

## HPNA Position Statement Evidence-Based Practice

### Background

Increased attention is being directed toward the development of methods that can provide valid and reliable information about what works best in healthcare. The careful scientific evaluation of clinical practice became a prominent focus during the second half of the 20th century.<sup>1</sup> More recently, attention has been paid to methods of determining which of multiple proven approaches to a healthcare problem works best for which patients.<sup>2</sup> Evidence-based practice encompasses implementing the best-known practices into the clinical setting using a scientific approach, “Evidence-based medicine has been defined as the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.”<sup>3, p.3</sup>

Over the past 15 years, the evidence base for hospice and palliative care has matured. In 2004, the development of the National Consensus Project for Quality Palliative Care *Clinical Practice Guidelines* initiated a focus for consistency and quality.<sup>4</sup> They have since been updated to reflect current practice in the field.<sup>5,6</sup> The National Quality Forum’s 2006 report *A National Framework and Preferred Practices for Palliative and Hospice Care Quality – A Consensus Report* issued the Clinical Practice Guidelines as a foundation toward introducing evidence-based measures into palliative practice on a formal, national level.<sup>7</sup> There are now several organizations that are devoted to improve the quality and efficiency of healthcare by facilitating the use of evidence-based research, palliative care measurement development in clinical practice with a focus on palliative care. They include the National Institute of Nursing Research (NINR),<sup>8</sup> Patient-Centered Outcomes Research Institute (PCORI),<sup>9</sup> the National Quality Forum (NQF),<sup>10</sup> the Measurement Applications Partnership (MAP),<sup>11</sup> Measuring What Matters (MWM),<sup>12</sup> the Global Palliative Care Quality Alliance (GPCQA),<sup>13</sup> and the Palliative Care Quality Network (PCQN).<sup>14</sup>

The nursing discipline has also embraced evidence-based practice over the past 25 years, initially through its support of “research utilization,” the integration of research into nursing curricula, and the education of nurse scientists. Sigma Theta Tau International, the Honor Society of Nursing, considers evidence-based nursing “as an integration of the best evidence available, nursing expertise and

the values and preferences of the individuals, families, and communities who are served.”<sup>15</sup> Clinical practice guidelines, evidence reports, and clinical/critical pathways for practicing clinicians are central to evidence-based practice.<sup>16</sup> The model of practice has matured from a plan, do, study, act (PDSA) cycle to define, measure, analyze, improve and control (DMAIC), which is defined below.

- Define the problem, improvement activity, opportunity for improvement, the project goals, and customer (internal and external) requirements.
- Measure process performance.
- Analyze the process to determine root causes of variation, poor performance (defects).
- Improve process performance by addressing and eliminating the root causes.
- Control of the improvement process and future process performance.<sup>17</sup>

This is a sequential, data-driven process that systematically delineates relevant from non-relevant data. This facilitates the identification and validation of root causes of problems to promote development and implementation of effective and sustainable solutions in care delivery.<sup>18</sup>

Evidence-based practice has the potential to improve the quality of care and enhance clinical judgment in serious and life-threatening illness. Hospice and palliative nurses must know how to obtain, interpret, and integrate the best available research evidence with patient data and clinical assessment. Employers of hospice and palliative nurses also have an instrumental role to play in supporting evidence-based practice. Researchers from across healthcare disciplines must actively continue to expand the knowledge base about what constitutes quality of care for persons with life-limiting illnesses. Finally, the federal government, through the National Institutes of Health, must continue to fund research of persons facing serious illness.

## **Position Statement**

The Hospice and Palliative Nurses Association supports the development and implementation of evidence-based nursing practice in palliative care.

### **Education**

- HPNA will continue to develop evidence-based educational materials that support hospice and palliative nurses to provide optimum care to persons, and their families, during the continuum of illness, including at the end of life.

### **Clinical Practice**

- Hospice and palliative practitioners must follow the preferred practices outlined in the National Quality Forum’s *Framework* and the National Consensus Project’s *Clinical Practice Guidelines for Quality Palliative Care*.

- Hospice and palliative nurses must actively engage in the development and use of evidence (e.g., clinical practice guidelines, evidence reports, policy, procedures, and clinical/critical pathways) to guide the care they provide to persons, and their families, during serious illness.<sup>19</sup>
- Organizations employing hospice and palliative nurses must assure that their organization has an “organizational capacity for change,”<sup>16</sup> including the necessary infrastructure to support evidence-based practice.

#### Policy

- Healthcare organizations, payors, educators, and providers must advocate for expanded federal funding for research for persons facing serious and life-threatening illness.

#### Research

- Nurse researchers, in collaboration with researchers from other disciplines, must actively engage in research to identify the elements, standards, and benchmarks of quality care for persons with serious and life-threatening illnesses.
- The National Institutes of Health, including but not limited to the Agency for Healthcare Research and Quality, should continue to fund research to provide evidence to inform the care of persons facing serious illness and their families.
- HPNA supports grading research to identify statistically strong outcomes. This process will promote translating research to the bedside. Refer to Position Statement: Role of Hospice and Palliative Nurses in Research.

#### **Definition of Terms** (Refer to the HPNA Definition of Terms Document)

*Clinical/Critical Pathways:* An intervention in clinical care that includes (1) a structured multidisciplinary plan of care; (2) is used to channel the translation of guidelines or evidence into local structures; (3) details the steps in a course of treatment or care in a plan, pathway, algorithm, guideline, protocol or other 'inventory of actions'; (4) has a timeframes or criteria-based progression; and (5) aims to standardize care for a specific clinical problem, procedure or episode of healthcare in a specific population.<sup>20</sup>

*Clinical Practice Guideline:* “Systematically developed statement designed to assist practitioner and patient make decisions about appropriate healthcare for specific clinical circumstances.”<sup>21</sup>

*Comparative Effectiveness:* A type of healthcare research designed “to inform health care decisions by providing evidence on the effectiveness, benefits, and harms of different treatments options.” Specifically, it compares new and emerging clinical interventions to established interventions. This may include procedures, diagnostics and medications for the same disease. Results are summarized in a systematic review.<sup>22</sup>

*Evidence-Based Practice:* “The integration of best research evidence with clinical expertise and patient values.”<sup>23 p.ii</sup> Specifically in nursing, evidence-based practice is a integration of patient-centered care, interdisciplinary collaboration, with the integration of the best research with clinical expertise and patient value for optimum care.<sup>24</sup>

*Research Utilization:* This is a smaller focus than evidence-based practice. It is the process of analyzing, synthesizing, disseminating, and using research-generated knowledge to promote a positive effect in current nursing practice. This process is to address the issues of translating research into practice.<sup>25</sup>

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