



HPNA Position Statement Assuring High Quality in Palliative Nursing

Background

As 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.¹ Strong practice environments are critical to assuring high quality in palliative nursing. Hospice and palliative nurses must be prepared and accountable for providing high-quality patient care as well as proficiently evaluating the outcomes of that care. Practice and evaluation are supported by utilizing current research and evidence-based practice standards that improve patient safety and create positive outcomes for individuals facing serious or life-threatening illness, and subsequently promotes job satisfaction and retention.¹

The principles of palliative care have changed the face of healthcare by encouraging a holistic focus on comfort and improving quality of life. Contemporary definitions of palliative care reflect the initiation of care at the onset of diagnosis and the expansion of care throughout the disease trajectory.² The emphasis of care is on the patient and the family.

There is growing national attention surrounding the issue of cost and quality of healthcare in the United States.³ In March 2010, the Patient Protection and Affordable Care Act (PPACA) was enacted and includes initiatives surrounding healthcare reform. One of the overarching goals of the PPACA is to ensure Americans have greater access to high-quality palliative care.⁴ Palliative care is a shared responsibility and nursing plays a key role in the care provided to patients across all healthcare settings.² Hospice and palliative nurses profoundly affect the lives of individuals through quality patient care.³ High-value healthcare is the provision of high-quality care by improving patient outcomes while containing costs.⁵

The current attention to value-driven healthcare has created an intense focus for nursing educators and leaders on new and immediate improvements that assure high-quality patient care.⁶ Education is viewed as the primary driver for patient safety and quality assurance in healthcare.¹ 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 healthcare system.⁶ 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.⁷

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*.² The central 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.² The *Guidelines* serve not only as a resource for all practitioners of palliative care, but also as a comprehensive blueprint for high-quality palliative care services across healthcare settings.² The *Guidelines* were revised in 2009 and again in 2013 pursuant to evolving changes in clinical practice, maturation of the field, policy, and research.² The current version focuses on continuity, consistency, and quality of care.²

In January 2006, the National Quality Forum (NQF), whose mission includes improving American healthcare through the endorsement of national consensus standards, wove the *Clinical Practice Guidelines for Quality Palliative Care* into the fabric of their national strategy.² The NQF and the *Clinical Practice Guidelines for Quality Palliative Care* serve as the cornerstones to assure high quality in palliative nursing.

With the passage of the Patient Protection and Affordable Care Act (PPACA), there are both a focus and a broad vision for improving healthcare outcomes through quality measurement and reporting in the Medicare programs.^{4,8} Components of this vision include quality measurement development (e.g., payment incentives, public reporting).^{4,8} The application of available evidence-based interventions and best practices for palliative care are translational to quality improvement initiatives. These efforts must be more fully integrated into nursing education and clinical practice.

There is a national consensus and priority around assuring access to high-quality palliative care across settings and populations.² The evidence base for both palliative care, broadly construed, and for palliative nursing care specifically, is rapidly evolving. The *Guidelines* provide a framework for quality palliative care; however, more studies are needed to examine the structure of palliative programs, including hospice, to ensure innovative and cost-effective processes in delivering that care.⁹ The public expects and demands that nurses demonstrate professional competence. Hospice and palliative nurses are individually responsible and accountable to maintain their clinical competence. Strong nursing leadership is needed within organizations to assure that patients with serious or life-threatening illness 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

- HPNA is the member organization leading the way in promoting excellence in the provision of palliative nursing.
- All patients with serious or life-threatening illness should have access to high-quality palliative care.
- Nurses are essential to the implementation of healthcare reform measures that provide high-quality, seamless, and affordable patient care that ultimately improves patient safety and health outcomes for all individuals with serious or life-threatening illness.
- 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 nursing concepts, practices, and evidence in basic and advanced nursing curricula that support professional competence.
- Individual hospice and palliative nurses apply evidence-based, nurse-led translational research, clinical practice guidelines, clinical/critical pathways, and nationally accepted standards of practice to the care they provide to patients with serious or life-threatening illness 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.¹⁰
- 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

Palliative care: Patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice.^{2, p. 9}

Palliative nursing: Palliative nursing embraces and reflects a holistic philosophy of care provided to patients with serious or life-threatening illness in diverse

health settings, across the life span.¹² Palliative nursing is an evidence-based nursing practice that includes “the assessment, diagnosis, and treatment of human responses to actual or potential life-limiting illnesses within the context of a dynamic caring relationship with the patient and family, in order to reduce or relieve suffering and optimize health.”¹³

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.”¹⁰

Quality Assurance: The means for establishing, protecting, promoting and improving the quality of healthcare.¹⁰

Quality Improvement: The extent to which health services provided to individuals and patient populations improve desired health outcomes.¹¹

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