



## **HPNA Position Statement** **Assuring High Quality in Palliative Nursing**

### **Background**

Since the nurse is viewed as the principal provider for the patient's clinical care and the constant in bedside presence, there is a vital relationship between nursing practice and quality patient care.<sup>1</sup> Strong practice environments are critical to assuring high quality in palliative nursing. Therefore, hospice and palliative nurses must be prepared to provide high quality care and evaluate the outcomes of that care. Practice and evaluation are supported by utilizing current research and evidence-based practice standards that both improve patient safety and positive outcomes for all individuals facing life-limiting illness and ultimately, promote job satisfaction and retention.<sup>1</sup>

The principles of hospice and palliative care have changed the face of health care by encouraging a holistic focus on comfort and improving quality of life for those with life-limiting illness. Increasing access to high-quality palliative and hospice care is a national priority, integral to improving the quality of health care in the United States.<sup>2</sup> Palliative nursing plays a key role in the care provided to patients across a wide variety of health care settings. Hospice and palliative nurses profoundly affect the lives of individuals through quality patient care.<sup>3</sup>

With the current focus on value-driven health care, nursing educators and leaders have a renewed interest in the intensity and immediacy for assuring high quality patient care.<sup>4</sup> Education is viewed as the primary driver for patient safety and quality assurance in health care.<sup>1</sup> Therefore, nurse educators are challenged both pre and post-licensure to prepare nurses with the knowledge, skills and attitudes needed to deliver high quality care within the demands of our current health care system.<sup>5</sup> Nursing organizations and clinical leaders must also embrace these challenges by working collaboratively to create innovative, accessible learning experiences and a core curriculum for the application of high quality palliative nursing in both academic and clinical practice settings.<sup>5</sup>

In April 2004, the National Consensus Project (NCP), a coalition of palliative care organizations from across the United States, released the first edition of the *Clinical Practice Guidelines for Quality Palliative Care*.<sup>6</sup> The overarching goal of the guidelines was to achieve quality through the organized and structured evaluation of care including criteria for outcome data and the development of

sound instruments thus providing a road map for palliative care.<sup>7</sup> The *Guidelines* serve not only as a resource for all practitioners of palliative care but also as a comprehensive description of high quality palliative care services. In January 2006, the National Quality Forum (NQF), whose mission includes improving American health care through the endorsement of national consensus standards, wove the *Clinical Practice Guidelines for Quality Palliative Care* into the fabric of their national strategy.<sup>7</sup> In 2009, the *Guidelines* were revised to reflect the growing practice and evidence of palliative care, to maintain concordance with the NQF preferred practices and to include in the document real-life illustrations of how organizations have used the *Guidelines* to promote optimal end-of-life care.<sup>7</sup> The NQF and the *Clinical Practice Guidelines for Quality Palliative Care* serve as the cornerstones to assuring high quality in palliative nursing.

There is national consensus around assuring access to high quality palliative care across settings and populations.<sup>2</sup> The evidence base for both palliative care, broadly, and for palliative nursing care is evolving. The *Guidelines* provide a framework for quality palliative care, however, studies examining the structure of palliative care and hospice programs, the processes for delivering care, and the selection and measurement of outcomes are needed.<sup>8</sup> Further, application of available evidence-based interventions and best practices for palliative care needs to be more fully integrated into nursing education and practice. Strong nursing leadership is needed within organizations to assure that seriously ill patients and their families receive high quality palliative care regardless of care setting. Nursing advocacy for and assurance of quality palliative care begins at the bedside and includes influence at local, state, and national policy levels.

### **Position Statement**

This is the position of the HPNA Board of Directors:

- HPNA is the member organization leading the way in promoting excellence in the provision of palliative nursing.
- All patients with serious and life-limiting illness should have access to high quality palliative care.
- As individual practitioners and as members of the interdisciplinary team, nurses are accountable for the quality of palliative care provided to patients and their families.
- Nursing educators must include appropriately leveled palliative care nursing concepts, practices, and evidence in basic and advanced nursing curricula.
- Individual hospice and palliative nurses apply evidenced-based, nurse-led translational research, clinical practice guidelines, clinical/critical pathways and nationally accepted standards of practice to the care provided to seriously ill patients and their families.

- Patient advocacy remains a core nursing function and vital role supporting improved and more efficient systems of care that have a direct relationship to quality patient care<sup>4</sup>
- Nurses across all levels of practice and settings participate in evaluating the quality of palliative care through activities such as collection of patient outcomes data and participation in formal quality assessment activities.
- Effective leadership in palliative nursing includes a central focus on supportive educational environments, quality assessment and performance improvement, and the promotion of palliative nursing research to build the evidence base for practice.

### Definition of Terms

*Quality:* “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”<sup>4</sup>

*Quality Assurance:* the means for establishing, protecting, promoting and improving the quality of health care.<sup>4</sup>

*Quality Improvement:* a set of techniques that are used to study and improve processes for delivering health care services and products.<sup>9</sup>

*Value-driven health care:* the concept that the outcomes of health care (value to individual patients, systems, society) should justify the price for that care.<sup>4</sup>

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This position statement reflects the bioethics standards or best available clinical evidence at the time of writing or revisions.

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