



### Statement 11: Setting of Care and Place of Death



People with identified palliative care needs, their substitute decision-maker, their family, and their caregivers have ongoing discussions with their health care professionals about their preferred setting of care and place of death.

A person's preferences for where to receive palliative care and where to die depend on an interplay of factors associated with the illness, the individual, and the environment.

A person's preferred setting of care and place of death should be part of a care plan (see [Quality Statement 5: Individualized Person-Centred Care Plan](#)) that reflects the person's wishes, goals, and needs.

Different care settings and places of death are considered, including the person's home (usual place of residence), a long-term care home, a hospice residence, or an in-patient palliative care unit. Safety is a key consideration when discussing the setting of care and place of death.

A number of factors increase the feasibility and likelihood of a home death, including the availability of interdisciplinary home palliative care, early referral to palliative care, patient preferences, having a caregiver, and the caregiver's ability to cope.

Discussions about the setting of care and place of death should be ongoing; a person's choice may change depending on their status.

#### Sources:

- [HQO Quality Standard for Palliative Care: Statement #5 – Individualized Person-Centred Care Plan](#)
- [HQO Quality Standard for Palliative Care: Statement #11 – Setting of Care and Place of Death](#)

PALLIATIVE CARE

Care for Adults With a Progressive, Life-Limiting Illness

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**11**

**Setting of Care and Place of Death**

People with identified palliative care needs, their substitute decision-maker, their family, and their caregivers have ongoing discussions with their health care professionals about their preferred setting of care and place of death.

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- Definitions Used Within This Quality Statement

- 01 | Identification and Assessment of Needs
- 02 | Timely Access to Palliative Care Support
- 03 | Advance Care Planning—Substitute Decision-Maker
- 04 | Goals of Care Discussions and Consent
- 05 | Individualized, Person-Centred Care Plan
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- 07 | Psychosocial Aspects of Care

### What this Quality Standard Means

#### For Patients, Families, and Caregivers

Your care team should talk with you about where you would like to be cared for throughout your illness and at end of life (for example, at home, in a home-like environment called a hospice residence, in a hospital, or in a long-term care home). They should give you information about the care available in different locations to help you make the best choices for you, your family, and your caregivers. Your wishes may change over time, so you should have regular opportunities to discuss them. You may want to talk about:

- Your preferences
- How your disease affects your ability to perform normal daily activities
- Whether you are living with someone who can help you
- Whether other help you may need is available

#### For Clinicians

Provide information about options for the setting of care and place of death to people with identified palliative care needs, their family, and their caregivers. This information should include all of the factors outlined in the definitions.

#### For Health Services

Ensure that resources and tools are available to support discussions between health care professionals and people with identified palliative care needs about their preferred setting of care and place of death.