

Implementation Strategy of “Eight in One” of Integrated Medical and Care Service System in China: A Case Study of Anshan City of Liaoning

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Abstract With the gradual intensification of aging in China, the issue of elderly care has become the primary issue that needs to be urgently solved in society. The construction of a reasonable and scientific integrated medical and care service system can not only efficiently allocate medical resources and services, but also better meet the needs of the elderly. Due to the involvement of multiple disciplines such as architecture, sociology, psychology, and behavioral science in the construction of the system, as well as the restriction of various objective factors such as medical capacity, spatial scale, and operating costs, the government and elderly care institutions have always been unable to find the best solution for how to scientifically and reasonably construct an integrated medical and care service system. This paper is based on Anshan City, Liaoning Province, which has prominent aging issues and distinct characteristics of the elderly population. Through extensive field research in elderly care institutions, and face-to-face communication with personnel from relevant government departments such as the Municipal Commission on Aging, the Civil Affairs Bureau, the Health Commission, the Medical Insurance Bureau, and the Human Resources and Social Security Bureau, it truly understands the problems that arise in the construction of the urban integrated medical and care service system. From three aspects: urban situation, institutional situation and the needs of the elderly, it is proposed to establish a clear departmental linkage mechanism with clear rights and responsibilities, a policy guarantee mechanism tailored to local conditions, a multi-measure operation mechanism, a technology first intelligent response mechanism, a warm and efficient service mechanism for the people, an overall layout mechanism, an evaluation and supervision mechanism for full process control, and a talent supply mechanism of external introduction and internal training. It aims to provide reference for the construction of an integrated medical and care service system in similar cities.

Keywords Integrated medical and care service system, Implementation strategy, Eight in one, Anshan City

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Liaoning Province has become one of the provinces with the highest level of aging in China, and Anshan City ranks sixth in Liaoning Province, higher than the average level in Liaoning Province. According to the registered residence population data in 2022, Anshan City has a total population of 3.24 million, and 958,000 people aged over 60, accounting for 29.6% of the total population. It has entered a moderately aging society, and is only a step away from a severely aging society where the proportion of people aged over 60 accounts for more than 30%. With the economic recession opportunities in the Northeast region in recent years, employment reduced, and many young people have left the region to seek better employment and development opportunities, while more and more elderly people are staying at home, resulting in an increasingly serious aging situation in Anshan City. Moreover, many elderly people are laid-off employees after the bankruptcy and restructuring of the enterprise that year, with lower income after retirement.

As the elderly grow older, there are more

and more diseases, and the demand for medical care in daily life is increasing. It is an inevitable trend for traditional elderly care institutions to allocate medical services and facilities. Due to the low profits of the elderly care industry itself, the allocation of medical services and facilities will further compress the profit space, making it difficult for many elderly care institutions to maintain it. In order to better solve the problem of the integrated medical and care service system, cities and elderly care institutions should work together to break the situation. Then, with limited urban medical resources and limited government funding, how to achieve a scientific, reasonable, and efficient integrated medical and care service system in response to the aging situation has become the most crucial factor in solving the elderly care problem. For the problem, this paper conducts a comprehensive, systematic, and detailed research on the construction of integrated medical and care service system in Anshan City, and proposes implementation strategies based on the actual problems found in the research. The aim is to

provide a reference basis for effective investment of urban funds and reasonable allocation of medical resources. A promising and effective integrated medical and care service system can provide guarantees for high-quality life for the elderly.

1 Current situation of operation model of the integrated medical and care service system in Anshan City

1.1 Mode 1—adding elderly care services in hospitals

Elderly wards and nursing beds are established in hospitals, and some hospitals are transformed into nursing homes for the elderly. The organic integration of grassroots medical and health care institutions with community home-based elderly care services is promoted. There are four main measures. ① Lanbo Hospital in Tai'an County has added nursing beds for elderly care in the hospital. According to the national policy of promoting the integrated medical and care service and the diversified

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service needs of the elderly care market, the hospital has established a medical care center for the elderly, mainly providing integrated medical and care service for disabled and semi disabled elderly people in Tai'an County. ② Relying on the unique ecological resource advantages of Tanggangzi Rehabilitation Hospital, fully utilizing the existing hot spring water, hot mineral mud, and traditional Chinese medicine characteristic medical resources, and actively exploring and constructing a comprehensive traditional Chinese medicine characteristic health management service model for the elderly population, the unique traditional Chinese medicine characteristics of Anshan City are deeply integrated with healthy elderly care. ③ The Municipal Mental Health Center has established a geriatric specialist clinic, which regularly provides rehabilitation guidance, mental health knowledge popularization and education, elderly psychotherapy, family psychotherapy, consultation and other services to the elderly and their families. It implements a three-level linkage online and offline diagnosis and treatment model of hospital–community–home for patients with cognitive and mental disorders. ④ In order to enhance the service capacity of traditional Chinese medicine at the grassroots level, Tangjiafang Town Health Center in Qianshan District actively explores the unique advantages of traditional Chinese medicine in the prevention and treatment of elderly diseases, promotes the integration of traditional Chinese medicine and medical care services, and establishes a characteristic traditional Chinese medicine museum to provide medical, health, rehabilitation, and elderly care services for the elderly.

1.2 Mode 2—increasing medical services in elderly care institutions

Infirmaries or nursing stations are established in elderly care institutions. Kangle Elderly Care Home in Youyan County, under the jurisdiction of Anshan City, adopts a business model of providing basic medical services for the elderly based on the elderly care home by opening clinics. This can not only meet the needs of the elderly in the nursing home for medical services, but also provide corresponding services for the surrounding elderly with compensation.

1.3 Mode 3—integrating medical services with community elderly care centers

At present, the Municipal Traditional Chinese Medicine Hospital, Tanggangzi Hospital, and the Municipal Jingwei Center have extended medical services to the community, providing

convenient and high-quality medical services for community residents. It carries out family doctor signing services and provides home doctor services for elderly people in need. At present, the population of elderly people aged 60 and above is 958,000, with 750,000 people receiving health management and a health management rate of 78.3%.

1.4 Mode 4—medical institutions and elderly care institutions signing contracts for cooperation

It actively provides medical services to elderly care institutions. The vast majority of elderly care institutions in Anshan City find it difficult to independently establish a medical section due to factors such as scale, fund, and income. In order to meet the needs of elderly people for medical services, strategic cooperation is usually adopted to supplement medical resources. Currently, 100% of elderly care institutions in Anshan City have signed service agreements with medical and health institutions.

1.5 Mode 5—establishing a geriatric department in the hospital

Geriatric departments are established in hospitals. At present, although 14 out of the 31 comprehensive medical institutions at or above the second level in the city have established geriatric departments, accounting for 45.2%, it still does not meet the national requirement of 60% creation ratio of geriatric departments in comprehensive medical institutions at or above the second level by 2025. The main reason is that there is no geriatric medicine option in the city's medical institution registration network management system, and there is no geriatric medicine option in the diagnosis and treatment subject list of medical institutions. The Municipal Business Environment Construction Bureau (Approval Bureau) is unable to add a "geriatric medicine subject" diagnosis and treatment subject for medical institutions. In addition, the standardized construction of geriatric medicine requires high hardware settings. According to the relevant provisions of the national *Guidelines for the Construction and Management of Geriatric Medicine*, comprehensive hospitals that set up geriatric medicine departments should have department settings related to geriatric medicine, and hardware equipment corresponding to the development of geriatric medicine subject diagnosis and treatment business.

1.6 Mode 6—integrating health preservation and elderly care

Relying on the unique health and wellness resources of Anshan City, it integrates the concept of traditional Chinese medicine for

health preservation and prevention of diseases into elderly care services. Traditional Chinese medicine clinics that focus on the prevention and treatment of elderly and chronic diseases are established in elderly care institutions. At the same time, traditional Chinese medicine hospitals carry out healthy elderly care services at home, in communities, and in elderly care institutions. At present, the Municipal Traditional Chinese Medicine Hospital has established the "Anshan Research Base of Traditional Chinese Medicine for Preventive Treatment of Disease–Elderly Care Service Demonstration Point" studio in five elderly care institutions, equipped with traditional Chinese medicine therapy equipment and various treatment items.

2 Problems in the integrated medical and care service system in Anshan City

2.1 Multiple-party management, difficult in integration, and failure to establish a standard construction system

Since 2015, the government has encouraged local governments to adopt various forms to achieve the integrated development of medical and health care and elderly care services according to local conditions. Various provinces and cities have also provided strong support in policy guidance, but there is still a problem of low integration of "medical" and "elderly care". According to the current policies of Anshan City, elderly care service institutions are currently managed by the civil affairs department, and medical services are managed by the health department, and medical insurance payment policies are formulated by the medical insurance department. There is a lack of unified leadership and coordination among various departments. Due to departmental barriers and overlapping powers and responsibilities in terms of access systems, administrative functions, and fund management, the ownership of approval rights for medical and elderly care integration institutions is not clear, resulting in mutual barriers between medical and elderly care resources, making it difficult to achieve a comprehensive consideration of consistent goals, complementary advantages, and coordination. At the same time, due to the current inadequate classification, configuration, and construction standards of medical and elderly care integration institutions, there is no unified standard to follow, which poses certain difficulties for government centralized management, fund investment, and other aspects. Medical and elderly care integration institutions have insufficient integration, unclear

definition, and unclear base numbers.

2.2 Difficult in funding, single source, and lack of market-oriented operation mode

Insufficient funding is one of the important factors hindering the development of the current integrated medical and care service system. Since 2022, Anshan City has provided financial support to public medical institutions that have established demonstration projects for the integration of medical and elderly care. However, it is difficult for long-term development by relying solely on government funds, financial subsidies, and other means. Although the elderly care industry has huge market space and belongs to the sunrise industry, according to actual research, the profits of community elderly care and institutional elderly care operations are generally not high, resulting in insufficient funds to add medical service projects, and leading to a fear of the integrated medical and care service model. However, there are a series of problems in the establishment of elderly care institutions by medical institutions, such as difficulty in approval and management, and low profits, which have led to poor enthusiasm and low popularity among medical institutions. In addition, there are no relevant policies such as medical insurance payment and treatment support in the city for the stable long-term care behavior of elderly people after treatment of diseases. For medical institutions that have already implemented integrated medical and care services, medical insurance funds have become the main source of operating costs. After being converted to "care", they can only rely on self financing to solve the problem, increasing the burden on medical institutions and elderly families, and making promotion difficult.

2.3 Ideal fullness and realistic bone feeling, without fully utilizing the maximum value of medical and care service integration

At present, there are various modes of integrated medical and care services, but many of them are superficial, and the degree of integration is not high, failing to truly play the role of medical institutions. For example, under the "matchmaking" of government departments, elderly care institutions and medical institutions have to sign relevant medical and elderly care integration agreements (such as elderly care institutions signing agreements with surrounding community health service institutions, signing agreements with surrounding hospitals for "two-way referral" or providing "green channels"). In fact, many institutions have signed agreements

but the substantive cooperation content is very limited, and there is still a significant gap between meeting the needs of the elderly. The current policy of integrated medical and care service also advocates for the establishment of new medical institutions in elderly care institutions, or for the establishment of new elderly care institutions in medical institutions. However, based on actual research, elderly care institutions cannot afford to provide doctors and nurses themselves, and medical services only provide basic testing services such as blood pressure and blood sugar measurements for the elderly every day. Without special needs, elderly care institutions are also unwilling to pay an additional fee to medical institutions. At the same time, the level of diagnosis and treatment in departmental medical institutions is not high, and there is a lack of research and attention on elderly diseases. Family members are also unwilling for the elderly to visit such medical institutions for treatment. When there is a deviation between supply and demand, the cooperation between the two will lose its significance.

2.4 Lack of talent, low professionalism, and lack of a reasonable income promotion guarantee system

A medical care and management talent team that is suitable for the development of integrated medical and care service has not yet been formed. The development of integrated medical and care service requires a large number of professional talents in general medicine, geriatric medicine, elderly health care, and other fields, especially for elderly health care personnel with high professional requirements. However, there is currently no professional training base for elderly health care skills in Anshan City, and there are no corresponding job evaluation standards. Many personnel engaged in medical and nursing care work are trained by domestic companies, and do not have medical or nursing backgrounds. Without professional training, they are unable to provide high-quality health care services for the elderly. At the same time, there are a series of problems in medical and nursing work, such as low overall income, high work intensity, high mental pressure, low social status, and lack of promotion channels, resulting in low enthusiasm for the position among practitioners.

2.5 Single facilities, simple space, and lack of unified construction standards

At present, Anshan operates 236 elderly care service institutions, of which only 9 truly have the ability to integrate medical and elderly care, and there are very few professional care institutions suitable for disabled, semi disabled,

and dementia elderly people. Many elderly care institutions completely fail to meet the standards for elderly care facilities and accessibility design in buildings, and can only meet the most basic living needs of the elderly. Safety, convenience, and comfort cannot be achieved. The medical space is fully configured to meet the indicators, and the medical facilities are even more inadequate. The simple space and single facilities reduce the willingness of elderly people to stay in institutions.

3 Suggestions on the implementation strategy of the integrated medical and care service system in Anshan City

3.1 Clear rights and responsibilities, building a linkage mechanism between medical and nursing departments

Promoting the construction and development of the integrated medical and care service system is not something that a single functional department can accomplish. It should be led by the government, with the participation and cooperation of functional departments such as the Aging Commission, the Housing and Urban Rural Development Bureau, the Civil Affairs Bureau, the Health Commission, and the Medical Insurance Bureau. An efficient comprehensive leadership, communication, and coordination mechanism should be established, and the responsibilities of relevant departments should be further clarified, to achieve unified guidance, timely communication, and joint promotion, and form an effective work force^[1]. At the macro level, various existing resources in society will be optimized and integrated, and scientific and unified admission standards, grading standards, subsidy standards, payment standards, etc. will be formulated to ensure that the development of the integrated medical and care service system has a healthy and sustainable development path, and problems will be identified and adjusted in a timely manner during operation.

3.2 Adapting measures to local conditions and improving the policy guarantee mechanism for the integration of medical and care service

According to the national and provincial policy documents for promoting the development of the integrated medical and care service system, relevant documents will be issued based on the actual situation of urban elderly people and financial conditions to accelerate the development of medical and elderly care undertakings^[2]. The following three points should be achieved. ① It should provide

appropriate policy preferences in terms of land, water, electricity, and other aspects, ensuring that policies are principled, grounded, heartwarming, and supportive of development. ② Led by the Medical Insurance Bureau, it is working to promote the long-term care insurance system. In accordance with the spirit of the document *Opinions on Pilot Implementation of the Long-term Care Insurance System* issued by the Ministry of Human Resources and Social Security in 2016, it raises funds through social mutual assistance to provide financial security for the basic living care and medical care services of the elderly. In addition to the five basic social insurances of elderly care, medical care, work-related injury, unemployment, and childbirth, long-term care insurance should be added to solve the financial pressure of elderly people in their later years. At the same time, the definition of long-term care insurance in terms of financing mode, institutional functions, guarantee goals, and payment scope should be clarified. This can not only improve the quality of life of elderly people in their later years, but also alleviate the care pressure of elderly family members. ③ It should prioritize the inclusion of medical services within elderly care institutions in the scope of medical insurance payments, not only reducing the operational pressure on the medical sector, but also solving the problem of many elderly people hanging up in hospitals for a long time after illness.

3.3 Taking multiple measures simultaneously and innovating the operating mechanism of the integrated medical and care service model

At present, the operation mode of the integrated medical and care service system in Anshan City has diversified characteristics. The operation mode of the integrated medical and care service system should be further clarified based on the actual needs of the elderly. It should deeply explore the internal connection between “medical and health care”, continuously improve and optimize the supply structure and capacity of medical and elderly care services, and comprehensively enhance the inner sense of gain and happiness of the elderly. The following four points should be achieved. ① It should accurately match the cooperative relationship between elderly care institutions and medical institutions, coordinate design, and provide efficient services to avoid insufficient medical services in elderly care institutions and waste of medical resources in medical institutions. ② It should improve the medical functions of community elderly care centers. Community

elderly care centers can provide effective medical security for surrounding elderly people, and to a certain extent, they can also appear as emergency stations. In the overall layout of Beijing Chenghejing Elderly Station, some stations have the function of first-time rescue in cooperation with the Municipal Red Cross Society. ③ It should clarify the types of medical and nursing integration, and promote medical institutions at all levels to provide services such as medical and nursing integration, characteristic care for dementia, hospice care, and rehabilitation care. ④ The construction standards for integrated medical and elderly care institutions should be unified. The unified principles, standards, and methods for the construction of integrated medical and elderly care institutions should be formulated based on the municipal finance and the situation of the elderly, and the types, quantities, and costs of facilities suitable for aging should be specified. Based on the characteristics and actual needs of the elderly, and institutional positioning, regular services, medical treatment, rehabilitation, entertainment, and other rooms should be equipped to achieve distinct institutional characteristics and appropriate resource allocation. Standards constraint details, and configure respects for needs. The unified principles, standards, and methods are issued to all districts and subordinate counties and cities of the city for implementation in accordance with regulations. It has not only improved the construction efficiency of medical and elderly care integration institutions, but also reduced construction costs.

3.4 Technology first, forming a smart response mechanism for the integration of medical and care service

It should make full use of the current information intelligence advantages such as “Internet+”, “Internet of Things” and “big data” to achieve a rapid and accurate response mechanism for elderly care needs and medical services^[3]. The following two points should be achieved. ① It should establish a health data platform of elderly care information in existing elderly care institutions and community elderly care centers, and form a four-level linkage mechanism at the city, district, street, and community levels. All elderly people’s physical health status and long-term demand for medical services are shared on the platform, and timely assistance is provided to emergency situations through the wearing of intelligent devices by the elderly. At the same time, it could timely match the needs of the elderly utilizing shared service platforms with the services provided

by medical institutions, thereby accurately and quickly allocating medical resources in the region. ② Utilizing mature internet medical resources such as “Doctor Chunyu”, it could provide medical services for the elderly in a wider range of fields such as rapid telephone consultation, consultation with renowned doctors, video consultation, registered referral, electronic prescription, electronic drug purchase, 1V1 health consultant, cross-border medical care, home delivery of medication, and chronic disease management.

3.5 Warming the heart for the people, and establishing an efficient service mechanism for integrating medical and care service

It should improve the ability of medical institutions to serve the elderly, better meet the medical service needs of the majority of the elderly, and make services efficient, scientific, and warm, reflecting the care and sincerity of socialist countries for the elderly, from the inside out and sincere^[4]. The following two points should be achieved. ① Medical institutions should provide fast and green medical channels for the elderly in the region based on the current situation. The content of the green channel is based on the actual situation of the unit, covering registration, medical treatment, fees, laboratory testing, medication collection, hospitalization, and other links. The corresponding position of the green channel is marked with “priority for the elderly”. While establishing green channels for elderly care, medical institutions are also able to provide warm and convenient services such as guidance and companionship, optimize the medical environment and process, facilitate smooth medical treatment for the elderly, and effectively safeguard their health rights and interests. ② It should promote various medical and elderly care integration institutions to improve relevant institutional norms in accordance with the requirements of service and management guidelines, provide comprehensive services such as elderly care, medical treatment, nursing, rehabilitation, assistance, and psychological and spiritual support for the elderly who reside in institutions, and strengthen the management of elderly care services, medical services, rehabilitation services, operations, and safety, thereby continuously improving the quality and level of service management in medical and elderly care integration institutions^[5].

3.6 Overall planning, forming a comprehensive layout mechanism for the integration of medical and care service

The construction of the integrated medical

and care service system is a systematic and complex livelihood project, involving multiple functional departments such as investment promotion, urban construction, natural resources, civil affairs, health, medical insurance, national taxation, etc. It is necessary to make overall planning and form an overall layout mechanism for the integration of medical and nursing. The following two points should be achieved. ① The Civil Affairs Bureau should fully utilize the existing resource advantages of elderly care services, play a bridge and link role, and increase the investment attraction of the medical and care service industry. Taking the introduction of strong and experienced elderly care service enterprises as the starting point, such as Taikang Elderly Care, Hezhong Younian and other insurance elderly care brands, or learning from the establishment of the Chenghejing Elderly Station brand with a state-owned background in Beijing, it should expand thinking, and vigorously promote the construction of a medical and elderly care integration system. ② The layout of community and institutional elderly care should be incorporated into the new round of Anshan City's land and space planning (2020–2035) revision, and the matching relationship between community elderly care and institutional elderly care should be reasonably planned. The Natural Resources Bureau will lead the city's unified planning and layout based on the principle of "15-min elderly care service circle", so that every elderly person can enjoy the necessary elderly care and medical services most conveniently. The layout will achieve full coverage from point to area, no dead corners.

3.7 Full process control, forming a comprehensive evaluation and supervision mechanism for the integration of medical and care service

The construction of a scientific and reasonable integrated medical and care service system cannot be separated from effective evaluation and supervision, and the evaluation system and supervision mechanism for the construction of the integrated medical and care service system should be gradually implemented^[6]. The following three points should be achieved. ① An expert committee on the integration of medical and care service should be established. The background of experts should come from various aspects related to medical and nursing care. It should regularly organize experts to evaluate the performance of medical and nursing care institutions in terms of spatial environment, facility allocation,

medical and nursing relationships, nursing teams, internal management, nursing quality, nursing effectiveness, and operational benefits.

② It should establish a unified, scientific, and standardized evaluation standard for the integrated medical and care service system, providing a basis for the construction of the integrated medical and care service system and the amount of government funding investment. This can not only ensure the maximum efficiency of government funding investment, but also meet the needs of the elderly for high-quality, healthy, and happy elderly life in their later years.

③ It should establish a long-term regulatory mechanism to effectively regulate medical and nursing institutions with insufficient matching standards and weak service awareness, and form a good situation of key care, appropriate support, healthy competition, and survival of the fittest. For medical and nursing institutions that are ineffective in support, superficial in form, and ineffective in punishment, it should adopt an exit mechanism.

3.8 External introducing and internal training, building a talent supply mechanism for the integration of medical and care service

Nursing talents are the most important factor in the construction of the medical and nursing integration system. It should strengthen the cultivation of medical and nursing integration talents and enhance the professional abilities of nursing personnel. The following four points should be achieved. ① The government regularly organizes training and skill appraisal for elderly care personnel, rewards those who perform well, and provides career warnings for those who perform poorly^[7]. ② It should support medical and elderly care integration institutions to conduct job skill training based on their own characteristics, and the government will provide certain training subsidies to the institutions according to the situation. ③ It should establish close connections with provincial medical schools that offer nursing majors and related institutions that offer elderly care services and management. For example, China Medical University and Liaoning University of Traditional Chinese Medicine offer nursing major, while Anshan Normal University offers elderly care services and management major. Through the "order based training" approach, graduates are introduced to Anshan City, and certain policy preferences are given in terms of settling down. They are treated with the standards of talent introduction. Respect, understanding, and

gratitude allow caregivers to feel the warmth of the government. ④ The method of professional title grading should be adopted to clarify the classification and admission system of caregivers, and career promotion channels for caregivers should be established, and the salary system should be improved. It should increase the salary and benefits of caregivers through financial subsidies, strengthen education and publicity of elderly care services, increase public recognition of caregivers, and actively cultivate the professional care and management talent needed for the development of the elderly care industry, who integrates knowledge of geriatrics, rehabilitation, nursing, nutrition, and psychology.

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