



HPNA Position Statement Assuring High Quality in Hospice and Palliative Care

The Hospice and Palliative Nurses Association (HPNA):

- Advocate that nurses are essential in healthcare reform measures that provide and increase access to high-quality, seamless, and affordable patient care that ultimately improves patient safety and health outcomes for all individuals (perinates, neonates, infants, children, adolescents, young adults, adults, and elder adults).^{1,2}
- Support the six domains of high-quality health care put forth by the Institute of Medicine: care that is safe, effective, patient-centered, timely, efficient, and equitable.³
- Encourages nurses and members of the interdisciplinary team to strive to achieve quality in health care, defined as “the assessment and provision of effective and safe care, reflected in a culture of excellence, resulting in attainment of optimal or desired health.”⁴, p.381
- Promote the accountability of nurses, to the public, as members of the interprofessional team who are responsible for the quality of hospice and palliative care provided to patients and their families.^{5,6}
- Promote that nurse's adhere to quality of care as delineated in both the American Nurses Association's *Nursing: Scope and Standards of Practice* and HPNA's *Palliative Nursing: Scope and Standards of Practice*, including evidence-based practice and quality improvement.^{5,6}

Background

Hospice and palliative care is, “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.”⁷ Palliative care focuses on patient-centered and family- focused care that improves quality of life. Specifically, with attention to the physical, psychological, social, cultural, and spiritual aspects of life, providers can support individuals with serious illness and their families.² Care is comprehensive, holistic, and congruent with an individual’s goals of care and cultural definitions of health, illness, death, and dying.^{2,6}

Contemporary perspectives on the initiation of palliative care at the onset of serious diagnosis promotes care along the trajectory of illness rather than at the end of life. This timing of care, in itself, promotes quality and value. Integration of quality principles ensures quality assessment within the field of palliative care and among programs. It also fosters reporting of quality measures with registries and allows for monitoring consistency of care. Consistency within palliative care is essential because programs vary by site of care, constellation of team members, and resources. There are several aspects of quality important to palliative nursing: education, program development, clinical practice, research, healthy environments, collaboration, and leadership.



- Nurses are first-line providers for patients' clinical care with a constant bedside presence and therefore a vital link to quality.^{5,6,8-10}
- Because nurses are integral to the delivery of hospice and palliative care, they are pivotal in efforts to improve quality because they identify patient-related issues that need to be addressed.⁸
- Hospice and palliative nurses generate new ideas and areas of focus to ensure consistently high-quality care from their clinical practice.
- Nurses can lead and champion research and quality improvement, as well as participate and contribute to this process. To lead may mean to champion research or quality-improvement activities as put forth by the National Consensus Project for Quality Palliative Care (NCPQPC) or to lead the implementation of established palliative and end-of-life measures from the National Quality Forum or the National Quality Partners Advanced Illness Care initiative.^{2,11-13}

Education

Education is a primary driver for safe, high-quality patient care. Hospice and palliative nurses need fundamental knowledge and skills in palliative care. Nursing educators must prepare both pre- and post-licensure nurses with the knowledge, skills, and attitudes needed to deliver high-quality primary palliative care. This can be achieved by ensuring that all nurses develop primary palliative nursing competencies at the undergraduate or graduate levels.^{14,15}

Program Development

In 2004, the NCPQPC—a coalition of palliative care organizations from across the United States—released the first edition of the *Clinical Practice Guidelines for Quality Palliative Care* to promote quality through organized and structured evaluation of care.¹⁶ The guidelines include criteria for outcome data and promote the use of sound instruments, serving not only as a resource for all palliative care practitioners but also as a comprehensive blueprint for high-quality palliative care services across healthcare settings and populations. The guidelines emphasize professional competence (achieved by education) and specialty certification (achieved by assessing education and practice) at the program and individual level.² Hospice and palliative nurses ensure quality by facilitating its implementation within their work settings. They must champion high-quality care by supporting and driving continuous quality.^{11,17}

Collaboration within the Team

Palliative care, by design, is a team approach. It requires working within a team as part of social contract of nursing to ensure high-quality care.^{18,19} Hospice and palliative nurses must work with their teams to ensure quality through: 1) communication, leadership monitoring, and mutual respect;²⁰ and

2) effective continuity and communication through the use of SBAR (situation, background, assessment, and recommendation), which is now endorsed by the World



Health Organization, Agency for Research and Quality, Institute for Healthcare Improvement, and Joint Commission.²¹

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.”⁷, p.5

Palliative nursing: Palliative nursing embraces and reflects a holistic philosophy of care provided to patients with serious or life-threatening illnesses in diverse health settings, across the life span. It involves 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.”²², p.108

Quality: assessment and provision of effective and safe care, reflected in a culture of excellence, resulting in the attainment of optimal or desired health⁴

Quality improvement: a formal organizational approach to analyzing processes and outcome data and applying systematic efforts to improve performance¹⁷

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This statement reflects the best available evidence at the time of writing or revisions.

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