MNHPC | MINNESOTA NETWORK OF HOSPICE & PALLIATIVE CARE

RE: Palliative Care and Hospice Considerations for the Minnesota COVID-19 Vaccine Allocation Advisory Group

Dear Vaccine Allocation Advisory Group,

Thank you for your work to advise the state of Minnesota on vaccine distribution. We write on behalf of Minnesota Network of Hospice & Palliative Care with considerations specific to hospice.

Hospice and Phase 1a Sub-Prioritization

We understand that hospice is included in Phase 1a, but seek clarification on where hospice falls within Phase 1a sub-prioritization. Hospice is not clearly identified in the guidance. We ask that hospice be considered for the second level priority of Phase 1a along with assisted living facilities. Palliative care and hospice providers serve patients and families across care settings, including the hospital, skilled nursing facilities, nursing facilities, assisted living facilities, residential hospice houses, and residential homes. On average, hospice providers in Minnesota serve approximately 60% of their patients in an assisted living, nursing, or skilled nursing setting. Hospice workers move back and forth between the home and facility settings, and from one home or facility to another. The nature of their work puts them at increased risk of exposure and transmission of COVID-19 due to variation in care setting protocols and community spread. Early vaccination of hospice front line workers will protect hospice staff, hospice patients and families, and staff and residents of long term care facilities.

Guidance for Hospice Patients and Families Regarding the Vaccine

It is likely that hospice patients and families and the health care workers serving this population will have questions about the COVID-19 vaccine and it's appropriateness. The following recommendation has been developed by the Minnesota Network of Hospice & Palliative Care Hospice and Palliative Medicine Committee:

It is reasonable and appropriate to offer/recommend COVID-19 vaccination to hospice patients both to reduce their morbidity and mortality from the virus, and to reduce community transmission. Hospice patients encounter and commonly have close contact with their caregivers, family and friends. They also have close contact with hospice staff. Therefore the hospice patient could readily be a vector for transmission of the virus.

However, because hospice patients are terminally ill, and because the vaccines require 5-6 weeks for efficacy, it is appropriate to factor in the prognosis of the hospice patient. It would be reasonable to inform hospice patients that if they have a prognosis of less than 5-6 weeks that vaccination would likely not be helpful to them.

Minnesota Network of Hospice & Palliative Care is available as a resource to the advisory group. Our members have expertise in ethics in the context of serious illness and end-of-life care and stand ready to assist as appropriate.

Sincerely,
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Nikki Gruis Diekmann, MBA, President, MNHPC
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