

How to Complete the Long-term Care COVID-19 Vaccination Reporting Form

3/22/2021

The Minnesota Department of Health (MDH) is asking long-term care facilities (LTC), including nursing facilities and assisted-living facilities, to report cumulative data on vaccination of residents and staff. Although reporting is voluntary, MDH will use this information to improve communication, distribution, and support for COVID-19 vaccination. Thank you in advance for providing key information to best equip response leaders to make informed decisions.

Frequency:

- Weekly reporting for LTC facilities actively vaccinating their staff and residents.
- Monthly reporting for LTC facilities who have reached at least 70% of vaccination rates for BOTH staff and residents.

General instructions

Access the online form to submit vaccination data:

- [LTC Vaccine Weekly Reporting \(https://redcap-vac.web.health.state.mn.us/redcap/surveys/?s=W9XCKCDALW\)](https://redcap-vac.web.health.state.mn.us/redcap/surveys/?s=W9XCKCDALW)

Identify a single person in your facility to submit the information on a weekly basis – every Wednesday. If you are responsible for multiple facilities (e.g., nursing facility and assisted living facility), you will need to complete a separate survey for each facility.

If you have a time-sensitive question about vaccination in long-term care settings, please email health.covid.vaccine@state.mn.us. There is a space to enter comments in the reporting form, but we cannot guarantee that they will be answered quickly.

For questions about reporting or the form, please email health.SEOCLTC@state.mn.us.

Instructions for specific data fields

Data Field	Instructions for Completion
Today's Date <i>(Required)</i>	Click the "Today" button to insert today's date.
Facility Type <i>(Required)</i>	<p>Select your facility type, either "Skilled Nursing Facility/Nursing Facility" or "Assisted Living Facility (Registered Housing with Services establishment with established home care).</p> <ul style="list-style-type: none"> ▪ If you have vaccination information to report for more than one facility (e.g., a skilled nursing facility and assisted living facility), complete one survey for each.
Please indicate your Health Care Coalition (HCC) region.	Select from the drop-down menu the HCC region in which your facility is located.
Name of Assisted Living Facility <i>(Required)</i>	This field will be visible only if "Assisted Living Facility" was selected in the Facility Type field. In the drop-down list, select the name and Healthcare facility ID (HFID) of your facility.
Name of Skilled Nursing Facility <i>(Required)</i>	This field will be visible only if "Skilled Nursing/Nursing Facility" was selected in the Facility Type field. In the drop-down list, select the name and HFID of your facility.
<p>UPDATED FIELD 3/22/2021</p> <p>Please indicate your REPORTING STATUS <i>(Required)</i></p>	<p>Select "WEEKLY REPORT: No changes since last week" if all of the following are true since the last time data were submitted with this form:</p> <ul style="list-style-type: none"> ▪ No change to number of staff or residents at your facility ▪ No additional residents or staff vaccinated <p><i>No further action is needed! Do not complete any other questions. Click "Submit" at the bottom of the page.</i></p> <p>Select "WEEKLY REPORT: Yes, I have changes since last week" if any of the following is true since the last time data were submitted with this form:</p> <ul style="list-style-type: none"> ▪ Change to number of staff or residents at your facility ▪ Additional residents or staff vaccinated <p><i>Complete the rest of the questions on the form.</i></p> <p>Select "WEEKLY REPORTER: This is my first time reporting" if you have never filled in this form for the facility.</p> <p><i>Complete the rest of the questions on the form.</i></p>

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	<p>Select "MONTHLY REPORTER: I have met 70% for both staff and resident vaccination rates and am submitting my monthly reporting update" if any of the following is true since the last time data were submitted with this form:</p> <ul style="list-style-type: none"> ▪ You have achieved a vaccination rate of 70% for BOTH staff and residents. The form would have shown language indicating you have met this milestone and moved into monthly reporting (see NEW FIELD "Excellent news"). <p><i>Complete the rest of the questions on the form. At minimum return once a month or when your vaccination status has changed (whichever comes first).</i></p>
<p>Data Field: Staffing Vaccination</p>	<p>Instructions for Completion</p>
<p>1. Number of staff currently eligible to work this week, whether or not they are scheduled for a shift(s). <i>(Required)</i></p>	<p>Enter a count (whole number) of all staff who were eligible to work at this facility for at least one day in the past week, regardless of clinical responsibility or resident contact.</p> <ul style="list-style-type: none"> ▪ If some staff counted here work in multiple facilities (e.g., in a skilled nursing facility and assisted living facility), do not worry. They will count toward the number of vaccinated staff for both facilities. ▪ Include staff on sick leave, maternity leave, vacation, etc. Include people who worked full time and part time. ▪ Count staff as individuals rather than full-time equivalents. ▪ Data sources may include payroll or attendance records.
<p>Of the staff counted in #1, how many have received their first dose of COVID-19 vaccine at this facility or elsewhere (e.g., pharmacy or clinic)? <i>(Required)</i></p>	<p>Enter the number (whole number) of staff counted in question #1 who have had a first dose of COVID-19 vaccine as of today. Answer to the best of your knowledge.</p> <p>The number of staff vaccinated cannot be greater than the number of eligible staff.</p>
<p>Of the staff counted in #1, how many have received their second ("booster") dose of the COVID-19 vaccine at this facility or elsewhere (e.g., pharmacy or clinic)? <i>(Required)</i></p>	<p>Enter the number (whole number) of staff counted in question #1 who have had a second dose of COVID-19 vaccine as of today. Answer to the best of your knowledge.</p>
<p>NEW FIELD 3/22/2021 Percent of vaccination completion rate for staff. Based off of two doses administered.</p>	<p>This field will be automatically calculated. You do not have to enter any information.</p>

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<p>NEW FIELD 3/22/2021</p> <p>Of the remaining [CALCULATED NUMBER] of staff who have yet to receive their first dose, how many do you anticipate will get vaccinated this month?</p> <p>Please indicate in the comments below any barriers/challenges you are encountering.</p>	<p>Insert the number of unvaccinated staff who will get vaccinated this month.</p> <p>The calculated number will automatically calculate based on the first dose and the number of individuals still needed to be calculated.</p> <p>At the end of the survey there is a comments section where you can add comments.</p>
<p>Data Field: Resident Vaccination</p>	<p>Instructions for Completion</p>
<p>1. Number of individuals living in the facility for at least one day during the current week. <i>(Required)</i></p>	<p>Enter the number (whole number) of all residents who occupied a bed in this facility for at least one day during the past week.</p> <ul style="list-style-type: none"> ▪ For assisted living facilities that have additional tenants that do not receive care (e.g., spouse of a resident or independent living resident), they should be included in the count.
<p>Of the residents counted in #1, how many have received their first dose of COVID-19 vaccine at this facility or elsewhere (e.g., pharmacy or clinic)? <i>(Required)</i></p>	<p>Enter the number (whole number) of residents counted in question #1 who have had a first dose of COVID-19 vaccine as of today. Answer to the best of your knowledge.</p>
<p>Number of residents vaccinated cannot be greater than number of residents eligible.</p>	<p>The number of residents vaccinated cannot be greater than the number of eligible residents. Please change 1 or 2.</p>
<p>Of the residents counted in #1, how many have received their second ("booster") dose of the COVID-19 vaccine at this facility or elsewhere (e.g., pharmacy or clinic)? <i>(Required)</i></p>	<p>Enter the number (whole number) of residents counted in question #1 who have had a second dose of COVID-19 vaccine as of today. Answer to the best of your knowledge.</p>
<p>NEW FIELD 3/22/2021</p> <p>Percent of vaccination completion rate for residents. Based off of two doses administered.</p>	<p>This field will be automatically calculated. You do not have to enter any information.</p>
<p>NEW FIELD 3/22/2021</p> <p>Of the remaining [CALCULATED NUMBER] of residents who have yet to receive their first dose, how many</p>	<p>Insert the number of unvaccinated residents who will get vaccinated this month.</p>

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<p>do you anticipate will get vaccinated this month?</p> <p>Please indicate in the comments below any barriers/challenges you are encountering.</p>	<p>The calculated number will automatically calculate based on the first dose and the number of individuals still needed to be calculated.</p> <p>At the end of the survey there is a comments section where you can add comments.</p>
<p>NEW FIELD 3/22/2021</p> <p>“EXCELLENT NEWS!!!</p> <p>You have reached at least 70% in both your staff and residents being fully vaccinated!</p> <p>You may move to a MONTHLY REPORTING cycle to ensure the State has updated information on your facility's vaccination rates.</p> <p>If you have questions or concerns, please don't hesitate to reach out to health.seocltc@state.mn.us”</p>	<p>This is an automatic banner that appears if your facility has reached 70% for both staff and resident vaccination rates.</p> <p>This is confirmation that the facility can move to a monthly reporting cycle.</p> <p>PLEASE ensure we have a current email address but submitting it in the email address field below.</p>
<p>Data Field: Final Questions</p>	<p>Instructions for Completion</p>
<p>How many vaccination clinics for residents and/or staff have you COMPLETED to date?</p>	<p>Enter the number of vaccinations clinics that your facility has completed for residents and/or staff.</p>
<p>To which provider association does your facility belong? <i>(Required)</i></p>	<p>Select the provider association to which your facility belongs, if any.</p>
<p>May MDH share your responses with your provider organization? <i>(Required)</i></p>	<p>This field will be visible only if “Care Providers of Minnesota” or “LeadingAge Minnesota” was selected in the Facility Type field. Select “Yes” if you are willing to have MDH share your vaccination responses with that association.</p>
<p>If you would like an additional person to receive the weekly reporting reminder, please enter their email address here.</p> <p>IF you have been notified ABOVE that you are now in MAINTENANCE/MONTHLY reporting mode, please include an email</p>	<p>Please provide contact information!</p> <p>An email reminder will go out to the contact list that MDH currently has. If you would like an additional person to receive the reminder, enter an email address. The initial address that MDH has used will not be removed from the list.</p>

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address to ensure you receive updates from the SEOC LTC team!	
Comments: Please provide any non time-sensitive comments about vaccination (e.g., information about why individuals may not participate in vaccination, concerns about vaccination logistics).	Use this field to pass on comments about COVID-19 vaccination to MDH. If you have time-sensitive questions about vaccination or reporting, please send them to health.covid.vaccine@state.mn.us .



Minnesota Department of Health | health.mn.gov | 651-201-5000
625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975

Contact health.communications@state.mn.us to request an alternate format.