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Psychological Support for Vulnerable Populations in Crisis: Lessons from Ukrainian Refugees and Applications for Elder Care in the U.S.

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Abstract: The article examines the point of convergence between two heterogeneous crises: an acute humanitarian crisis driven by the forced migration of Ukrainian refugees, and a protracted systemic crisis of psychogeriatric care in American nursing homes. The study aims to assess the effectiveness of psychological support practices used in work with refugees and to provide a theoretical and applied rationale for transferring their key principles into the architecture of elder care. The methodological basis includes a comparative analysis of the psychological needs of two vulnerable groups, a systematic review of scientific publications for 2019–2025, and a case study analysis grounded in the author's experience of cooperation with UNHCR and empirical data from U.S. long-term care facilities. The results confirm that Ukrainian refugees have an extremely high risk of developing PTSD (47,2%), as well as anxiety and depressive disorders, which necessitates the implementation of adaptive, trauma-informed approaches. At the same time, it is revealed that the geriatric care system in the United States suffers from structural deficits: one in five residents is diagnosed with severe mental disorders, while pharmacological containment strategies predominate (antipsychotic drugs are prescribed to 20,4% of patients) along with reactive hospitalization practices. As a response, the author proposes a modular program for integrating psychosocial interventions; its effectiveness corresponds with the findings of the OPTIMISTIC and WHELD projects, which demonstrate a reduction in preventable hospitalizations by 19–33% and improvements in quality-of-life indicators. The material is addressed to health policy makers, clinical psychologists, managers of long-term care institutions, and researchers studying issues of vulnerable

populations.

Keywords: Ukrainian refugees, older adults, nursing homes, psychological support, crisis intervention, trauma-informed approach, Treat-in-Place model, integrated care, mental health, vulnerable population groups.

Introduction:

The contemporary global environment is marked by the intensification of diverse crises that disproportionately affect the most socially vulnerable groups. This study juxtaposes two phenomena that have evolved in parallel and are conceptually linked. The first is an acute humanitarian crisis driven by the full-scale invasion of Ukraine, which has led to the largest population displacement in Europe since World War II. According to the United Nations High Commissioner for Refugees, by early 2025 there were about 6.9 million registered refugees from Ukraine, and the number of internally displaced persons reached 3.7 million [1]. Within this population, older adults are particularly vulnerable; they often remain in zones of active hostilities due to limited mobility or unwillingness to leave their homes, thereby facing social isolation, the breakdown of customary support networks, and the exacerbation of chronic diseases [2].

The second crisis is protracted and systemic, manifesting in long-term care institutions in the United States. In essence, the nursing home network has become the country's largest provider of residential psychiatric care without possessing an organizational architecture and workforce adequate to that role [3]. Analysis of 2023 reporting indicates that roughly one in five nursing home residents in the United States (about 217,000 individuals) carries a diagnosis of a serious mental illness: schizophrenia, bipolar disorder, or psychosis [5]. Over the past fifteen years, the prevalence of such diagnoses in this population has increased by nearly 80%, placing on a system originally designed for patients with somatic conditions a burden that qualitatively exceeds its initial remit [3].

The scientific problem targeted by this study lies in the absence of both a conceptual bridge and practical mechanisms for transferring knowledge and models between the field of emergency crisis intervention and the sector of chronic institutional care. Although humanitarian operations embed flexible, scalable, and trauma-informed practices aimed at restoring psychological well-being and expanding beneficiary autonomy [4, 7], the care paradigm in many facilities for older adults remains predominantly rigid. It continues to rely on pharmacological symptom control and reactive hospitalizations rather than on systematic, proactive psychosocial support [3].

The aim of the work is to critically evaluate the effectiveness of psychological support models employed with Ukrainian refugees and, based on the findings, to develop and substantiate an integrated modular program oriented toward systematically improving the quality of psychosocial care for older adults in U.S. nursing homes.

The scientific novelty consists in conceptually unifying the principles of short-term crisis intervention and long-term geriatric care, thereby enabling the proposal of a single, scalable architecture of psychosocial support.

The author's hypothesis posits that implementing a comprehensive, psychotherapy-oriented program grounded in lessons from crisis assistance will reduce the share of preventable hospitalizations and unwarranted use of antipsychotic medications while simultaneously improving quality of life for residents of the U.S. long-term care system.

Materials and methods

The study is structured within a multimodal methodological framework that integrates several mutually complementary analytical procedures to enhance the explanatory power and reliability of the results obtained. The first component is a comparative analysis aimed at juxtaposing psychological needs, stressogenic factors, and configurations of required support in two vulnerable groups: elderly Ukrainian refugees and older residents of U.S. nursing homes with pronounced mental disorders. This perspective makes it possible to identify overlapping, transcontextual regularities and to distill principles of effective assistance that retain validity across diverse crisis environments.

The second component is a systematic literature review. The corpus of sources consists of peer-reviewed

publications indexed in Scopus, Web of Science, and PubMed, as well as analytical materials from leading international and national institutions — the United Nations High Commissioner for Refugees (UNHCR), the World Health Organization (WHO), the Centers for Medicare & Medicaid Services (CMS), and the Agency for Healthcare Research and Quality (AHRQ). The review focuses on three subject areas: the prevalence of mental disorders among refugees and older adults, the comparative effectiveness of intervention models, and systemic barriers to access to care.

The third component is a case-study analysis that serves for confirmatory validation and an illustrative demonstration of the proposed intervention model. The material includes empirical episodes from the author's professional practice (participation in UNHCR projects in Ukraine in 2022–2023; organization of the psychotherapy group Path to Self at the Friends Home in Kennett, USA) and data from the large demonstration initiatives OPTIMISTIC (Optimizing Patient Transfers, Impacting Medical Quality, and Improving Symptoms: Transforming Institutional Care) and WHELD (Improving Wellbeing and Health for People with Dementia). These cases provide evidence of the effectiveness of specific approaches in real institutional settings.

The source base was formed purposively and oriented toward high academic standards. It integrates peer-reviewed studies on refugee mental health, psychogeriatrics, and intervention models, as well as official reports and statistics from key health-care and humanitarian organizations. This design ensures a comprehensive, evidence-based, and methodologically coherent analysis of the problem under study.

Results and discussion

The updated body of empirical observations records the devastating impact of the war on the mental health of residents of Ukraine. Existing studies reveal a pronounced trauma gradient, closely correlated with the degree of forced mobility [8, 12]. The most pronounced psychological distress is recorded among refugees, followed by internally displaced persons (IDPs), and to a lesser extent among those who remain at their permanent place of residence (non-displaced persons, NDPs). Thresholds of a high level of post-traumatic stress disorder (PTSD) were met by 47.2% of refugees, 39.4% of IDPs, and 32.9% of NDPs [10]. The consistency of this dynamic is confirmed by UNHCR data for 2024: 23% of surveyed refugees reported mental health impairments limiting daily functioning, which is higher than the figure of 19% in 2023 [17].

The presented data indicate that traumatization is driven not only by direct contact with military events: the forced exodus itself, loss of housing, and rupture of social networks and cultural rootedness act as independent and significant stressors. Relocation and subsequent adaptation in a different socio-cultural space impose an additional layer of psychological burden, potentiating the initial trauma. As a result, refugee status functions as an amplifier of traumatic experience, which dictates the need for interventions addressing not only the consequences of wartime experiences but also post-migration stressors — social isolation and acculturation difficulties [11, 18] (fig.1).

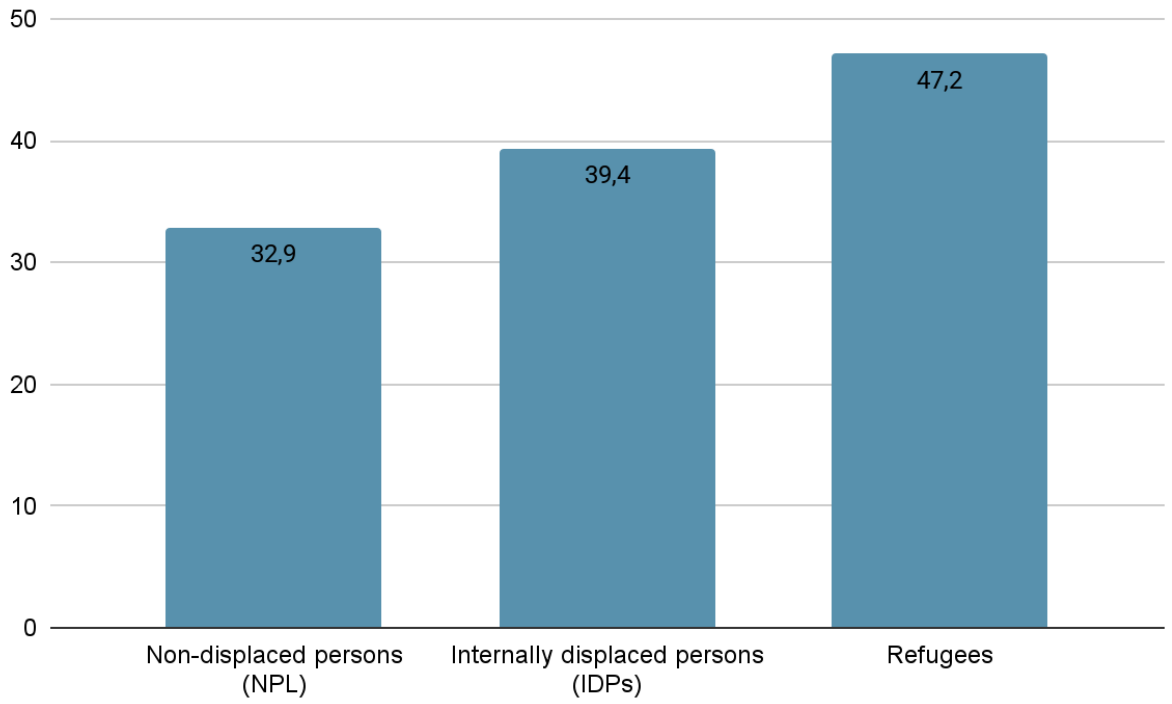

Fig. 1. Prevalence of PTSD symptoms among Ukrainian refugees, IDPs and non-displaced persons (data for 2023-2024) (compiled by the author based on [10]).

Older adults who have become refugees or internally displaced persons experience the cumulative effects of multiple risks. According to a study conducted during 2019–2024, the likelihood of affective symptomatology among displaced older individuals is substantially higher (odds ratio, OR = 2,08), as is the likelihood of anxiety symptoms (OR = 1,42), compared with comparable groups without displacement experience [22]. The forced disruption of social and institutional ties — family, neighborhood networks, familiar routes to medical care — intensifies preexisting vulnerabilities associated with poverty, disability, and chronic disease [2]. Additionally, a significant proportion of older adults remain in areas of armed conflict due to limited physical mobility or strong attachment to place of residence, leading to their disproportionate presence among the most vulnerable civilian populations [1].

Effective psychological support in humanitarian settings should be grounded in a trauma-informed approach. It proceeds from the recognition of the pervasive impact of traumatic experience and requires the creation of a helping environment that ensures physical and emotional safety, strengthens trust, expands recipients' options and control over the process, and consistently prevents retraumatization [7].

Aggregate evidence from systematic reviews indicates high effectiveness and operational scalability of group-based formats of psychosocial support for refugees. In particular, group interventions based on cognitive behavioral therapy (CBT) fit organically within the logic of the stepped-care model: they function as a less intensive but maximally accessible first-line intervention that can be offered to a broad range of recipients prior to transitioning to more resource-intensive individual therapy [14]. The author's observations within UNHCR projects converge with this conclusion: delivering group stress-management training among older internally displaced persons produced an average reduction in acute anxiety severity of 35% after 5–6 sessions, demonstrating the practical applicability of the approach under real-world conditions.

The U.S. long-term care system has likewise confronted a hidden epidemic of mental disorders, for which it was institutionally unprepared. As of 2023, in nearly 500 nursing homes at least half of residents have been diagnosed with a serious mental illness (SMI) [6]. As a result, such facilities de facto become unintended psychiatric inpatient settings, lacking the requisite clinical expertise, staffing resources, and an appropriate therapeutic milieu [3, 19].

Analytical data document an unsafe feedback loop: the

higher the proportion of residents with SMI, the more pronounced the degradation of care quality. Facilities with elevated concentrations of such residents are significantly more likely to receive citations for abuse-related violations, particularly when they operate in a for-profit model and face staffing shortages [6]. This points to a systemic defect in which the profit orientation of the financing model incentivizes understaffing. A shortage of qualified professionals makes it impossible to adequately manage the complex behavioral and emotional needs of people with SMI, creating an environment where the risk of harm to the most vulnerable patients not only increases but assumes the character of a structural norm (table 1).

Table 1. Relationship between the share of residents with TPR, staffing levels, and documented violations in US nursing homes (2023) (compiled by the author based on[6]).

Facility category	Mean number of violations (abuse citations) per facility
Low share of residents with TPR (<50%)	0.15
High share of residents with TPR (≥50%)	0.36
High TPR share and low staffing*	0.45
High TPR share and adequate staffing	0.28

Under conditions of systemic shortages of resources for psychosocial support, pharmacotherapy has become the de facto primary tool for controlling behavioral symptoms in older adults, primarily in dementia and TPR. According to data for the third quarter of 2023, 20.4% of all residents of U.S. nursing homes received antipsychotic medications [26]. This level of use exceeds by more than tenfold the prevalence of nosological categories such as schizophrenia for which such treatment has compelling clinical justification. The problem is most pronounced in facilities with staffing shortages and in economically disadvantaged regions, where antipsychotics effectively serve as chemical restraints [9, 20].

Excessive prescribing directly correlates with adverse medical outcomes and resource inefficiency. Admission to a facility with a low rate of antipsychotic use significantly reduces the risk of subsequent hospitalizations [13]. However, existing practices often create economic and organizational incentives for hospitalization instead of on-site treatment. Potentially preventable hospitalizations (PPH) remain a key vulnerability of the sector: by various estimates, they account for 23% to 60% of all transfers from nursing homes to acute care hospitals [15]. This results not only in substantial costs for Medicare but also in the risk of iatrogenic complications, reduced functional independence, and overall deterioration in quality of life for older patients. Figure 2 below shows the level of antipsychotic use in nursing homes in several large states.

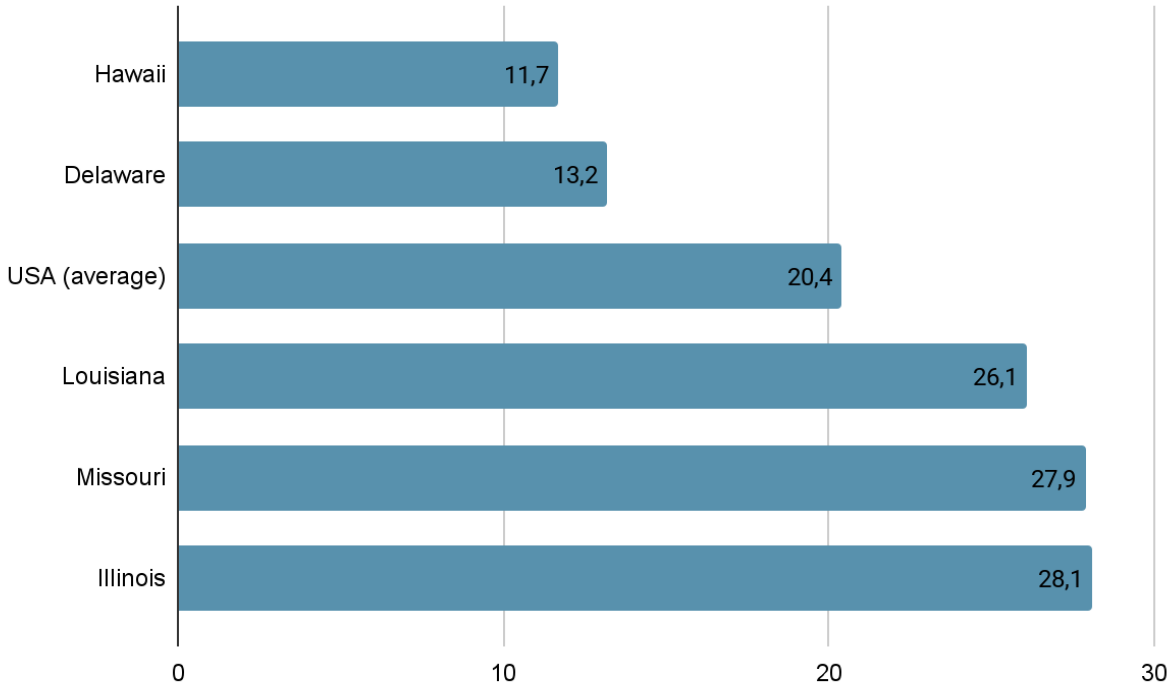

Fig.2. Antipsychotic Medication Use Rates in US Nursing Homes: National Averages and Top States (Q3 2023 Data) (compiled by the author based on [26]).

Despite the heterogeneity of acute migration crises and the protracted reality of nursing homes, the basic psychological determinants of vulnerability in these contexts largely converge. These include the experienced loss of agency and autonomy, social disconnection, unintegrated traumatic memory and persistent distress, as well as the fundamental need for safety, belonging, and existential meaning. This overlap provides grounds to assert that the principles proven in emergency psychosocial assistance — a trauma-informed lens, the empowerment of care recipients, a priority on communicative-social embeddedness, and psychoeducational practices — should be transferred to the sphere of long-term elder care as a basis for its systemic transformation [33, 34].

From this synthetic vantage, a holistic model is proposed for integrating psychotherapeutic and systemic psychosocial interventions into practices of care for older adults. The configuration of the model comprises several interrelated modules designed to achieve a pronounced synergistic effect (fig.3).

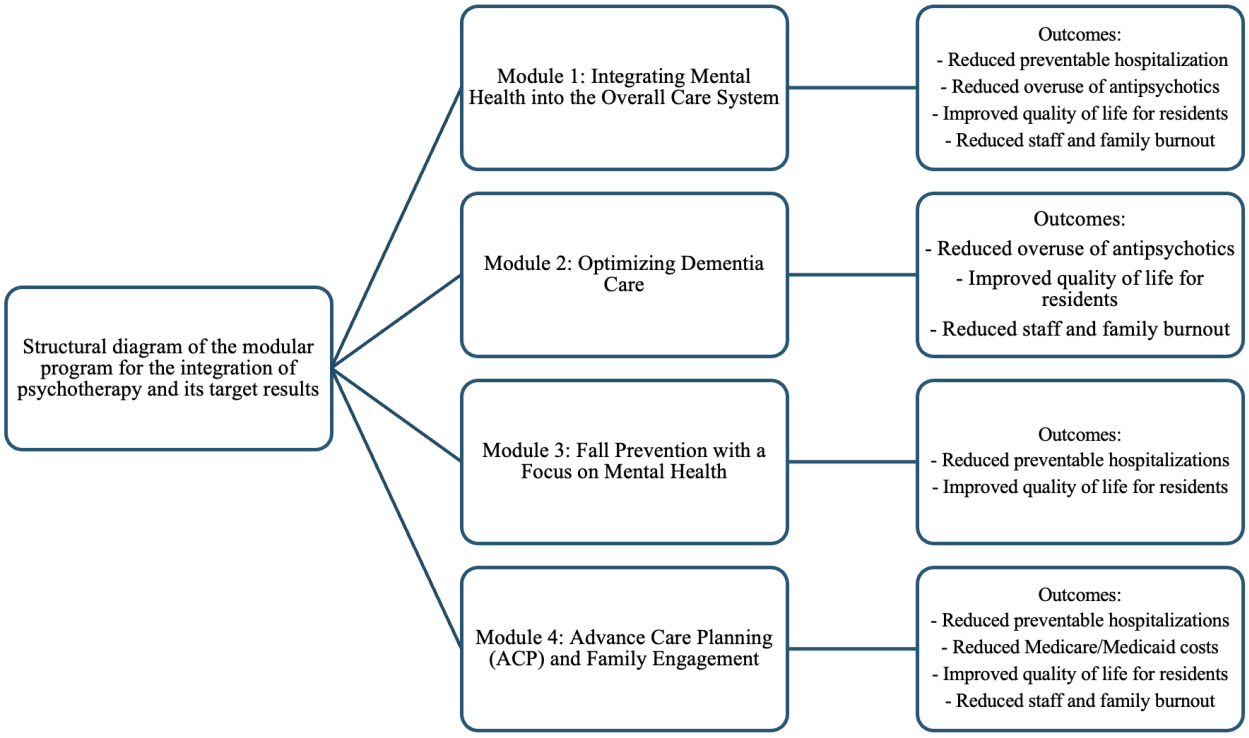

Fig. 3. Structural diagram of the modular program for the integration of psychotherapy and its target results

The effectiveness of the proposed program is not a theoretical hypothesis: each of its element's rests on a persuasive body of empirical data obtained in large randomized and practice-oriented studies.

Modules 1 and 3 (integration of mental health and Treat-in-Place). Their effectiveness is directly confirmed by the OPTIMISTIC project implemented with support from CMS [21]. Incorporation into nursing home staff of specially trained nurses and physician assistants who provide proactive management of chronic conditions and on-site treatment of acute episodes resulted in a 33% reduction in preventable hospitalizations [28, 29] and a decrease in total Medicare expenditures by $1 589 per resident per year [28, 29]. These results fully correspond to the effects declared in the authors' model — a reduction in hospitalizations by 19–25% and a substantial saving of resources.

Module 2 (optimization of dementia care). The validity of this component is demonstrated by the UK WHELD program: a comprehensive patient-centered intervention that included staff training, personalized activities, and a review of pharmacotherapy led to a statistically significant increase in quality of life among people with dementia (Cohen's effect size) and a reduction in agitation, while proving economically preferable compared with standard care [16, 25, 27]. This confirms that nonpharmacological approaches have not only clinical but also financial feasibility [23, 24].

Module 4 (advance care planning, ACP). The effectiveness of ACP has been reproducibly shown in numerous systematic reviews and meta-analyses. The implementation of practices, including the POLST form (Physician Orders for Life-Sustaining Treatment), is consistently associated with a reduction in hospitalization rates by 9–26%.31 An overarching meta-analysis estimated a decrease in the relative risk of hospitalization to 0.54 (95% CI 0.47–0.63) [32]. The mechanism of effect consists in aligning medical interventions with the patient's previously expressed preferences and, as a result, preventing aggressive and often unwanted interventions at terminal stages [30, 31].

The effectiveness of the proposed program is not a theoretical hypothesis: each of its elements is grounded in a persuasive body of empirical data derived from large randomized and practice-oriented studies.

Conclusion

The analysis demonstrates that psychological distress, which has become endemic to the U.S. long-term care system—despite its chronic nature—shares key

mechanisms with the acute trauma of forced displacement. In both contexts, vulnerable groups face a loss of control over their own lives, social isolation, and the need to adapt to environments that are often hostile or indifferent. The dominant response in U.S. nursing homes today—excessive pharmacological fixation and reactive hospitalizations—is not only clinically harmful and ethically problematic but also highly inefficient from an economic standpoint.

The results presented in the article provide compelling support for the proposed hypothesis: an integrated, multicomponent program grounded in the principles of person-centered and trauma-informed care can achieve the triple aim—improving population health, enhancing the quality of care delivered, and reducing per-capita costs. The convergence of data from large clinical trials (OPTIMISTIC, WHELD), meta-analyses (ACP), and targeted case studies offers robust validation of the proposed modular model, demonstrating its clinical effectiveness and economic viability.

The practical value of this work lies in its formulation of a clear, evidence-based roadmap for psychogeriatric care reform. This model can be used by health regulators, payers (Medicare/Medicaid), and long-term care providers in the development and implementation of new quality standards. Future research should focus on longitudinal evaluation of the implementation of the program across institutions with diverse profiles (for-profit, nonprofit, public), as well as on the creation of standardized staff training protocols that ensure the scalability and sustainability of the proposed changes.

References

1. Ukraine Refugee Crisis: Aid, Statistics and News | USA for UNHCR [Electronic resource]. - Access mode: https://www.unrefugees.org/emergencies/ukraine/ (date accessed: 13.09.2025).
2. Investigation: Older people's experience of war in Ukraine - Amnesty International [Electronic resource]. - Access mode: https://www.amnesty.org/en/latest/research/2022/12/older-people-ukraine-war-displacement-and-access-to-housing/ (date accessed: 13.09.2025).
3. Plys E. et al. Policy changes to promote better quality of life for people with serious mental illness living in US nursing homes //Public Policy & Aging Report. – 2024. – Vol. 34 (2). – pp. 65-70. https://doi.org/10.1093/ppar/prae004.
4. How Should We Address Warehousing Persons With Serious Mental Illness in Nursing Homes? - AMA Journal of Ethics [Electronic resource]. - Access mode: https://journalofethics.ama-assn.org/article/how-should-we-address-warehousing-persons-serious-mental-illness-nursing-homes/2023-10 (date accessed: 14.09.2025).
5. Abuse rates higher at nursing homes with more mental illness | MPR News [Electronic resource]. - Access mode: https://www.mprnews.org/story/2025/08/07/apm-research-lab-abuse-rates-higher-at-nursing-homes-with-more-mental-illness (date accessed: 14.09.2025).
6. 'We did not want to take this guy': Abuse rates higher at nursing homes with more mental illness [Electronic resource]. - Access mode: https://www.apmreports.org/story/2025/08/07/abuse-rates-higher-at-nursing-homes-with-more-mental-illness (date accessed: 14.09.2025).
7. Lee A. C. K. et al. Ukraine refugee crisis: evolving needs and challenges //Public Health. – 2023. – Vol. 217. – pp. 41-45. https://doi.org/10.1016/j.puhe.2023.01.016.
8. The Importance of Trauma-Informed Approaches in Research on Displaced and Vulnerable Groups | News | The LAU School of Arts and Sciences [Electronic resource]. - Access mode: https://soas.lau.edu.lb/news/2023/05/the-importance-of-trauma-informed-approaches-in-research-on-disp.php (date accessed: 14.09.2025).
9. Understaffed Nursing Homes in Disadvantaged Neighborhoods More Likely to Overuse Antipsychotics - NYU [Electronic resource]. - Access mode: https://www.nyu.edu/about/news-publications/news/2024/april/understaffing-nursing-homes-antipsychotics.html (date accessed: 14.09.2025).
10. Lushchak O. et al. Prevalence of stress, anxiety, and symptoms of post-traumatic stress disorder among Ukrainians after the first year of Russian invasion: a nationwide cross-sectional study //The Lancet Regional Health–Europe. – 2024. – Vol. 36. – pp. 1-

5.

11. Jaworski A. et al. Comparison of psychological distress, loneliness, and social network structure between Ukrainian war refugees and Polish citizens: a cross-sectional study in Wroclaw //Frontiers in Public Health. – 2025. – Vol. 13. https://doi.org/10.3389/fpubh.2025.1621003.
12. Yasenok V. et al. Mental health burden of persons living in Ukraine and Ukrainians displaced to Switzerland: the mental health assessment of the Ukrainian population (MAP) studies //BMJ Global Health. – 2025. – Vol. 10 (8). – pp. 1-4.
13. Chen A. C., Grabowski D. C. Facility-Level Differences in Antipsychotic Drug Use: Impact on Quality Outcomes for Nursing Home Residents //Medical Care. – 2025. – Vol. 63 (3). – pp. 202-210.
14. Due C., Gartley T., Ziersch A. A systematic review of psychological group interventions for adult refugees in resettlement countries: development of a stepped care approach to mental health treatment //Australian Psychologist. – 2024. – Vo. 59 (3). – pp. 167-184.https://doi.org/10.1080/00050067.2024.2343745.
15. Carnahan J. L. et al. The avoidable transfer scale: a new tool for identifying potentially avoidable hospital transfers of nursing home residents //Innovation in Aging. – 2022. – Vol. 6 (4). https://doi.org/10.1093/geroni/igac031.
16. Ballard C. et al. Impact of person-centred care training and person-centred activities on quality of life, agitation, and antipsychotic use in people with dementia living in nursing homes: A cluster-randomised controlled trial //PLoS medicine. – 2018. – Vol. 15 (2). https://doi.org/10.1371/journal.pmed.1002500.
17. Navigating health and well-being challenges for refugees from Ukraine [Electronic resource]. - Access mode: https://home-affairs.ec.europa.eu/whats-new/publications/navigating-health-and-well-being-challenges-refugees-ukraine_en (date accessed: 16.09.2025).
18. IOM Ukraine & Neighborung Countries 2022-2024: Two Years of Response [Electronic resource]. - Access mode: https://www.iom.int/sites/g/files/tmzbdl486/files/documents/2024-02/iom_ukraine_neighbouring_countries_2022-2024_2_years_of_response.pdf (date accessed: 18.09.2025).
19. Long-Term Trends of Psychotropic Drug Use in Nursing Homes | Office of Inspector General [Electronic resource]. - Access mode: https://oig.hhs.gov/reports/all/2022/long-term-trends-of-psychotropic-drug-use-in-nursing-homes/ (date accessed: 18.09.2025).
20. Tyler D. A. et al. CMS Initiative to Reduce Potentially Avoidable Hospitalizations Among Long-Stay Nursing Facility Residents: Lessons Learned //The Milbank Quarterly. – 2022. – Vol. 100 (4). – pp. 1243-1278. https://doi.org/10.1111/1468-0009.12594.
21. Refugee and migrant mental health - World Health Organization (WHO) [Electronic resource]. - Access mode: https://www.who.int/news-room/fact-sheets/detail/refugee-and-migrant-mental-health (date accessed: 18.09.2025).
22. van Boetzelaer E. et al. Mental health of older adults in humanitarian settings in low-and middle-income countries: a retrospective analysis from Médecins sans Frontières-supported mental health services, 2019–2024 //BMJ Global Health. – 2025. – Vol. 10 (7). https://doi.org/10.1136/bmjgh-2025-019821.
23. Malaeb R. et al. High mortality rates among COVID-19 intensive care patients in Iraq: insights from a retrospective cohort study at Médecins Sans Frontières supported hospital in Baghdad //Frontiers in Public Health. – 2023. – Vol. 11. https://doi.org/10.3389/fpubh.2023.1185330.
24. Feng Z. et al. Nursing facilities can reduce avoidable hospitalizations without increasing mortality risk for residents //Health Affairs. – 2018. – Vol. 37 (10). – pp. 1640-1646. https://doi.org/10.1377/hlthaff.2018.0379.
25. Trauma-Informed Anticipatory Action: Considerations for Refugees and Other Displaced Populations - Feinstein International Center [Electronic resource]. - Access mode: https://fic.tufts.edu/publication-item/trauma-

informed-anticipatory-action-considerations-for-refugees-and-other-displaced-populations/ (date accessed: 19.09.2025).

26. LTCCC Alert: Alarming Rate of Antipsychotic Drugging in US Nursing Homes [Electronic resource]. - Access mode: https://nursinghome411.org/alert-ap-drug-q3-2023/ (date accessed: 21.09.2025).

27. Travers J. L. et al. Staffing and antipsychotic medication use in nursing homes and neighborhood deprivation //JAMA network open. – 2024. – Vol. 7 (4). – pp. 1-4.

28. OPTIMISTIC lowers long-stay nursing home residents' avoidable hospitalizations by a third [Electronic resource]. - Access mode: https://www.regenstrief.org/article/optimistic-lowers-long-stay-nursing-home-residents-avoidable-hospitalizations-third/ (date accessed: 21.09.2025).

29. OPTIMISTIC improves care by avoiding unnecessary hospital stays for nursing home residents [Electronic resource]. - Access mode: https://www.regenstrief.org/article/optimistic-improves-care-avoiding-unnecessary-hospital-stays-nursing-home-residents/ (date accessed: 25.09.2025).

30. Ballard C. et al. Improving mental health and reducing antipsychotic use in people with dementia in care homes: the WHELD research programme including two RCTs. – 2020. https://doi.org/10.3310/pgfar08060.

31. Martin R. S. et al. The effects of advance care planning interventions on nursing home residents: a systematic review //Journal of the American Medical Directors Association. – 2016. – Vol. 17 (4). – pp. 284-293.

32. Pimsen A. et al. The effect of advance care planning intervention on hospitalization among nursing home residents: a systematic review and meta-analysis //Journal of the American Medical Directors Association. – 2022. – Vol. 23 (9). – pp. 1448-1460. https://doi.org/10.1016/j.jamda.2022.07.017.

33. Sakamoto A. et al. Association between advanced care planning and emergency department visits: a systematic review //The American journal of emergency medicine. – 2023. – Vol. 68. – pp. 84-91. https://doi.org/10.1016/j.ajem.2023.03.004.

34. Blackburn J. et al. Facility and resident characteristics associated with variation in nursing home transfers: evidence from the OPTIMISTIC demonstration project //BMC Health Services Research. – 2021. – Vol. 21 (1). - pp.1-12.