of their interventions and make necessary adjustments, often under extreme pressure [19].

Education and Support

Beyond direct patient care, critical care nurses also have the responsibility of educating patients and their families. This includes explaining complex medical situations, treatment options, and potential prognoses. Providing emotional support during highly stressful situations is equally important, as families often grapple with uncertainty and fear regarding their loved ones' health. A compassionate approach not only motivates patients but can also foster compliance and trust [20].

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Essential Skills and Competencies

Critical Thinking and Decision-Making

Critical care nurses operate within a landscape characterized by rapid changes and unforeseen developments. As such, critical thinking is an essential competency. These nurses must analyze complex data, assess changing patient conditions, and make quick, evidence-based decisions. The ability to think critically is further enhanced by familiarity with current medical guidelines and best practices, allowing for swift application of the latest evidence in high-pressure situations [21].

Technical Proficiency

In a technologically advanced environment, critical care nurses require substantial technical skills related to medical devices and equipment. This encompasses operating and troubleshooting ventilators, infusion pumps, and monitoring systems, among others. Proficiency in these technologies is crucial for managing severe conditions, as malfunction or misuse of equipment can lead to dire consequences [22].

Emotional Resilience and Stress Management

Working in critical care can be emotionally taxing due to the gravity of patients' conditions and the potential for loss. Therefore, emotional resilience is vital. Critical care nurses must develop coping mechanisms to manage stress effectively and maintain a professional demeanor under pressure. Skills such as mindfulness, self-reflection, and ongoing professional development can enhance emotional well-being and resilience [23].

Leadership and Advocacy

Critical care nurses often find themselves in positions where leadership and advocacy are crucial. They must advocate for their patients' best interests, ensuring that their needs and preferences are respected in care decisions. Leadership also involves mentoring and guiding less experienced colleagues while fostering a collaborative team environment. The ability to inspire and lead a team in high-stress situations can significantly impact patient outcomes and team dynamics [24].

Cultural Competency

While critical care nurses deal primarily with medical conditions, understanding the cultural contexts of patients and their families can significantly affect care quality. Cultural competency encompasses awareness of diverse cultural practices and beliefs, enabling nurses to deliver holistic care that respects each patient's values and preferences. This sensitivity can enhance communication, reduce misunderstandings, and create a more supportive healing environment [25].

Patient-Centered Care in Critical Settings:

Patient-centered care (PCC) is a model of healthcare delivery that emphasizes the importance of meeting the individual needs of patients, encompassing not just their physical health but their emotional, social, and psychological well-being as well. This approach is particularly crucial in critical care settings, where patients often present complex health challenges, requiring not only advanced medical interventions but also an understanding of the patient's unique context and preferences. Nurses, who are typically the most consistently present members of the healthcare team, play a pivotal role in providing holistic and individualized care [26].

To effectively implement patient-centered care, it is essential to define what this entails. Patient-centered care is characterized by respect for patients' preferences, needs, and values; the emotional support required by patients and their families; information sharing; involvement of family and friends; continuity and transition in care; and ensuring the physical comfort of patients. In critical care environments, where patients may be unable to advocate for themselves due to their medical conditions, these components become even more vital [27].

Nurses in critical care settings are often on the front lines, providing direct care, monitoring patient status, and communicating with both the medical team and the patients' families. Their unique position enables them to observe the nuances of patients' care needs that may not be as apparent to physicians or other healthcare professionals. Nurses are in a prime position to advocate for their patients, ensuring that care is tailored to fit the individual

patient's circumstances, values, and preferences [28].

Strategies for Holistic and Individualized Care

1. Comprehensive Assessment

The first step in delivering patient-centered care is conducting a thorough and holistic assessment of the patient. This involves more than just understanding the medical diagnosis; it requires evaluating the patients' psychological, social, and spiritual needs. Nurses can achieve this through structured assessments combined with their observational skills. Asking open-ended questions can encourage patients and families to share insights about their values, goals, and fears, fostering a more comprehensive understanding of the patient's condition [29].

2. Effective Communication

Communication is fundamental in critical care settings. Nurses must foster an environment where patients and their families feel comfortable expressing their concerns and preferences. This can be enhanced by employing active listening techniques, providing clear and transparent information about the patient's condition, treatment options, and possible outcomes. By using plain language and avoiding medical jargon, nurses can help families better understand what is happening, thus enabling them to make informed decisions about care [30].

3. Interdisciplinary Collaboration

Given the complexity of care in critical settings, nurses must work collaboratively with a multidisciplinary team. By facilitating discussions between physicians, social workers, pharmacists, dieticians, and spiritual care providers, nurses can ensure that all aspects of the patient's needs are addressed. This collaborative approach encourages the integration of different perspectives and expertise, ultimately leading to more comprehensive and effective care plans [31].

4. Advocacy and Empowerment

Nurses are in a unique position to advocate for their patients. This involves not only voicing the preferences and needs of the patients to the medical team but also empowering patients and their families to participate in their care. Providing education about their conditions and involving them in care planning processes can help patients feel more empowered and less anxious, ultimately leading to better compliance and outcomes [32].

5. Cultural Competence

In today's increasingly diverse society, cultural competence is vital. Nurses must be aware of the cultural and ethnic backgrounds of their patients to provide care that respects and aligns with those beliefs. This includes understanding dietary restrictions, religious practices, and family dynamics. By engaging in cultural sensitivity training and seeking to learn about patients' backgrounds, nurses can provide care that honors the diversity of experiences and values [33].

6. Palliative and Comfort Care Integration

In critical care settings, the focus is often on lifesaving interventions. However, for patients with terminal conditions, effective palliative care is crucial. Nurses should be equipped to assess when a shift in care goals is needed and to introduce palliative measures that prioritize the quality of life. This includes pain management, emotional support, and helping families navigate end-of-life decisions. Encouraging open conversations about advanced care plans and preferences is imperative to ensure that patients receive the care they desire [34].

7. Emotional and Psychological Support

Nurses should prioritize the emotional and psychological well-being of patients and their families. This can be accomplished through compassionate presence, empathy, and support. Providing resources such as mental health referrals, family support groups, and chaplain services can also play a significant role in addressing the emotional needs of patients in critical settings [35].

Plans

8. Continuous Feedback and Adjustment of Care

Patient-centered care is not static; it requires ongoing evaluation and adjustment of care plans based on patient feedback and evolving needs. Nurses should encourage ongoing dialogue with patients and their families, seeking input about their satisfaction with care, comfort levels, and any changes they would like to advocate for. This feedback loop can facilitate dynamic care that continually aligns with the patient's preferences and circumstances [36].

Technology in Critical Care Nursing:

The field of critical care nursing has undergone significant transformation over the past few decades, driven largely by technological advances in medical equipment, monitoring systems, and communication tools. These innovations not only augment nursing practices but also fundamentally alter the landscape of patient care in intensive care units (ICUs) [23].

Central to the evolution of critical care nursing is the advent of advanced monitoring systems. Historically, nurses relied on manual assessments and basic monitoring techniques to evaluate patient vitals. However, the introduction of sophisticated hospital monitoring systems has revolutionized this approach. Modern ICUs are equipped with multiparameter monitors capable of continuously tracking physiological metrics such as heart rate, blood pressure, body temperature, respiratory rate, and oxygen saturation in real time. These devices often incorporate advanced algorithms to detect abnormal patterns, thereby alerting nursing staff to potential deterioration before it becomes critical [37].

Moreover, the integration of telemetry and wireless monitoring systems has further enhanced patient surveillance. Nurses can now monitor multiple patients simultaneously from a central station, facilitating a more agile response to changes in patient conditions. With faster access to crucial information, nurses are better equipped to make informed decisions regarding patient care, ultimately leading to improved clinical outcomes [38].

In response to the growing challenges of accessibility and resource utilization in healthcare systems, telemedicine has emerged as a valuable tool in critical care nursing. Tele-ICUs, for instance, allow for remote monitoring and consultation by critical care specialists who may be located miles away from the patient. This model not only optimizes the expertise available to patients but also alleviates the burden on nursing staff in busy ICUs [39].

The use of telemedicine enables expedited interventions, particularly in emergency situations where every second counts. Nurses and other healthcare professionals can collaborate with remote physicians through video conferencing, ensuring that patients receive timely medical evaluation and treatment recommendations. Telehealth also provides ancillary resources and knowledge support to bedside nurses, enhancing their ability to deliver high-quality care. This approach is especially crucial in rural or underserved areas where specialist availability may be limited, thereby improving outcomes for critically ill patients in diverse healthcare settings [34].

The implementation of Electronic Health Records (EHRs) has transformed documentation practices in critical care nursing. EHR systems streamline the storage and retrieval of patient data, replacing cumbersome paper records with efficient digital platforms. These systems allow for real-time data entry, ensuring that critical information concerning medications, vital signs, and treatment plans is immediately accessible to all members of the healthcare team [40].

One of the primary advantages of EHRs is their ability to facilitate interprofessional collaboration. Nurses have immediate access to comprehensive patient histories, lab results, and diagnostic imaging, which fosters effective communication among team members. Enhanced data sharing minimizes the risk of errors, improves continuity of care, and contributes to better-informed clinical decisions. Additionally, EHRs can support clinical decision-making through built-in reminders for medication administration, risk assessments, and patient safety alerts — all crucial components in high-stakes environments such as ICUs [17].

The integration of cutting-edge therapeutic technologies is yet another facet of technological advancement in critical care nursing. Devices such as mechanical ventilators, infusion pumps, and dialysis machines have become essential in supporting patients with complex medical needs. Advanced ventilator technology, for example, not only assists patients in breathing but also incorporates modes that allow for automatic adjustments based on real-time respiratory assessments. This capability permits nurses to fine-tune patient management without constant manual intervention, optimizing patient care while reducing fatigue and workload [41].

Moreover, innovations in mobile health (mHealth) applications are providing nurses with new avenues to enhance self-management and patient education. Through mobile platforms, nurses can deliver information about medication management, postoperative care, and lifestyle modifications directly to patients and their families, empowering them to participate actively in their treatment plans. Such engagement is particularly beneficial in critical settings, where patients' families often play an essential role in supporting recovery and adherence to care regimens [42].

While the role of technology in critical care nursing is predominantly positive, its integration is not without challenges. The reliance on technology raises concerns regarding data security and privacy. As patient information becomes digitized and transmitted electronically, the risk of cyberattacks and data breaches increases, necessitating stringent security measures to protect sensitive health information [43].

Additionally, the increasing complexity of technology requires continuous training and education for nursing staff to ensure proficiency and confidence in its use. Ongoing professional development is critical to prevent errors associated with technological misuse or misunderstanding. Furthermore, technology should enhance, not replace, the essential human elements of nursing. The balance of compassion, critical thinking, and interpersonal communication must remain at the forefront of nursing practice, even as technology plays a pivotal role in care delivery [44].

Ethical Considerations:

Ethics in nursing is grounded in the principles of autonomy, beneficence, non-maleficence, and justice. Autonomy entails respecting the patient's right to make informed decisions about their own care, which can be particularly challenging in a critical care setting where patients may be incapacitated or unable to communicate. Beneficence and non-maleficence require healthcare professionals to act in the best interests of the patient while minimizing harm. Justice relates to the fair distribution of healthcare resources and the treatment of patients without discrimination [45].

In critical care, the application of these principles can often conflict, creating ethical dilemmas. For instance, a nurse may face a situation where the patient's wishes are unclear, and the treatment prescribed may lead to more suffering than perceived benefits, raising questions about the ethical justification of such interventions [46].

One of the most significant ethical challenges in critical care nursing is the issue of informed consent. Patients in critical conditions may be unable to participate in decision-making due to their medical state, cognitive impairment, or sedation. In these instances, the responsibility often shifts to family members or surrogate decision-makers. However, this shift raises crucial ethical questions regarding the accuracy of the surrogate's understanding of the patient's values and preferences [47].

Nurses must advocate for a collaborative approach to decision-making, ensuring that family members are educated and supported in their roles. It is essential for critical care nurses to facilitate discussions that allow families to express their perceptions of the patient's wishes, combined with a thorough understanding of the medical realities at hand. In situations where the patient has previously documented their wishes through advance directives or living wills, nurses must be vigilant in upholding these legal instruments while navigating any potential conflicts [48].

Justice in healthcare often becomes a focal point in critical care settings, where resources are limited, and demand can outweigh supply. Ethical dilemmas frequently arise around the allocation of critical resources, such as ventilators, intensive monitoring, and medications. During crises, such as pandemics, nurses may find themselves in positions where they need to prioritize care, which involves difficult moral judgments about who receives certain scarce treatments [43].

The ethical principle of justice compels nurses to advocate for equitable distribution of resources while also considering the individual patient needs. This stance may require balancing the potential benefits of treatment with the reality of successful outcomes, frailty, and surgical or medical candidacy. In some scenarios, a nurse may advocate for a patient who they believe warrants life-saving treatment, even when institutional protocols suggest otherwise [46].

Life-sustaining interventions are a consistent ethical challenge in critical care nursing. While such technologies can prolong life, they can also lead to suffering and may not align with the patient's wishes regarding quality of life. Nurses are often in the unique position of observing the direct effects of interventions on patients and must navigate family desires for continued treatment alongside the reality of a diminishing quality of life [49].

In such cases, nurses may find themselves advocating for palliative care options, ensuring that a patient's dignity is preserved in the face of terminal conditions or poor prognosis. Conversations about transitioning from curative to palliative care are sensitive and require strong communication skills and ethical reasoning. Furthermore, nurses have the responsibility to support families as they grapple with these decisions and the emotional aftermath that follows [49].

Conclusion:

Critical care nursing is a demanding yet rewarding specialty that requires a unique blend of clinical expertise, emotional intelligence, and unwavering dedication. As healthcare systems evolve and patient acuity increases, critical care nurses play a pivotal role in providing optimal care to the most vulnerable patient populations. This review has highlighted the multifaceted nature of critical care nursing, encompassing complex patient assessment,

advanced technological interventions, and compassionate family support.

To excel in this demanding field, critical care nurses must continually strive for excellence through ongoing education, evidence-based practice, and interdisciplinary collaboration. By fostering strong relationships with healthcare providers from various disciplines, critical care nurses can optimize patient outcomes and improve the overall quality of care.

Future research should focus on exploring innovative strategies to alleviate the physical and emotional burden of critical care nursing, such as implementing effective staffing models, promoting work-life balance, and providing comprehensive mental health support. Additionally, further investigation into the impact of emerging technologies on critical care nursing practice is warranted to ensure that nurses are equipped with the necessary skills to navigate the evolving healthcare landscape.

References:

- 1- Fortin M, Chouinard MC, Bouhali T, Dubois MF, Gagnon C, Belanger M. Evaluating the integration of chronic disease prevention and management services into primary health care. BMC Health Serv Res. 2013; 13: 132. DOI: 10.1186/1472-6963-13-
- 2- Barnett K, Mercer S, Norbury M, Norbury M, Watt G, Wyke S, Guthrie B. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. The Lancet. 2012; 380(9836): 37–43. DOI: 10.1016/S0140-6736(12)60240-
- 3- World Health Organization. Global status report on noncommunicable diseases. Switzerland: WHO; 2014. [cited 2019 Dec 12]. Available
 - from: https://apps.who.int/iris/bitstream/handle/10665/148114/9789241564854 eng.pdf;jsessionid=6C2829D82B05D70BAA05D9812A4CB41A?sequence=1.
- 4- van der Wees PJ, Wammes JJ, Westert GP, Jeurissen PP. The Relationship Between the Scope of Essential Health Benefits and Statutory Financing: An International Comparison Across Eight European Countries. International Journal of Health Policy and

- Management. 2015; September 12; 5(1): 13–22. DOI: 10.15171/ijhpm.2015.166
- 5- Mastellos N, Gunn L, Harris M, Majeed A, Car J, Pappas Y. Assessing patients' experience of integrated care: a survey of patient views in the North West London Integrated Care Pilot. International Journal of Integrated Care. 2014; 14: e015. DOI: 10.5334/ijic.1453 [
- 6- World Health Organization. Integrated care models: an overview. Copenhagen, Denmark: WHO Regional Office for Europe. 2016. October. [cited 2019 Dec 12]. Available from: http://www.euro.who.int/ data/assets/pdf file/0005/322475/Integrated-care-models-overview.pdf. [Google Scholar]
- 7- Institute of Medicine (US) Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine. The Future of Nursing: Leading Change, Advancing Health. Washington, DC: National Academies Press (US); 2011. Available from: https://www.ncbi.nlm.nih.gov/books/N BK209880/.
- 8- .Bodenheimer T, Ghorob A, Willard-Grace R, Grumbach K. The 10 building blocks of high-performing primary care. Annals of Family Medicine. 2014; 12(2): 166–71. DOI: 10.1370/afm.1616
- 9- Kuluski K, Ho JW, Hans PK, Nelson M. Community Care for People with Complex Care Needs: Bridging the Gap between Health and Social Care. International Journal of Integrated Care. 2017; 17(4): 2. DOI: 10.5334/ijic.2944
- 10- McDonald KM, Schultz E, Albin L, Pineda N, Lonhart J, Sundaram V, Smith-Spangler C, Brustrom J, Malcolm E. Care Coordination Atlas Version 3 (Prepared by Stanford University under subcontract to Battelle on Contract No. 290-04-0020). AHRQ Publication No. 11-0023-EF. Rockville, MD: Agency for Healthcare Research and Quality. November 2010. [cited 2020 Jan 14]. Available
 - from: https://pcmh.ahrq.gov/sites/default/files/attachments/Care%20Coordination%20Measures%20Atlas.pdf.
- 11- .McDonald KM, Sundaram V, Bravata DM, et al. Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies

- (Vol. 7: Care Coordination). Rockville, MD: Agency for Healthcare Research and Quality (US); 2007. June. (Technical Reviews, No. 9.7.). [cited 2020 Jan 14]. Available from: https://www.ncbi.nlm.nih.gov/books/N BK44015/.
- 12- Ross S, Curry N, Goodwin N. Case management what it is and how it can be best implemented. UK: The King's Fund; 2011. [cited 2020, Sept 29]. Available from: https://www.kingsfund.org.uk/sites/default/files/Case-Management-paper-The-Kings-Fund-Paper-November-2011 0.pdf.
- 13- Valaitis RK, Carter N, Lam A, Nicholl J, Feather J, Cleghorn L. Implementation and maintenance of patient navigation programs linking primary care with community-based health and social services: a scoping literature review. BMC Health Services Research. 2017; 17(1): 116. DOI: 10.1186/s12913-017-2046-1
- 14- Joo JY, Liu MF. Effectiveness of Nurse-Led Case Management in Cancer Care: Systematic Review. Clinical Nursing Research. 2019;
 28(8): 968–91. DOI: 10.1177/1054773818773285 [
- 15- Lyon D, Miller J, Pine K. The Castlefields Integrated Care Model: The Evidence Summarised. Journal of Integrated Care. 2006; 14(1): 7–12. DOI: 10.1108/14769018200600003
- 16- Atherly A, Thorpe KE. Analysis of the treatment effect of Healthways' Medicare Health Support Phase 1 Pilot on Medicare costs. Population Health Management. 2011;
 14(Suppl 1): S23–8. DOI: 10.1089/pop.2010.0059
- 17- Marek KD, Adams SJ, Stetzer F, Popejoy L, Rantz M. The relationship of community-based nurse care coordination to costs in the Medicare and Medicaid programs. Research in Nursing & Health. 2010; 33(3): 235–42. DOI: 10.1002/nur.20378
- 18- Rantz MJ, Phillips L, Aud M, Popejoy L, Marek KD, Hicks LL, et al. Evaluation of aging in place model with home care services and registered nurse care coordination in senior housing. Nursing Outlook. 2011; 59(1): 37–46. DOI: 10.1016/j.outlook.2010.08.004
- 19- Laughlin CB, Beisel M. Evolution of the chronic care role of the registered nurse in

- primary care. Nursing Economics. 2010; 28(6): 409–14.
- 20- Coleman EA, Parry C, Chalmers S, Min S. The Care Transitions Intervention: Results of a Randomized Controlled Trial. Archives of Internal Medicine. 2006; 166(17): 1822–8. DOI: 10.1001/archinte.166.17.1822
- 21- Boyd CM, Boult C, Shadmi E, Leff B, Brager R, Dunbar L, et al. Guided care for multimorbid older adults. Gerontologist. 2007; 47(5): 697–704. DOI: 10.1093/geront/47.5.697 geront/47.5.697
- 22- Coburn KD, Marcantonio S, Lazansky R, Keller M, Davis N. Effect of a community-based nursing intervention on mortality in chronically ill older adults: A randomized controlled trial. PLoS Medicine. 2012; 9(7). DOI: 10.1371/journal.pmed.1001265
- 23- American Nurses Association. Position statements: Care Coordination and Registered Nurses' Essential Role. June 2012. [cited 2020 Jan 14]. Available from: https://www.nursingworld.org/~4afbf2/globalassets/practiceandpolicy/health-policy/cnpe-care-coord-position-statement-final--draft-6-12-2012.pdf.
- 24- Arksey H, O'Malley L. Scoping studies: towards a methodological framework. International Journal of Social Research Methodology. 2005; 8(1). DOI: 10.1080/1364557032000119616 [DOI] [Google Scholar]
- 25- 39.Levac D, Colquhoun H, O'Brien KK. Scoping studies: advancing the methodology. Implementation Science. 2010; 5: 69. DOI: 10.1186/1748-5908-5-69
- 26- Garcia ME, Uratsu CS, Sandoval-Perry J, Grant RW. Which Complex Patients Should Be Referred for Intensive Care Management? A Mixed-Methods Analysis. Journal of General Internal Medicine. 2018; 33(9): 1454– 60. DOI: 10.1007/s11606-018-4488-5
- 27- Fereday J, Muir-Cochrane E. Demonstrating Rigor Using Thematic Analysis: A Hybrid Approach of Inductive and Deductive Coding and Theme Development. International Journal of Qualitative Methods. 2006; 5(1): 80–92. DOI: 10.1177/160940690600500107
- 28- Aragonès E, Lluís Piñol J, Caballero A, López-Cortacans G, Casaus P, Maria Hernández J, et al. Effectiveness of a multi-component

- programme for managing depression in primary care: A cluster randomized trial. The INDI project. Journal of Affective Disorders. 2012; 142(1–3): 297–305. DOI: 10.1016/j.jad.2012.05.020
- 29- Berra K, Ma J, Klieman L, Hyde S, Monti V, Guardado A, et al. Implementing cardiac riskfactor case management: Lessons learned in a county health system. Critical Pathways in Cardiology. 2007; 6(4): 173–9. DOI: 10.1097/HPC.0b013e31815b5609
- 30- Hudon C, Chouinard MC, Diadiou F, Lambert M, Bouliane D. Case management in primary care for frequent users of health care services with chronic diseases: A qualitative study of patient and family experience. Annals of Family Medicine. 2015; 13(6): 523–8. DOI: 10.1370/afm.1867
- 31- Jansen APD, van Hout HPJ, Nijpels G, Rijmen F, Dröes RM, Pot AM, et al. Effectiveness of case management among older adults with early symptoms of dementia and their primary informal caregivers: A randomized clinical trial. International Journal of Nursing Studies. 2011; 48(8): 933–43. DOI: 10.1016/j.ijnurstu.2011.02.004
- 32- Newcomer R, Maravilla V, Faculjak P, Graves MT. Outcomes of preventive case management among high-risk elderly in three medical groups: A randomized clinical trial. Evaluation and the Health Professions. 2004; 27(4): 323–48. DOI: 10.1177/0163278704270011
- 33- Schraeder C, Fraser CW, Clark I, Long B, Shelton P, Waldschmidt V, et al. Evaluation of a primary care nurse case management intervention for chronically ill community dwelling older people. Journal of Clinical Nursing. 2008; 17(11C): 407–17. DOI: 10.1111/j.1365-2702.2008.02578.x
- 34- Metzelthin SF, Daniels R, Ev Rossum, Cox K, Habets H, de Witte LP, et al. A nurse-led interdisciplinary primary care approach to prevent disability among community-dwelling frail older people: A large-scale process evaluation. International Journal of Nursing Studies. 2013; 50(9): 1184–96. DOI: 10.1016/j.ijnurstu.2012.12.016
- 35- Katon W, Russo J, Lin EHB, Schmittdiel J, Ciechanowski P, Ludman E, et al. Costeffectiveness of a multicondition collaborative care intervention. Archives of General

- Psychiatry. 2012; 69(5): 506–14. DOI: 10.1001/archgenpsychiatry.2011.1548
- 36- Trehearne B, Fishman P, Lin EHB. Role of the Nurse in Chronic Illness Management: Making The Medical Home More Effective. Nursing Economics. 2014; 32(4): 178–84
- 37- Mastal MF, Reardon ME, English M. Innovations in disability care coordination organizations: integrating primary care and behavioral health clinical systems. Professional Case Management. 2007; 12(1): 27–36. DOI: 10.1097/01269241-200701000-00007
- 38- Thyrian JR, Hertel J, Wucherer D, Eichler T, Michalowsky B, Dreier-Wolfgramm A, et al. Effectiveness and safety of dementia care management in primary care: A randomized clinical trial. JAMA Psychiatry. 2017; 74(10): 996–1004. DOI: 10.1001/jamapsychiatry.2017.2124
- 39- Unützer J, Hantke M, Powers D, Higa L, Lin E, Vannoy SD, et al. Care management for depression and osteoarthritis pain in older primary care patients: a pilot study. International Journal of Geriatric Psychiatry. 2008; 23(11): 1166–71. DOI: 10.1002/gps.2048
- 40- Yuille L, Bryant-Lukosius D, Valaitis R, Dolovich L. Optimizing Registered Nurse Roles in the Delivery of Cancer Survivorship Care within Primary Care Settings. Nursing Leadership (Tor Ont). 2016; 29(4): 46–58. DOI: 10.12927/cjnl.2016.24984
- 41- Boult C, Reider L, Frey K, Leff B, Boyd CM, Wolff JL, et al. Early effects of "Guided Care" on the quality of health care for multimorbid older persons: a cluster-randomized controlled trial. The Journals of Gerontology. Series A, Biological Sciences and Medical Sciences. 2008; 63(3): 321–7. DOI: 10.1093/gerona/63.3.321
- 42- McNab J, Paterson J, Fernyhough J, Hughes R. Role of the GP liaison nurse in a community health program to improve integration and coordination of services for the chronically ill. Australian Journal of Primary Health. 2016; 22(2): 123–7. DOI: 10.1071/PY14089
- 43- Scrymgeour G, Forrest R, Marshall B. Implementing a continuity of cancer care nursing role into a New Zealand primary health organisation-The patient's perspective. Journal

- of Primary Health Care. 2013; 5(4): 322–9. DOI: 10.1071/HC13322
- 44- Spencer E. Management and Support of Uninsured Patients with Diabetes Type II within a Nurse Managed Clinic [dissertation]. Ann Arbor: University of Missouri - Saint Louis. 2019. [cited 2019 Dec 14]. Available from: https://irl.umsl.edu/dissertation/858/.
- 45- Bleijenberg N, Drubbel I, Schuurmans MJ, Dam HT, Zuithoff NPA, Numans ME, et al. Effectiveness of a Proactive Primary Care Program on Preserving Daily Functioning of Older People: A Cluster Randomized Controlled Trial. Journal of the American Geriatrics Society. 2016; 64(9): 1779–88. DOI: 10.1111/jgs.14325
- 46- Mastal MF, Reardon ME. Innovations in disability care coordination organizations: integrating primary care and behavioral health clinical systems. Professional Case Management. 2007; 12(1): 27–36. DOI: 10.1097/01269241-200701000-00007
- 47- Finset A. Patient Participation, Engagement and Activation: Increased emphasis on the role of patients in healthcare. Patient Education and Counseling. 2017; 100(7): 1245–6. DOI: 10.1016/j.pec.2017.05.011
- 48- Hibbard JH, Stockard J, Mahoney ER, Tusler M. Development of the Patient Activation Measure (PAM): conceptualizing and measuring activation in patients and consumers. Health Services Research. 2004; 39(4 Pt 1): 1005–26. DOI: 10.1111/j.1475-6773.2004.00269.x
- 49- Popejoy LL, Jaddoo J, Sherman J, Howk C, Nguyen R, Parker JC. Monitoring resource utilization in a health care coordination program. Professional Case Management. 2015; 20(6): 310–20. DOI: 10.1097/NCM.0000000000000120