



HPNA Position Statement Evidence-Based Practice

Position Statement

The Hospice and Palliative Nurses Association (HPNA) supports the development and implementation of evidence-based nursing practice in hospice and palliative care. It is the position of HPNA that:

Education

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

Clinical Practice

- Hospice and palliative practitioners must follow the preferred practices outlined in A National Framework and Preferred Practices for Palliative and Hospice Care Quality and Clinical Practice Guidelines for Quality Palliative Care.
- Hospice and palliative nurses at all practice levels must actively engage in the development and use of evidence (e.g., clinical practice guidelines, evidence reports, policies, procedures, and clinical/critical pathways) to guide the care they provide to patients and their families dealing with serious illness.¹
- Organizations employing hospice and palliative nurses must ensure that their organizations have organizational capacity for change, including the necessary infrastructure to support evidence-based practice.²

Policy

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

Research

- Nurse researchers, in collaboration with researchers from other disciplines, must actively engage in research to identify the elements, standards, and benchmarks of high-quality care for patients 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 patients facing serious illnesses and their families.
- HPNA supports grading research to identify statistically strong outcomes. The process will promote translating research to the bedside. Refer to the position statement Role of Hospice and Palliative Nurses in Research for more information.

Background

According to the Centers for Disease Control and Prevention, evidence-based practice “enables evidence-informed, standardized protocols and affords transparent pathways to improving diagnosis, treatment, and health outcomes.”³ This is accomplished through the implementation of the best-known practices into the clinical setting using a scientific approach based on available research.

Evidence-based strategies are integral to improving patient care and supporting patients’ families during serious illness and at the end of life. Evidence supports a holistic approach in palliative and hospice care. Therefore, it is imperative that hospice and palliative nursing curricula include training regarding how to properly assess and coordinate care for a patient’s emotional, psychosocial, and spiritual needs, in addition to physical.⁴ In a response to this need, resources have been developed, such as the National Consensus Project for Quality Palliative Care’s Clinical Practice Guidelines for Quality Palliative Care⁵ and the National Quality Forum’s report titled A National Framework and Preferred Practices for Palliative and Hospice Care Quality that issued Clinical Practice Guidelines.^{6,7} Those resources continue to be updated in order to maintain a focus on consistency and quality of care in the field. Several other organizations are devoted to improving the quality and efficiency of health care by facilitating the use of evidence-based research in clinical practice. The organizations include the National Institute of Nursing Research,⁸ Patient-Centered Outcomes Research Institute,⁹ National Quality Forum,¹⁰ Measure Applications Partnership,¹¹ What Matters,¹² Global Palliative Quality Alliance,¹³ and Palliative Care Quality Network.¹⁴

In general, the objective for evidence-based practice in nursing is to help “minimize the theory to practice gap.”¹⁵ This is accomplished when evidence from research is implemented effectively into nursing practice to result in significant outcomes for patients and families.¹⁶ Florence Nightingale spearheaded evidence-based practice in the nursing discipline as early as the 1800s, and the field has increasingly embraced evidence-based practice over the past 25 years. This was initially accomplished through its support of “research utilization”—the integration of research into nursing curricula—and the education of nurse scientists. Furthermore, Sigma Theta Tau International Honor Society of Nursing considers evidence-based nursing critical to offering high-quality nursing care, as evidence-based practice is “an integration of the best evidence available; nursing expertise; and the values and the preferences of the individuals, families, and communities who are served.”¹ The model of practice has matured from a plan, do, study, act (PDSA) cycle to a DMAIC) cycle, which is defined below:¹⁷

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

Furthermore, critical components are necessary to ensure a culture of evidence-based practice within nursing care:

- **A philosophy, mission, and commitment to evidence-based practice:** This commitment must be made across the organization, including orientation, clinical ladders, and evaluations of nurses.
- **A spirit of inquiry:** Health professionals are encouraged to continuously ask questions, as well as review and analyze practice to improve outcomes.
- **Evidence-based practice mentors:** Nurses need mentors who have in-depth knowledge and skills in evidence-based practice. This will help them overcome barriers to individual and organizational culture change.¹⁸

In conclusion, evidence-based practice has the potential to improve the quality of care and enhance clinical judgement in serious and life-limiting illnesses. Hospice and palliative nurses must know how to obtain, interpret, and integrate the best available research evidence with patient data and clinical assessments into their care of patients. Employers of hospice and palliative care nurses also have an instrumental role to play in supporting the implementation of evidence-based practice. In addition, researchers across the healthcare disciplines must actively continue to expand the knowledge base about what constitutes high-quality care for patients with life-limiting illness. Finally, the federal government, through the National Institutes of Health, must continue to fund research of the care of those facing serious and life-limiting illness.

Definition of Terms

Clinical/critical pathways: Clinical pathways are tools used to guide evidence-based healthcare. Their aim is to translate clinical practice guideline recommendations into clinical processes of care within the unique culture and environment of a healthcare institution. A clinical pathway is a structured multidisciplinary care plan with the following characteristics: (1) it is used to translate guidelines or evidence into local structures; (2) it details the steps in a course of treatment or care in a plan, pathway, algorithm, guideline, protocol or other “inventory of actions”; and (3) it aims to standardize care for a specific clinical problem, procedure or episode of healthcare in a specific population.¹⁹

Clinical practice guidelines: Guidelines that serve as a framework for clinical decisions and supporting best practices. Clinical practice guidelines are statements that include recommendations intended to optimize patient care. They are informed by a systematic review of evidence, and an assessment of the benefits and harms of alternative care options. CPGs should follow a sound, transparent methodology to translate best evidence into clinical practice for improved patient outcomes. Additionally, evidence-based CPGs are a key aspect of patient-centered care.²⁰

Evidence-based practice: Evidence-based practice is the objective, balanced, and responsible use of current research and the best available data to guide policy and practice decisions, such that outcomes for consumers are improved. Used originally in the health care and social science fields, evidence-based practice focuses on approaches demonstrated to be effective through empirical research rather than through anecdote or professional experience alone.²¹

Research utilization: the retrieval, critique, and use of the research results from a single primary study. It is often called the old paradigm when compared to the new paradigm of evidence-based practice.²²

References

1. Sigma Theta Tau International Honor Society of Nursing. Evidence-Based Nursing Position Statement. Available at: <https://www.sigmanursing.org/why-sigma/about-sigma/position-statements-and-resource-papers/evidence-based-nursing-position-statement>.
2. George Mason University College of Health and Human Services. Individual and Organizational Capacity to Change Can Reduce Health Care Workforce Burnout. Available at: <https://chhs.gmu.edu/news/2021-01/individual-and-organizational-capacity-change-can-reduce-health-care-workforce-burnout>.
3. Centers for Disease Control and Prevention; Center for Surveillance, Epidemiology, and Laboratory Services. Evidence-Based Practice: What It Is and Why It Matters. Available at: https://www.cdc.gov/genomics/about/file/print/Evidence-Based_Practice_508.pdf.
4. Riahi S, Khajehei M. Palliative care: a systematic review of evidence-based interventions. *Critical Care Nursing Quarterly*. 2019;42(3):315-28. doi: 10.1097/CNQ.0000000000000269.
5. National Coalition for Hospice and Palliative Care. Clinical Practice Guidelines for Quality Palliative Care. Available at: https://www.nationalcoalitionhpc.org/wp-content/uploads/2018/10/NCHPC-NCPGuidelines_4thED_web_FINAL.pdf.
6. National Quality Forum. A National Framework and Preferred Practices for Palliative and Hospice Care Quality. Available at: <http://research.policyarchive.org/21612.pdf>.
7. Center to Advance Palliative Care. NQF Releases Palliative Care Framework Document. Available at: <https://www.capc.org/about/press-media/press-releases/2006-5-22/nqf-releases-palliative-care-framework-document/>.
8. National Institute of Nursing Research. Home page. Available at: <https://ninr.nih.gov/>.
9. Patient-Centered Outcomes Research Institute. Improving Outcomes Important to Patients. Available at: <https://www.pcori.org/>.
10. National Quality Forum. A Strategic Plan for Achieving the Care We Need. Available at: <https://www.qualityforum.org/Home.aspx>.
11. National Quality Forum. Measure Applications Partnership. Available at: http://www.qualityforum.org/Setting_Priorities/Partnership/Measure_Applications_Partnership.aspx.
12. American Academy of Hospice and Palliative Medicine. Measuring What Matters. Available at: <http://aahpm.org/quality/measuring-what-matters>.
13. Global Palliative Care Quality Alliance. Home page. Available at: <https://gpcqa.org/>.
14. Palliative Care Quality Network. Home page. Available at: <https://www.pcqcn.org/>.

15. Chien L-Y. Evidence-based practice and nursing research. *Journal of Nursing Research*. 2019;27(4):e29. doi: 10.1097/jnr.0000000000000346
16. Mackey A, Bassendowski S. The history of evidence-based practice in nursing education and practice. *Journal of Professional Nursing*. 2017;33(1):51-5. doi: 10.1016/j.profnurs.2016.05.009.
17. George ML, Maxey J, Rowlands D, Price M. *The Lean Six Sigma Pocket Toolbook*. New York, NY: McGraw Hill;2005.
18. Sigma Theta Tau International Honor Society of Nursing. Sigma Theta Tau International's 29th International Nursing Research Congress. Available at: https://sigma.nursingrepository.org/bitstream/handle/10755/624463/Melnyk_24608_Info.pdf?sequence=2&isAllowed=y.
19. Rotter T, Baatenburg de Jong R, Lacko SE, Ronellenfitch U, Kinsman L. Clinical pathways as a quality strategy. In: *Improving Healthcare Quality in Europe: Characteristics, Effectiveness and Implementation of Different Strategies*. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK549262/>.
20. American Academy of Family Physicians. *Clinical Practice Guideline Manual*. Available at: <https://www.aafp.org/family-physician/patient-care/clinical-recommendations/cpg-manual.html>.
21. Department of Justice; National Institute of Corrections. *Evidence-Based Practices*. Available at: <https://nicic.gov/projects/evidence-based-practices-ebp>.
22. ScienceDirect. *Research Utilization*. Available at: <https://www.sciencedirect.com/topics/social-sciences/research-utilization>.

This position statement reflects the bioethics standards or best available clinical evidence at the time of writing or revisions. This position statement is based on evidence that reflects patients with advanced illnesses and may not be applicable in all palliative circumstances.

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