

**COMPETENCY FRAMEWORK FOR THE
HOSPICE PALLIATIVE CARE NURSING
CERTIFICATION EXAMINATION**

January 2003

ASSUMPTIONS

“Hospice Palliative Care aims to relieve suffering and improve the quality of living and dying” (Canadian Hospice Palliative Care Association, 2002, p.17).

It is our vision that “all persons and their families living with and dying from advanced illness will have access to nurses who provide knowledgeable and compassionate care to lessen the burden of suffering and improve the quality of living and dying” (Canadian Hospice Palliative Care Association Nursing Standards Committee, 2002, p.8).

Our mission is to “bring specialized knowledge, skills and attitudes to the delivery of comprehensive, coordinated and compassionate care to all persons and families living with advanced illness. The focus is on quality of life throughout the illness continuum, dying, and bereavement. Care is provided in the setting that the person and family choose. Hospice palliative care nursing has a commitment to public and professional education, leadership, research, and advocacy in caring for the person and family living with advanced illness” (Canadian Hospice Palliative Care Association Nursing Standards Committee, 2002, p.8).

Hospice Palliative Care Nursing practice is based on:

- Code of Ethics for Registered Nurses (1999)
- Canadian Nurses Association Standards of Practice (2002)
- Canadian Hospice Palliative Care Association Nursing Standards of Practice (2002)
- Canadian Hospice Palliative Care Association Principles and Norms of Practice (2002)

The philosophical beliefs of hospice palliative care nursing are organized below according to the fundamental units which are of the greatest importance to nursing: person, environment, health, and nursing.

Person

“You matter because you are you and you matter to the last moment of your life. We will do all we can to help you, not only to die peacefully but to live until you die” (Saunders, 1976).

The Hospice Palliative Care Nurse believes:

- The unit of care is the person living with advanced illness and his/her family.
- The family is defined by the person with advanced illness.
- In the intrinsic value of each person as an autonomous and unique individual.
- The person includes individuals from all ages and stages across the lifespan, recognizing their unique physical, emotional, social, and spiritual needs.
- There are substantial physical, emotional, social, and spiritual demands placed on families caring for someone with advanced illness.
- Hospice palliative care services should be available to all persons regardless of their age, gender, national and ethnic origin, geographical location, race, color, language, creed, religion, sexual orientation, diagnosis, disability, availability of a primary caregiver, ability to pay, criminal conviction, and family status.
- The person and family have the right to make informed decisions about all aspects of care, respecting the level of participation desired by the person and family.
- That the person with an advanced illness and their family are faced with issues associated with the decision to pursue hospice palliative care.

- A dignified and peaceful death is the right of all persons.

Environment

The Hospice Palliative Care Nurse believes:

- Care should be provided, as much as possible, in the setting chosen by the person and family.
- Care should be provided at the primary, secondary, and tertiary levels, in the community, acute care, and long term/continuing care settings in urban, rural and remote areas. Community care settings include local hospitals, hospices, homes, lodges, prisons, group homes, rehabilitation centers, and specialized facilities such as psychiatric facilities and cancer centers.
- Care is best provided through the collaborative practice of members of an interdisciplinary team to meet the physical, emotional, social, and spiritual needs of the person and their family living with advanced illness.

Health

The Hospice Palliative Care Nurse believes:

- Health is a state of complete physical, mental, and social well being and not merely the absence of disease or infirmity (World Health Organization, 1990).
- In the value of life and that death is a natural process.
- Health for the person with advanced illness is a relative and dynamic state with the person experiencing varying states of wellness until the moment of death.
- Each person and/or family defines their quality of life.
- Facing death may be a personal or spiritual growth experience for each person.
- Health promotion, in the setting of advanced illness, relates to quality of life and involves assisting persons to achieve their optimum state of health and well-being during illness and in the natural process of dying.
- That even with the provision of excellent palliative care, the loss of a loved one creates intense grief.
- Care spans the continuum from diagnosis until death of the person and includes the bereavement period for the family.

Nursing

The Hospice Palliative Care Nurse believes:

- That nurses have a unique and primary responsibility for advocating for the right of persons to maintain their quality of life for as long as possible and to experience a dignified and peaceful death.
- Exemplary care is provided to persons and their families living with advanced illness through the therapeutic relationship.
- Care is guided by best practice and/or is evidence-based.
- Care respects the dignity and integrity of the person and family.
- Hospice palliative care nursing provides comprehensive, coordinated, compassionate whole person care including the physical, emotional, social and spiritual domains.
- Specialized knowledge, skill, attitude, and creativity are integral components to providing comfort and supportive care to persons and their families living with advanced illness.
- The unique body of knowledge of hospice palliative care nursing practice includes pain and symptom management, psychosocial and spiritual support, and grief and bereavement.
- The ethical principles are integrated into the provision of care and service delivery.

- Education, research, and advocacy are essential to advance the delivery of hospice palliative care.

COMPETENCIES

1. Care of the Person and Family

The Hospice Palliative Care Nurse:

- 1.1 Assists the person and family in identifying their coping strategies to manage their responses to the advanced illness and dying experience.
- 1.2 Supports the person and family in developing and using adaptive coping strategies to manage their responses to the advanced illness and dying experience.
- 1.3 Conveys a sense of personal comfort to the person and family when facilitating discussion of issues related to dying and death.
- 1.4 Initiates discussions at the appropriate time with the person and family about issues related to:
 - 1.4.1 Diagnosis
 - 1.4.2 Goals of care
 - 1.4.3 Prognosis
 - 1.4.4 Dying and death
 - 1.4.5 Loss, grief, and bereavement
- 1.5 Demonstrates knowledge of and uses effective communication techniques in discussing end-of-life and dying issues.
- 1.6 Assists the person in identifying what quality of life means to them and supporting them in their choices.
- 1.7 Assesses and understands the influence on the advanced illness and dying experience of the following:
 - 1.7.1 Cultural practices (e.g., values, beliefs, traditions)
 - 1.7.2 Spiritual practices (e.g., values, beliefs, traditions)
 - 1.7.3 Emotional response
 - 1.7.4 Family dynamics
 - 1.7.5 Life experience of the person and family
- 1.8 Assists the person and family to clarify their beliefs and values about living and dying.
- 1.9 Recognizes and responds to the losses and the uncertainty experienced by the person and family.
- 1.10 Recognizes suffering and supports the person and family through the experience.
- 1.11 Demonstrates in-depth knowledge of the concept of hope.
- 1.12 Assists the person and family in exploring meaning and hope in their experience with advanced illness.
- 1.13 Assists the person with advanced illness and family members to address sensitive, personal, and privacy issues related to:

- 1.13.1 Intimacy
- 1.13.2 Sexuality and sexual function
- 1.13.3 Body image
- 1.13.4 Self esteem
- 1.14 Assists the person to maintain functional capacity and independence, to the extent possible, as the illness advances.
- 1.15 Assists the person and family to maintain their desired level of control as the illness advances.
- 1.16 Assists the person and family to identify and receive care in the setting of choice, or the care setting that best meets their needs.
- 1.17 Recognizes stressors of care-giving that lead to exhaustion of family members.
- 1.18 Recognizes the potential for conflict and uses techniques of conflict resolution with persons and families experiencing advanced illness.
- 1.19 Assists the person and family in identifying their spiritual needs.
- 1.20 Creates an environment which promotes the possibility of personal and spiritual growth at the end of life.
- 1.21 Creates an environment which facilitates communications between the person and family.
- 1.22 Assists the person to leave a life legacy as a way to find meaning at the end of life.
- 1.23 Prepares the family for the eventual closure of the nurse-family relationship.

2. Pain Management

The Hospice Palliative Care Nurse:

- 2.1 Demonstrates knowledge of the concept “total pain”.
- 2.2 Identifies the multidimensional factors that influence the person’s “total pain” experience.
- 2.3 Integrates accepted principles of pain management into the delivery of care.
- 2.4 Demonstrates knowledge of the physiology of pain:
 - 2.4.1 Transduction
 - 2.4.2 Transmission
 - 2.4.3 Modulation
 - 2.4.4 Perception
- 2.5 Demonstrates an understanding of the classifications of pain and their importance in effective management:
 - 2.5.1 Acute
 - 2.5.2 Chronic

- 2.5.3 Malignant
- 2.5.4 Non-malignant
- 2.5.5 Neuropathic
- 2.5.6 Nociceptive (somatic and visceral)
- 2.6 Identifies factors contributing to the pain experience of the person with advanced illness.
- 2.7 Conducts a comprehensive pain assessment.
- 2.8 Analyzes the pain assessment to identify the possible causes of pain.
- 2.9 Incorporates appropriate, validated assessment tools in initial pain assessment and for ongoing evaluation when indicated.
- 2.10 Demonstrates knowledge of the special considerations of pain management for children and the elderly with advanced illness.
- 2.11 Demonstrates knowledge of the special considerations of pain management for individuals with special needs (e.g., cognitively impaired, communication disorders, language).
- 2.12 Demonstrates knowledge of the stepped approach to pain management based on the severity and cause of the pain.
- 2.13 Identifies and addresses barriers to pain management.
- 2.14 Collaborates with the person, family, and interdisciplinary team to develop a pain management plan.
- 2.15 Evaluates, reassesses, and revises goals and plan of care accordingly.
- 2.16 Recognizes and uses the oral route as the preferred method of medication administration, if possible.
- 2.17 Uses techniques of medication administration appropriate to the types and severity of pain (e.g., breakthrough doses, routes, scheduling, titration).
- 2.18 Demonstrates knowledge of medication commonly used in end-of-life care and responds to potential side effects, interactions, or complications.
- 2.19 Demonstrates knowledge of indications for opioid rotation and responds appropriately.
- 2.20 Demonstrates knowledge of equianalgesic conversions and collaborates with the interdisciplinary team member(s) in making necessary changes.
- 2.21 Demonstrates understanding of the pharmacological and physiological use of adjuvant medications in managing pain in advanced illness (e.g., bisphosphonates, non-steroidal anti-inflammatory drugs, corticosteroids, anti-convulsants, anti-depressants, antipsychotics).
- 2.22 Recognizes and discusses with the person and family the implications of medication availability and costs (e.g., high dosage, adjuvant medications, continuous usage, route).
- 2.23 Demonstrates understanding and use of non-pharmacological interventions in managing pain in advanced illness (e.g., radiation therapy, surgery, physiotherapy, rehabilitation therapy).

- 2.24 Demonstrates understanding and use of chemotherapy in managing pain in advanced illness.
- 2.25 Acknowledges and supports the person and family's decision to seek complementary and alternative therapies for pain management.
- 2.26 Recognizes the use and potential impact of complementary and alternative therapies in the plan of care.
- 2.27 Encourages the person and family to inform the health care team about the use of complementary and alternative therapies to assess compatibility and safety with other treatments where possible.
- 2.28 Reinforces with the person and family the importance of accessing accurate information to assist in decision-making about complementary and alternative therapies.
- 2.29 Incorporates, when appropriate, complementary and alternative therapies in the plan of care.

3. Other Symptom Management

The Hospice Palliative Care Nurse:

- 3.1 Conducts a comprehensive symptom assessment.
- 3.2 Analyzes the symptom assessment to identify the possible causes of the symptoms.
- 3.3 Incorporates appropriate, validated assessment tools in initial symptom assessment and for ongoing evaluation.
- 3.4 Develops a plan to manage the following:
 - 3.4.1 Neurologic:
 - 3.4.1.1 Aphasia
 - 3.4.1.2 Dysphasia
 - 3.4.1.3 Extrapyrarnidal symptoms
 - 3.4.1.4 Lethargy or sedation
 - 3.4.1.5 Paresthesia or neuropathies
 - 3.4.1.6 Seizures
 - 3.4.2 Cognitive changes:
 - 3.4.2.1 Agitation and terminal restlessness
 - 3.4.2.2 Confusion
 - 3.4.2.3 Delusions
 - 3.4.2.4 Delirium
 - 3.4.2.5 Dementia
 - 3.4.2.6 Hallucinations
 - 3.4.2.7 Paranoia
 - 3.4.3 Cardiovascular:
 - 3.4.3.1 Angina
 - 3.4.3.2 Arrhythmia
 - 3.4.3.3 Edema

- 3.4.3.4 Syncope
- 3.4.4 Respiratory:
 - 3.4.4.1 Congestion / excess secretions
 - 3.4.4.2 Cough
 - 3.4.4.3 Dyspnea
 - 3.4.4.4 Hemoptysis
 - 3.4.4.5 Hiccoughs
- 3.4.5 Gastrointestinal:
 - 3.4.5.1 Nausea and vomiting
 - 3.4.5.2 Constipation
 - 3.4.5.3 Diarrhea
 - 3.4.5.4 Bowel incontinence
 - 3.4.5.5 Bowel obstruction
 - 3.4.5.6 Dysphagia
 - 3.4.5.7 Jaundice
- 3.4.6 Nutrition and metabolic:
 - 3.4.6.1 Anorexia
 - 3.4.6.2 Cachexia
 - 3.4.6.3 Dehydration
 - 3.4.6.4 Electrolyte imbalance
- 3.4.7 Genitourinary:
 - 3.4.7.1 Bladder spasms
 - 3.4.7.2 Urinary incontinence
 - 3.4.7.3 Urinary retention
- 3.4.8 Immune system:
 - 3.4.8.1 Drug reactions (e.g., allergic response, anaphylaxis)
 - 3.4.8.2 Infection (e.g., sepsis, pneumonia, herpes, stomatitis, candidiasis, urinary tract infection)
 - 3.4.8.3 Pyrexia
- 3.4.9 Musculoskeletal:
 - 3.4.9.1 Pathological fractures
 - 3.4.9.2 Weakness
- 3.4.10 Skin and mucous membranes:
 - 3.4.10.1 Candidiasis
 - 3.4.10.2 Malignant wounds (e.g., fungating, fistulas)
 - 3.4.10.3 Mucositis
 - 3.4.10.4 Pressure areas
 - 3.4.10.5 Pruritus
 - 3.4.10.6 Xerostomia
- 3.4.11 Psychosocial and spiritual:
 - 3.4.11.1 Anxiety
 - 3.4.11.2 Anger
 - 3.4.11.3 Denial
 - 3.4.11.4 Depression
 - 3.4.11.5 Fear

- 3.4.11.6 Grief
 - 3.4.11.7 Guilt
 - 3.4.11.8 Loss of hope or meaning
 - 3.4.11.9 Spiritual distress
 - 3.4.11.10 Suicidal or homicidal ideation
- 3.4.12 Other:
- 3.4.12.1 Alterations in sexual function, body image, and intimacy
 - 3.4.12.2 Ascites
 - 3.4.12.3 Fatigue / asthenia
 - 3.4.12.4 Lymphedema
 - 3.4.12.5 Myelosuppression (e.g., anemia, neutropenia, thrombocytopenia)
 - 3.4.12.6 Myoclonus
 - 3.4.12.7 Sleep disturbances
- 3.5 Anticipates, recognizes, and responds to signs and symptoms of common emergencies and incidents:
- 3.5.1 Acute bowel obstruction
 - 3.5.2 Cardiac tamponade
 - 3.5.3 Delirium
 - 3.5.4 Electrolyte imbalances (e.g., hypercalcemia, hyperkalemia)
 - 3.5.5 Falls
 - 3.5.6 Hemorrhage
 - 3.5.7 Opioid or drug toxicity
 - 3.5.8 Pulmonary embolism
 - 3.5.9 Respiratory depression
 - 3.5.10 Seizures
 - 3.5.11 Spinal cord compression
 - 3.5.12 Superior vena cava syndrome
- 3.6 Demonstrates understanding of the pharmacological and physiological use of medications in managing symptoms in advanced illness (e.g. cytotoxics, steroids, anti-cholinergics, prokinetics, neuroleptics, anti-depressants, antipsychotics).
- 3.7 Demonstrates understanding of the non-pharmacological approaches used in managing symptoms in advanced illness (e.g., radiation therapy, surgery, physiotherapy, rehabilitation therapy).
- 3.8 Demonstrates knowledge of the special considerations of symptom management for children and the elderly with advanced illness.
- 3.9 Demonstrates knowledge of the special considerations of symptom management for individuals with special needs (e.g., cognitively impaired, communication disorders, language).
- 3.10 Demonstrates knowledge of the special considerations of symptom management for advanced, end-stage illnesses other than cancer (e.g., AIDS, COPD, ALS, congestive heart failure).
- 3.11 Acknowledges and supports the person and family's desire to seek complementary and alternative therapies for symptom management.

4. End of Life Planning / Dying and Death Management

End of life planning

The Hospice Palliative Care Nurse:

- 4.1 Assists the person and family to prepare for the time of death (e.g., notification of appropriate health care professionals, making funeral arrangements, organ, tissue, and body donation, develop a list of people to contact at time of death, autopsy).
- 4.2 Assists the person and family in identifying and addressing relevant legal and ethical issues.

Dying and death management

The Hospice Palliative Care Nurse:

- 4.3 Demonstrates knowledge of pain and symptom management strategies unique to the last hours of life (including palliative sedation).
- 4.4 Anticipates, recognizes, and responds to the signs and symptoms of imminent death.
- 4.5 Teaches family members the signs of imminent death:
 - 4.5.1 Withdrawal into self
 - 4.5.2 Lack of interest in food and fluids
 - 4.5.3 Cognitive changes (e.g., decreased awareness, increased drowsiness)
 - 4.5.4 Physical changes (e.g., profound weakness, respiratory changes, skin coloration, difficulty swallowing, decreased urinary output)
 - 4.5.5 Restlessness
 - 4.5.6 Reports of mystical experiences nearing death (e.g., dreams, visions)
- 4.6 Instructs family members about symptom management that may provide comfort as death approaches.
- 4.7 Supports the person and family as the plan of care changes as death approaches.
- 4.8 Assists family members during the dying process to:
 - 4.8.1 Cope with their emotional responses to imminent death (e.g., uncertainty, fear, anger, guilt, remorse, relief)
 - 4.8.2 Maintain a desired level of control
 - 4.8.3 Determine the appropriate setting for the death
 - 4.8.4 Contact significant others
 - 4.8.5 Contact the appropriate resources and support
- 4.9 Supports the family's wishes and death rituals (e.g., religious, cultural, spiritual).
- 4.10 Provides nursing support and comfort during the final hours.
- 4.11 Assesses and respects the family's need for privacy and closure at time of death, offering presence as appropriate.
- 4.12 Provides support to the family immediately after death.

- 4.13 Facilitates arrangements for pronouncement of death and certification of death.
- 4.14 Provides care of the body and arranges transportation of the deceased, where appropriate.

5. Loss, Grief, and Bereavement Support

The Hospice Palliative Care Nurse:

- 5.1 Demonstrates knowledge of loss, grief, and bereavement.
- 5.2 Assists the family in understanding the concept of loss and the process of grief and bereavement, making referrals as needed.
- 5.3 Identifies types of grief:
 - 5.3.1 Anticipatory
 - 5.3.2 Typical
 - 5.3.3 Complicated
 - 5.3.4 Disenfranchised
 - 5.3.5 Unresolved
- 5.4 Recognizes the manifestations of grief:
 - 5.4.1 Physical
 - 5.4.2 Cognitive
 - 5.4.3 Emotional
 - 5.4.4 Behavioural / social
 - 5.4.5 Spiritual
- 5.5 Recognizes the differences between depression and grief.
- 5.6 Identifies individuals at risk for complicated grief.
- 5.7 Assists the family to anticipate and cope with their unique reactions to loss and death.
- 5.8 Assists the family to recognize and value the person's legacy.
- 5.9 Facilitates the family's transition into ongoing bereavement services and programs, where indicated.

6. Interdisciplinary / Collaborative Practice

The Hospice Palliative Care Nurse:

- 6.1 Communicates effectively the needs of the person and family to the interdisciplinary team.
- 6.2 Collaborates with the person, family, and interdisciplinary team to define the goals of care and to develop a care plan.
- 6.3 Works in partnership with the person's primary care team.

- 6.4 Promotes collaborative practice by initiating discussion and making referrals to appropriate interdisciplinary team members.
- 6.5 Assumes a leadership role in coordinating the care provided by the interdisciplinary team when appropriate (e.g., coordinates family conferences).
- 6.6 Participates in family conferences and assumes leadership when appropriate.
- 6.7 Facilitates the integration of unlicensed personnel (e.g., students, volunteers, personal support workers) and supervises as required.
- 6.8 Facilitates and coordinates a smooth transition between institutions, settings, and services.
- 6.9 Contributes to the continuing well-being of the interdisciplinary team.
- 6.10 Assists the person with advanced illness and family to access appropriate resources to address:
 - 6.10.1 Psychological needs
 - 6.10.2 Social needs
 - 6.10.3 Physical needs
 - 6.10.4 Spiritual needs
 - 6.10.5 Practical needs
 - 6.10.6 Disease management

7. Education

The Hospice Palliative Care Nurse:

- 7.1 Provides information to the public about end-of-life issues and the beliefs, attitudes, and practices unique to hospice palliative care.
- 7.2 Educates health care professionals, students, and volunteers about the beliefs, attitudes, and practices unique to hospice palliative care.
- 7.3 Provides relevant information appropriate to the developmental level of the person and family about:
 - 7.3.1 Disease process and progression of advanced illness
 - 7.3.2 Interdisciplinary team members and their roles
 - 7.3.3 Options of care in specific settings (e.g., home, hospital, long term care, hospice facility)
 - 7.3.4 Pain and symptom assessment and management
 - 7.3.5 Physical, psychosocial, and spiritual support of the person during the progression of the advanced illness (e.g., nutrition, hydration, emotional responses, financial issues, existential suffering)
 - 7.3.6 Medication administration routes and treatments common to hospice palliative care
 - 7.3.7 Dying process and death
 - 7.3.8 Loss, grief, and bereavement

8. Professional Issues and Advocacy

Ethics

The Hospice Palliative Care Nurse:

- 8.1 Collaborates with the person, family, and the interdisciplinary team to address ethical issues related to end-of-life care.
- 8.2 Applies an ethical decision-making framework of reference to end-of-life care issues.
- 8.3 Identifies and uses appropriate strategies for addressing ethical issues such as:
 - 8.3.1 Abandonment
 - 8.3.2 Advanced directives
 - 8.3.3 Do not resuscitate / code status
 - 8.3.4 Euthanasia / assisted suicide
 - 8.3.5 Futility
 - 8.3.6 Palliative sedation
 - 8.3.7 Principle of double effect
 - 8.3.8 Research at end of life
 - 8.3.9 Resource allocation
 - 8.3.10 Truth telling / disclosure
 - 8.3.11 Withdrawing / withholding of treatment
 - 8.3.12 Nutrition / hydration
- 8.4 Supports informed choices that the person and family have made regarding ethical concerns.

Professional development

The Hospice Palliative Care Nurse:

- 8.5 Demonstrates knowledge of the historical evolution of the modern hospice palliative care movement.
- 8.6 Demonstrates knowledge of the values and principles of hospice palliative care.
- 8.7 Integrates Canadian Hospice Palliative Care Association Norms of Practice and Hospice Palliative Care Nursing Standards into practice.
- 8.8 Demonstrates knowledge of and comfort in using effective communication techniques when discussing end-of-life and dying issues (e.g., therapeutic listening, verbal and non-verbal communication).
- 8.9 Recognizes how personal values and beliefs related to life, death, spirituality, religion, culture, and ethnicity may influence the provision of care.
- 8.10 Participates in ongoing educational activities and applies new knowledge to hospice palliative care nursing.

Legal issues

The Hospice Palliative Care Nurse:

- 8.11 Assists the person and family in identifying and addressing relevant legal issues (e.g., advanced / personal directives, guardianship and trusteeship, living wills, power of attorney, proxy / substitute decision maker, assisted suicide).
- 8.12 Demonstrates an understanding of the unique issues related to personal liability within the field of hospice palliative care nursing.

Self-care

The Hospice Palliative Care Nurse:

- 8.13 Recognizes stressors unique to hospice palliative care nursing and identifies coping strategies that maintain well-being.
- 8.14 Recognizes and takes appropriate measures to cope with multiple and cumulative losses and grief reactions (e.g., participates in a closure activity).
- 8.15 Demonstrates an understanding of the unique issues related to professional boundaries within the field of hospice palliative care nursing (e.g., role ambiguity, role strain, identification with persons and families, awareness of personal vulnerabilities).

Research

The Hospice Palliative Care Nurse:

- 8.16 Applies knowledge gained from hospice palliative care research and related areas.
- 8.17 Identifies the potential opportunities and barriers to nursing research unique to hospice palliative care (e.g., vulnerability of the population, multidimensional nature of care).
- 8.18 Participates, when possible, in research activities appropriate to the individual's position, education, and practice environment (e.g., data collection, participation in pilot projects).

Advocacy

The Hospice Palliative Care Nurse:

- 8.19 Advocates for the rights of the person with advanced illness and his/her family by:
 - 8.19.1 Recognizing potential vulnerabilities (e.g., burden of care, care-giver job protection, potential misuse of controlled drugs)
 - 8.19.2 Supporting autonomous decision making
 - 8.19.3 Promoting the most equitable access to appropriate resources
- 8.20 Advocates for health care professionals to have adequate education and resources to provide hospice palliative care.
- 8.21 Advocates for the development of health care and social policy related to hospice palliative care at the appropriate level (e.g., institutional, community, provincial, federal).

Continuous quality improvement

The Hospice Palliative Care Nurse:

- 8.22 Contributes to the knowledge related to hospice palliative care nursing (e.g., reflective practice, research-based standards, clinical guidelines and pathways, and outcome measures).
- 8.23 Participates in the development, monitoring, and evaluation of the quality of hospice palliative care programs and services.