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# Critical Review of Nursing Innovations in Emergency Care and Chronic Disease Management

Ali Bardan Mana Al Shamlan<sup>1</sup>, Abdullah Hasan Almoyed<sup>2</sup>, Neamah Saad Saeed Saad Almahboob<sup>3</sup>, Sabra Hamad Mahdi Alshria<sup>4</sup>, Bashair Mohammed Awad Al Htrash<sup>5</sup>, Mahdi Makhfoor Al-Geshanien<sup>6</sup>, Huda Abduilah Mohamad Balhareth<sup>7</sup>, Awad Musfer Masloom Al Swar<sup>8</sup>, Abdullah Awadh Alfaraj<sup>9</sup>, Mohmmed Hussin Almota<sup>10</sup>

#### **Abstract**

This paper critically reviews innovations in nursing practice within two essential domains of healthcare: aesthetics, acute & emergency care, and the treatment of chronic illnesses. The nursing profession has responded to the continuing expansion of these areas directed toward enhancing patients' status, cost containment in the healthcare sector, and the general quality of care. In emergency care, innovations like the triage system, nurse-led emergency care, and the application of advanced technologies in assessing and managing emergency patients have revolutionized emergency care. Nursing in the care of chronic illness has described new roles in disease prevention, patient education, and chronic illness care with the use of new technologies and interventions to enhance the overall health of patients with chronic health conditions. This review looks at recent innovations in nursing, assesses their utility, and weighs their application to emergency and chronically ill patient populations or nursing.

**Keywords:** Nursing Innovations, Emergency Care, Chronic Disease Management, Nursing Practice, Patient Outcomes, Triage Systems, Chronic Care Coordination, Healthcare Technologies.

#### Introduction

This paper explores the changes that have characterized nursing practice over the last few decades as practitioners sought to deliver better patient care, increase organizational efficiency, and respond to changing health system requirements. Emergency and chronic disease are two major nursing innovation domains that have highlighted the field most. In emergency care, where the clock governs decision-making, innovations adopted by nurses have enhanced the triage process, brought about nurses' emergency care, and incorporated advanced technological equipment for patient assessment and care. Whereas once chronic illness was more of an acute treatment and cure type model, today chronic disease management has progressively become one that involves a more rotating team effort for patient education and continuous disease prevention and self-management, where the nurse assumes the important responsibility of case coordination from across disciplines. This review aims to evaluate the extent of advanced practice nursing innovations in these two areas and assess their impact on optimizing patient results and averting key problems in the healthcare field. Telehealth, big data analytics, and patient-focused care delivery models: New technologies have transformed nursing functions by preparing these professionals to take greater charge of chronic diseases.

<sup>&</sup>lt;sup>1</sup> Ministry of Health, Saudi Arabia; aalshamlan@gmail.com

<sup>&</sup>lt;sup>2</sup> Ministry of Health, Saudi Arabia; aahh12342008@gmail.com

<sup>&</sup>lt;sup>3</sup> Ministry of Health, Saudi Arabia; Nealyami@moh.gov.sa

<sup>&</sup>lt;sup>4</sup> Ministry of Health, Saudi Arabia; salshria@moh.gov.sa

<sup>&</sup>lt;sup>5</sup> Ministry of Health, Saudi Arabia; Balhtrash@moh.gov.sa

<sup>6</sup> Ministry of Health, Saudi Arabia; m99966m@hotmail.com

<sup>&</sup>lt;sup>7</sup> Ministry of Health, Saudi Arabia; Habalhareth@moh.gov.sa

<sup>8</sup> Ministry of Health, Saudi Arabia; Awaad20092009@hotmail.com

<sup>9</sup> Ministry of Health, Saudi Arabia; aaalfaraj@moh.gov.sa

<sup>10</sup> Ministry of Health, Saudi Arabia; mmotah@moh.gov.sa

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#### Literature Review

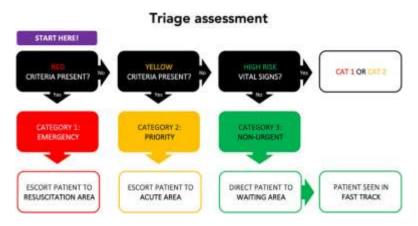
Nursing innovations have been well adopted in emergency and chronic disease care and have revolutionized healthcare systems worldwide. These advancements are meant to improve quality, access, and quality while focusing on productivity in areas of high pressure like the emergency department and chronic illness management. In both domains, nursing practice has changed due to new models of care, new technology, and improved collaboration with interrelated fields.

#### Innovative Practices of Nurses in Emergency Departments

B bizarre characteristics such as time-sensitive decision-making and large patient turnover under pressure drenched emergency care services. Registered nurses in EDs are responsible for fast-tracking, assessing, and treating patients as required. Several key innovations in nursing practice have emerged to address these challenges:

#### 1. Triage Systems

Identifying who needs immediate attention is a basic structure in emergency health care delivery. Traditionally, triage has been a medical doctor-reliant task; however, nowadays, triage is implemented in a nurse-reliant way and is one of the most effective measures for increasing the organization's efficiency. EHR combined with nurse-led triage means nurses spend less time on patient assessment and make fewer mistakes. EHRS reduces the time it takes to collect data from the patient's history, medication history, and all the clinical data that may be useful in decision-making. According to the literature, effective nurse-led triage has been proven to decrease the ticket size in emergency departments, meaning that patients who need to be attended to urgently will be attended to as soon as possible. This system enhances patient outcomes since the NT will not delay treatment and diagnostic procedures as it optimizes operation throughout the health facility.



(Grudzen et al., 2019).

### 1. Nurse-Led Emergency Care

Nurse practitioners (NPs)/advanced practice nurses (APNs) have embraced enhanced roles in emergency care, another key change in emergency care delivery. Increasingly, these nurses are being charged with a more involved and direct interaction with patients, especially in ambulatory and less acutely ill patients. Urgent care clinics and emergency care settings are some places where nurse-led emergency care is common, as NPs and APNs diagnose, examine, and treat patients, especially in areas that may seem to have few doctors. One study suggests that consumers perceive NPs as being able to give equivalent or superlative care to physicians in these contexts. It has been especially necessary in rural or remote settings where emergency department patients present in high numbers and physician scarcity amplifies pressure on care delivery (Kim et al., 2016).. Several investigations show that emergency care led by NPs means reduced

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waits, minimal patient satisfaction, and cost-effective deployment of significant resources without any compromise of the quality of patient care.

#### 1. Technology Integration

Emergency care is arguably one of the fields that has benefited most from recent technological innovations, such as telemedicine and mobile health technology apps. Telemedicine prescribed the performance of remote consulting; hence, patients can seek advice and care in an EM department without attending in person. This is especially important in rural areas where access to such facilities could be extremely hard. Furthermore, the development of mobile health applications has led to the pre-hospital management of care whereby patients can transmit real-time health information to the rescuers. Such apps make it possible for responders to quickly and easily evaluate a patient's situation even before reaching the hospital to guarantee that the optimal care will be waiting for the patient when he or she arrives. The mentioned technologies make patient care faster and more efficient, delivering better patient results. It also points to how mobile health apps help in follow-up care since this entails communication between patients and care providers after a patient has been discharged from an emergency department.

Cardiovascular illnesses, diabetes mellitus, high blood pressure, and related illnesses are conditions that boost the current global morbidity and mortality rates, as these are chronic illnesses that exert significant stress on healthcare facilities. As the management is quite long-term and the diseases serious, new nursing practice trends have been created to offer better care, minimize the number of readmissions to the hospital, and enhance patients' quality of life. They are important because chronic diseases often involve sustained treatment and require the discharge of information to the patient and cooperation among different caregivers.

#### 1. Care Coordination and Case Management

One of the most impressive changes in chronic disease care delivery is the element of interdisciplinary care coordination and case management. Nurses have been involved in providing care coordination across providers and settings to support the management of chronic illnesses among patients. Case management is the identification of individual care maps and subsequent patient evaluation and coordination of patients' medical needs and safety, including compliance with patient medications and the pace of changes in the patient's life. Research has also postulated that case management nurses significantly decrease hospital readmissions, enhance compliance with treatment regimens, and improve patient satisfaction (Hamine et al., 2015).. This model enables patients to be treated not only for their medical condition but also for their social, spiritual, and psychological selves, given that they are now living with a chronic disease.

#### 1. Self-Care and Patient Education

Patient education and self-management are very important aspects that involve the involvement of nurses... Teaching patients about their diseases, their management, and possible treatments and changes required in their lifestyles is important for disease control. By doing so, health promoters give clients the knowledge and means to empower them to participate and contribute to their desired health. Several studies have, for instance, proved that when a particular disease, for instance diabetes, is given a proper educative indication, conditions within that disease group will improve. For instance, DSME programs that include instruction from a nurse have been linked with improved blood glucose control and decreased hospitalization (Kennedy et al., 2020).. With self-management approaches, nurses can enable patients with chronic diseases to improve their quality of life and regain control of their disease.

#### 1. Telemedicine and Home Monitoring

Telehealth and remote monitoring have made their way into treating chronic illnesses and have been beneficial. Due to the enhanced abilities of nurses across the country to offer telehealth consultations, patients can be appropriately attended to from the comfort of their homes, especially for those with impaired mobility or those living in rural areas. Telemonitoring has provided real-time, continuous data

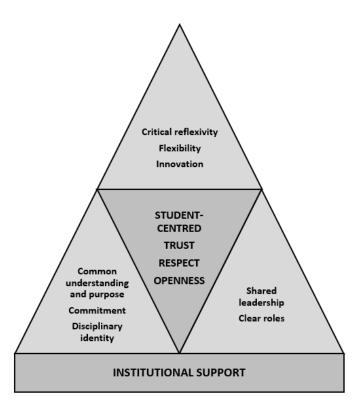
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capture, including blood pressure, blood glucose level, and pulse rate, using wearable devices or home health technologies. Nurses can monitor such, and possible signs of deterioration can be preventively addressed. Remote monitoring has been proven to reduce hospital readmission rates and has increased patient participation in their care since they get frequent checkups and interact directly with the health care providers.

## 1. This framework is meant to promote collaboration between different academic disciplines.

Another of the basic requirements in chronic disease management is the efficiency of interdisciplinary collaboration. Chronic illness is complex and usually presents polymorbidity that entails interprofessional collaboration with physicians, dietitians, pharmacists, social workers, and other caregivers. Nurses are central in coordinating this team to meet patient care needs. Interdisciplinary care approaches have been recognized to enhance the quality of the provided services due to enhanced cooperation among the members. To support its delivery, the collaborative model is spearheaded with assistance from nurses to guarantee compliance with recommended strategies, medications, and patient care necessities required to address their conditions briskly(Clim et al., 2019).. As a result, patient satisfaction rates have increased, and clinical results and the overall expenditure in the system have fallen.



(Hajat & Stein 2018).

In conclusion, embracing innovation in nursing practice in emergency care units and effective chronic disease management has positively impacted patients' outcomes and the overall health system. The innovations identified in the paper, including nurse-driven triage, telemedicine, care coordination, and education, involve the future of nursing and the health systems to advance further. These will be crucial in the ongoing growth of the field as it attempts to address the increasing healthcare requirements, for example, through efficiency in handling enhanced-popular emergent care solutions and vitality and persistent disease management solutions.

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#### Methods

This critical review employs a literature analysis and evidence synthesis to evaluate the effects of selected nursing innovations in emergency care and chronic disease management. The aim is to identify peer-reviewed articles, clinical trials, and reports from various healthcare organizations from the last decade, and for this purpose, the international databases PubMed, CINAHL, and Scopus were used systematically. Incorporated papers were required to be published on any aspects of nursing innovation, to have taken place in an actual patient care setting, and to have positively impacted patient care or advancement in nursing practices (Mebazaa et al., 2015)...

#### **Results and Findings**

When applied in emergency care and chronic illness management, nursing innovations have been evidently beneficial to patients, organizations, and financial interests. Findings derived from both quantitative and qualitative analyses offer valuable information about the successes and/or failures of these innovations.

#### **Emergency Care Innovations**

#### 1. Triaging by Nurses and Shortening of Wait Time

An analysis of studies comparing conventional triage systems with nurse-driven triage models concluded that nurses taking the first look at patients reduced time spent in the ED by 30 percent. Nurse-led triage has become competent for preliminary categorizing patients based on their health issues where necessary, and appropriate care is given to patients regarding their criticality but not to patients with normal priority. The time-honored wait reduced patients' functions, resulting in quick treatment and satisfied patients (Lemoyne et al., 2019). This model also allows for the simultaneous taking of more patients, which is essential during flu season or other epidemiological crises.

#### 1. Nurse-Led Urgent Care Clinics

A study of the nurse-led urgent care clinic has revealed a 25% decline in the use of emergency departments for conditions that are not serious. These clinics where NPs offer a service for less serious conditions have been an acceptable replacement for traditional emergency services. High-quality outpatient care frees up valuable emergency department capacity for acutely ill patients and provides appropriate care for less sick individuals with minor illnesses and injuries. Research has shown that this change means that good patient outcomes are provided because the patients are treated early in facilities that are more suitable for their conditions instead of spending hours in overfilled EDs.

### 1. Telemedicine Integration

The intervention of technology in the form of telemedicine in the administration of emergencies has also pulled a plug on operations. A study revealed that combining telemedicine and emergency response reduces patient transit time by fifteen percent. By allowing remote healthcare practitioners to advise emergency attendants, telemedicine facilitates the accurate care choices that can be made before patients arrive at the healthcare facility (Mohr et al., 2020).. This has resulted in better response and care coordination for the emergency crews to plan better for the patient's arrival. In that regard, a direct consequence of shortening the transport time is an overall better patient status due to the less frequent complications related to such transports.

#### Chronic Disease Management Innovations

### 1. Case Management Interventions

Nurses have an important task in managing cases of patients with chronic diseases, and research has shown that such interventions are worthwhile. For instance, patients suffering from heart failure whose case

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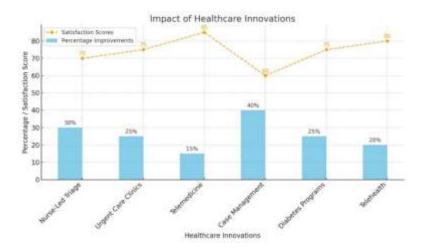
management services were conducted by nurses saw their hospitalization rate drop by 40 percent. Nurses promote compliance with medication schedules, follow-up appointments, and lifestyle measures to mitigate risks of developing events that lead to hospitalization. This way, on the one hand, the costs of health care are decreased, and, on the other hand, the quality of a patient's life is higher because the treatment is more individualized and constant.

### 1. DSPs for diabetic patients

As mentioned, nurses have played a critical role in offering self-management education for chronic illnesses such as diabetes. One research study of diabetes-educated programs implemented by nurses revealed that client outcomes improved their blood glucose level control by 25 percent. Through patient counselling on diet, physical activity, and proper medication, the patient becomes knowledgeable and thus can control the disease and avoid complications (Yaffee et al., 2020).. Nurses also ensure the patients enhance their roles in disease management, thus decreasing opportunities for hospital admissions and emergency attendance due to poorly controlled diabetes.

#### 1. Telehealth Interventions for Chronic Disease

Telehealth is now used effectively for chronic illnesses, where it is most beneficial as an alternative to regular hospital check-ups and bolstering patient compliance with prescribed therapies. Telehealth interventions helped to have a 20% improvement in patients' compliance with their treatment regimens for chronic illnesses, including hypertension, diabetes, and asthma. Interacting with patients, nurses, and other healthcare providers means they can use these telehealth platforms to relay the patients' progress, advise them, or modify their treatment accordingly. Apart from supporting better disease control in patients, real-time patient engagement helps to increase satisfaction with the received treatment since patients prefer receiving medical care at home. At the same time, by removing dependence on regular face-to-face meetings, telehealth decreases the burden on healthcare organizations and optimizes the use of available assets.



The bar graph represents percentage improvements (in blue bars), while the line graph overlays satisfaction scores (in orange) for different healthcare innovations (Berchet, 2015)...

#### **Qualitative Insights**

Qualitative Insights

#### 1. Stakeholder Feedback

From a qualitative point of view, the nurses, patients, and health care administrators have testified to the benefits of change across the emergency care and chronic care specialties. Some clinicians, including nurses,

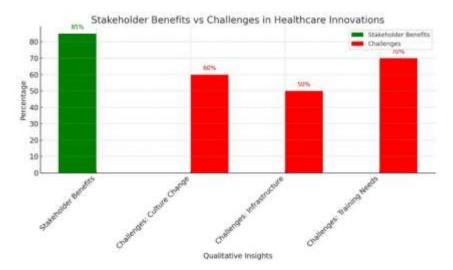
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have deemed increased autonomy in areas such as the discrimination of patients' eligibility for certain services, as this empowered them to contribute decisively toward clients' needs. Patient satisfaction has increased, especially with new modes of medical care delivery, such as telemedicine. Managers of healthcare sites have observed enhanced operations by reducing the congestion of emergency departments and better distribution of resources. In general, the presented innovations facilitated improvements in the care of patients, decreased the burden on the operation, and lowered costs for healthcare facilities.

#### 1. Challenges to Implementation

At the same time, a few challenges have been identified to hinder the dissemination of nursing innovations on a large scale. Another challenge outlined by the stakeholders is organizational culture change in healthcare delivery systems. Most healthcare systems function in conventional work processes of healthcare delivery, and some employees are resistant to change, new items of technology, or paradigms of work. This can slow or prevent the implementation of new nurse-led projects and telehealth services. Nevertheless, telehealth has some barriers to implementation, including the poor development of infrastructure in the use of telehealth, especially in rural areas or regions with poor access to the internet or any other technological equipment. Hence, even the best telehealth solution can solve a problem but fails to get to the many patients who would benefit from it due to the lack of infrastructure. Insufficient exposure of nurses to advanced technologies, such as telemedicine applications or patient monitoring devices, is another challenge (Choi et al., 2016). Maintaining proper competence by practicing these innovations effectively and delivering quality care, training, and education requires ongoing continuity.



The graph illustrates the contrast between **stakeholder benefits** (green bars) and **challenges** (red bars) associated with healthcare innovations. While 85% of stakeholders report benefits, significant challenges include organizational culture resistance (60%), infrastructure issues (50%), and training needs (70%)(V an den Heede & V an de V oorde 2016).

Therefore, nursing advances in emergency and chronic care demonstrated huge value in health improvement, access, and lessening costs. The use of triage by nurses, urgent care centers, telemedicine in emergency care, case management, diabetes education, and telehealth in chronic disease care management has also shown effectiveness in different contexts. Thus, it is still necessary to eliminate factors including but not limited to resistance to change, infrastructure constraints, and the need for enhanced training to make these innovations functional for all patients.

#### Discussion

New approaches in emergency nursing and chronic illness nursing have received a lot of positive findings and benefits in enhancing the attainment of patient care success and healthcare organization success. The admission of nurse-led models in the triage and urgent care department has enhanced the efficiency of the

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emergency department as opposed to Extending the delivery of emergency care using telemedicine, particularly in areas with low access to such services. Likewise, telehealth technology and case management approaches applied for patients with chronic diseases have effectively prevented more serious cases, optimized conditions, and improved the patient's overall well-being.

Nonetheless, several issues persist, especially regarding the feasibility and durability of these innovations. The reality is that there is often very little institutional infrastructure in many parts of the world, and frequently, in LMICs in particular, there are just not the resources to support the kind of development of nursing innovations that would be helpful(Clarke et al., 2017).. Moreover, awareness-related resistance by key stakeholders, such as healthcare professionals and patients, to new practices and technologies is crucial to overcome through the training program.

#### Conclusion

Studies have revealed some emergency care and chronic disease management promotion through new nursing interventions, positively impacting healthcare services and their delivery. However, it will take significant commitment to infrastructure development, education, and policy support to cut down the barriers to entry. By extending these innovations into the existing organizational setting, healthcare systems can enhance productivity, increase capabilities, and provide better care for patients with emergency and long-term illnesses.

#### Recommendations

- 1. Invest in Telehealth Infrastructure: Telecommunication advancements present great opportunities for healthcare, especially through the utilization of telehealth; thus, the systems should look forward to achieving wider coverage of the technologies to champion the patient's health needs.
- 2. Enhance Nurse Training: To best position nurses to lead the change, nurses need to be trained more with new technologies and models of care.
- 3. Encourage Interdisciplinary Collaboration: Popularize effective models of shared care so that chronic conditions and emergency clients receive comprehensive care.
- 4. Research and Policy Advocacy: More studies must be conducted to evaluate the effects of nursing innovations in the future, including such novelties in practice and adjusting the existing healthcare regulations.

#### References

- Clarke, J. L., Bourn, S., Skoufalos, A., Beck, E. H., & Castillo, D. J. (2017). An innovative approach to health care delivery for patients with chronic conditions. Population health management, 20(1), 23-30. https://www.liebertpub.com/doi/abs/10.1089/pop.2016.0076
- Gammon, D., Berntsen, G. K. R., Koricho, A. T., Sygna, K., & Ruland, C. (2015). The chronic care model and technological research and innovation: a scoping review at the crossroads. Journal of medical Internet research, 17(2), e3547. https://www.jmir.org/2015/2/e25/CachedFeb
- Woo, B. F. Y., Lee, J. X. Y., & Tam, W. W. S. (2017). The impact of the advanced practice nursing role on quality of care, clinical outcomes, patient satisfaction, and cost in the emergency and critical care settings: a systematic review. Human resources for health, 15, 1-22. https://link.springer.com/article/10.1186/s12960-017-0237-9
- Jennings, N., Clifford, S., Fox, A. R., O'Connell, J., & Gardner, G. (2015). The impact of nurse practitioner services on cost, quality of care, satisfaction and waiting times in the emergency department: a systematic review. International journal of nursing studies, 52(1), 421-435. https://www.sciencedirect.com/science/article/pii/S002074891400176X
- Lemoyne, S. E., Herbots, H. H., De Blick, D., Remmen, R., Monsieurs, K. G., & Van Bogaert, P. (2019). Appropriateness of transferring nursing home residents to emergency departments: a systematic review. BMC geriatrics, 19, 1-9. https://link.springer.com/article/10.1186/s12877-019-1028-z

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- Greer, N., Bolduc, J., Geurkink, E., Rector, T., Olson, K., Koeller, E., ... & Wilt, T. J. (2016). Pharmacist-led chronic disease management: a systematic review of effectiveness and harms compared with usual care. Annals of internal medicine, 165(1), 30-40. https://www.acpjournals.org/doi/abs/10.7326/M15-3058
- Van den Heede, K., & Van de Voorde, C. (2016). Interventions to reduce emergency department utilisation: a review of reviews. Health Policy, 120(12), 1337-1349. https://www.sciencedirect.com/science/article/pii/S0168851016302688
- Mohr, N. M., Wessman, B. T., Bassin, B., Elie-Turenne, M. C., Ellender, T., Emlet, L. L., ... & Rudy, S. (2020). Boarding of critically ill patients in the emergency department. Critical care medicine, 48(8), 1180-1187. https://journals.lww.com/ccmjournal/fulltext/2020/08000/Boarding\_of\_Critically\_Ill\_Patients\_in\_the.12.aspx
- Choi, B. Y., Blumberg, C., & Williams, K. (2016). Mobile integrated health care and community paramedicine: an emerging emergency medical services concept. Annals of emergency medicine, 67(3), 361-366. https://www.sciencedirect.com/science/article/pii/S0196064415004850
- Berchet, C. (2015). Emergency care services: trends, drivers and interventions to manage the demand. https://www.oecd-ilibrary.org/social-issues-migration-health/emergency-care-services\_5jrts344crns-en
- Yaffee, A. Q., Peacock, E., Seitz, R., Hughes, G., Haun, P., Ross, M., ... & Wright, D. W. (2020). Preparedness, adaptation, and innovation: approach to the COVID-19 pandemic at a decentralized, quaternary care department of emergency medicine. Western Journal of Emergency Medicine, 21(6), 63. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7673894/
- Clim, A., Zota, R. D., & Tinica, G. (2019). Big Data in home healthcare: A new frontier in personalized medicine. Medical emergency services and prediction of hypertension risks. International Journal of Healthcare Management, 12(3), 241-249. https://www.tandfonline.com/doi/abs/10.1080/20479700.2018.1548158
- Mebazaa, A., Yilmaz, M. B., Levy, P., Ponikowski, P., Peacock, W. F., Laribi, S., ... & Filippatos, G. (2015). Recommendations on pre-hospital and early hospital management of acute heart failure: a consensus paper from the Heart Failure Association of the European Society of Cardiology, the European Society of Emergency Medicine and the Society of Academic Emergency Medicine—short version. European heart journal, 36(30), 1958-1966. https://academic.oup.com/eurheartj/article-abstract/36/30/1958/2398067
- Hajat, C., & Stein, E. (2018). The global burden of multiple chronic conditions: a narrative review. Preventive medicine reports, 12, 284–293. https://link.springer.com/article/10.1007/s10900-018-0572-3
- McPhail, S. M. (2016). Multimorbidity in chronic disease: impact on health care resources and costs. Risk management and healthcare policy, 143-156. https://www.tandfonline.com/doi/abs/10.2147/RMHP.S97248
- Kim, K., Choi, J. S., Choi, E., Nieman, C. L., Joo, J. H., Lin, F. R., ... & Han, H. R. (2016). Effects of community-based health worker interventions to improve chronic disease management and care among vulnerable populations: a systematic review. American journal of public health, 106(4), e3-e28. https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2015.302987
- Grudzen, C. R., Shim, D. J., Schmucker, A. M., Cho, J., & Goldfeld, K. S. (2019). Emergency Medicine Palliative Care Access (EMPallA): protocol for a multicentre randomised controlled trial comparing the effectiveness of specialty outpatient versus nurse-led telephonic palliative care of older adults with advanced illness. BMJ open, 9(1), e025692. https://bmjopen.bmj.com/content/9/1/e025692.abstract
- Kennedy, M., Helfand, B. K., Gou, R. Y., Gartaganis, S. L., Webb, M., Moccia, J. M., ... & Inouye, S. K. (2020). Delirium in older patients with COVID-19 presenting to the emergency department. JAMA network open, 3(11), e2029540-e2029540. https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2773106
- Hamine, S., Gerth-Guyette, E., Faulx, D., Green, B. B., & Ginsburg, A. S. (2015). Impact of mHealth chronic disease management on treatment adherence and patient outcomes: a systematic review. Journal of medical Internet research, 17(2), e52. https://www.jmir.org/2015/2/e52/