



## HPNA Position Statement

### Value of the Advanced Practice Registered Nurse in Palliative Care

#### **Background**

Advanced Practice Registered Nurses (APRNs), by virtue of their education and scope of practice, promote the principles of palliative care in all settings.<sup>1</sup> APRNs have the knowledge and clinical judgment to provide primary palliative care in all settings including advanced care planning.<sup>2-4</sup> They are uniquely qualified and positioned to address the myriad needs of individuals facing life-threatening, progressive illness. If used to the scope of their practice, they can both improve health care quality and access to care.<sup>5, 6</sup>

APRNs are a subset of nurses prepared at the graduate level to provide direct patient care with specific course work, licensure, and credentialing reflecting this advanced preparation.<sup>7</sup> Their practice builds on the practice of registered nurses to achieve a greater depth and breadth of knowledge and an ability to synthesize complex data to develop, implement, and coordinate comprehensive holistic patient centered plans of care with goals of maximizing health, quality of life, and functional capacity.<sup>2, 8, 9</sup>

All APRNs have the knowledge, skills, abilities, and competency to perform all aspects of basic palliative nursing. However, additional graduate education and preparation in palliative nursing affords practice at an advanced level.<sup>7</sup> The advanced practice hospice and palliative registered nurse responds to the individual, professional, and societal needs related to the experience of serious or life-threatening illness through the nursing process. APRNs are distinguished by their ability to synthesize complex data, develop and implement advanced plans, and provide leadership in hospice and palliative nursing.<sup>7</sup>

Certification as Advanced Practice Hospice and Palliative Nurse (ACHPN<sup>®</sup>) validates this specialization.<sup>10</sup> The value of the advanced practice palliative nursing role extends beyond specialized and expanded knowledge, critical thinking, and evidence-based practice to enhanced communication skills that facilitate direct patient care through informed decision-making, patient and family education, and psychosocial-spiritual care.<sup>8</sup> The presence of APRNs in diverse care settings broadens access to palliative care. Although APRNs have role

autonomy, collaboration with other providers (e.g., physicians, social workers) must occur to provide optimal interdisciplinary palliative care.<sup>11</sup>

The 2014 Institute of Medicine's *Dying in America - Improving Quality and Honoring Individual Preferences at the End of Life* report states five areas that will lead to quality palliative care: 1) Delivery of Person Centered and Family Focused Care; 2) Clinician-Patient Communication and Advanced Care Planning; 3) Professional Education and Development; 4) Policies and Payment Systems; and 5) Public Education and Engagement. In each of these areas. Palliative APRNs have the ability to impact each one of these recommendations. APRNs provide direct care and consultation to patients across the disease trajectory. They form relationships which enhance conversations about goals of care and advanced care planning. By the nature of interdisciplinary work, they provide professional education to their health care colleagues and the public. Finally since they have the potential to participate in federal reimbursement structures, they are engaged in payment systems to demonstrate their work.<sup>12</sup>

The Institute of Medicine's 2010 *Future of Nursing Leading Change, Advancing Health* Report, a collaborative project with the Robert Wood Johnson Foundation, recognizes the vital role of nursing in healthcare and nursing's presence in healthcare reform through four strategies germane to Advanced Practice Registered Nursing: 1) APRNs practicing to the full extent of their education and training; 2) APRNs attaining of higher levels of nursing education; 3) APRNs fully participating in healthcare reform, and 4) instituting processes for vital nursing workforce data and policy.<sup>5</sup>

The quality and cost effectiveness of advance practice nursing care are well established.<sup>13-17</sup> In palliative care, APRN practice demonstrates improved patient outcomes.<sup>18,19</sup> Palliative APRNs are able to model optimal patient care to all members of the interdisciplinary healthcare team and to assume leadership roles in education, practice, research, and public policy arenas.<sup>6, 9, 14-19</sup>

The National Consensus Project's *Clinical Practice Guidelines for Quality Palliative Care* and The National Quality Forum's *National Framework and Preferred Practices for Palliative and Hospice Care* establish both the standards for access to, and provision of high quality palliative care. These guidelines reflect a multidisciplinary orientation to addressing the need for primary and specialty level palliative care in multiple settings in order to achieve the best possible quality of life through relief of suffering, control of symptoms, and restoration of functional capacity while remaining sensitive to the personal, cultural and religious values, beliefs, and practices of patients and families.<sup>11, 20</sup>

## Position Statement

Advanced Practice Registered Nurses represent a valuable resource in national efforts to improve health care and increase access quality palliative care for all Americans and their families living with serious illness, whether life limiting illness or chronic progressive illness. In order to maximize utilization of this resource and improve access to high quality palliative care, leaders in the clinical professions, nursing educators, health service providers, healthcare payers, and public policy advocates are urged to continue to pursue the following actions: <sup>1</sup>

- PROFESSIONAL ASSOCIATIONS in nursing, medicine, hospice, and palliative care are called on to promote, support, and expand the APRN role in palliative care as both part of the interdisciplinary team and as independent practitioners.
- NURSING EDUCATORS must become knowledgeable about palliative care and expand the following areas:
  - Development of continuing education in palliative nursing that prepares and educates APRNs across all health settings in palliative care competencies.
  - Integration of core palliative care competencies into graduate programs for all APRN students regardless of role or degree.
  - Creation of palliative specialty academic programs for APRN students who wish to specialize in palliative care.
  - Provision of clinical mentoring in palliative nursing that meet the *HPNA Standards for Clinical Education of Hospice and Palliative Nurses*. <sup>21</sup>
- PAYERS OF HEALTH SERVICES are called on to recognize the specialty of palliative care and provide palliative APRNs with adequate and consistent compensation and reimbursement that is commensurate with APRN scope of practice, authority, and responsibility, regardless of practice setting.
  - Reimbursement for care provided by CNSs and NPs is integrated into federal, state, third-party, and private-payer reimbursement systems
  - Moreover, insurers should guarantee that consumers have a full choice of healthcare providers, including APRNs.
- REGULATORS are called upon to promote APNs to the ability to practice at their full scope of practice. This would include the creation of processes facilitate the practice of APRNs while removing regulatory barriers that deny the public access to APRN services.
- INDIVIDUAL STATE BOARDS OF NURSING are called on to work toward implementation of the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education and consistently recognize the APRN scope of practice.

- HEALTH SYSTEMS OR HEALTH SERVICE PROVIDERS are called upon to develop or expand palliative care practice opportunities for APRNs across all settings.
- ADVANCED PRACTICE REGISTERED NURSES who practice specialty palliative nursing are directed to document and disseminate the outcomes of their practice experience and roles, participate in interdisciplinary research and its publication, and translate research findings into practice.
- ADVANCED PRACTICE REGISTERED NURSES who practice specialty palliative care are instructed to obtain specialty certification through the Hospice and Palliative Credentialing Center (HPCC) to demonstrate the expertise to the public and to mentor a new generation of palliative care APRNs.

## Definition of Terms

*Palliative care:* Patient and family-centered care that optimizes the 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.<sup>7, 11</sup>

*Palliative nursing practice:* evidence-based nursing practice that includes<sup>7</sup> “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.”<sup>22</sup>

*Advanced practice registered nurse (APRN):* A nurse who has completed an accredited graduate-level education program preparing her or him for the role of certified nurse practitioner, certified registered nurse anesthetist, certified nurse-midwife, or clinical nurse specialist; has passed a national certification examination that measures the APRN role and population-focused competencies; maintains continued competence as evidenced by recertification; and is licensed to practice as an APRN (Adapted from APRN Joint Dialog Group [JDG], 2008).<sup>4, 7, 23</sup>

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