

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

5/26/2021

The Minnesota Department of Health (MDH) is asking assisted living facilities (ALFs), 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.

- Skilled nursing facilities must submit their vaccination data via NHSN.
- All assisted living facilities are asked to continue reporting vaccination rates in the LTC Vaccine Weekly Report. Reporting will be at minimum every two weeks, unless you have been granted monthly status.

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## General instructions

1. 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)
2. Identify a single person in your facility to submit the information every two weeks, unless you have been granted monthly status.
3. For questions about reporting or the form, please email [health.SEOCLTC@state.mn.us](mailto:health.SEOCLTC@state.mn.us).

If you have a time-sensitive question about vaccination in long-term care settings, please email [health.covid.vaccine@state.mn.us](mailto: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.

## Instructions for specific data fields

This survey was updated 5/26/2021 for vaccination reporting in assisted living facilities.

Data Field	Instructions for Completion
Today's Date <i>(Required)</i>	Click the "Today" button to insert today's date.
Name of Assisted Living Facility <i>(Required)</i>	In the drop-down list, select the name and Healthcare facility ID (HFID) of your facility.
Data Field: Staff Vaccination	Instructions for Completion
1. Number of staff currently eligible to work this week, whether or not they are scheduled for a shift(s). <i>(Required)</i>	<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> <p>The number reflects staff who work in this facility, even if they work in multiple facilities.</p>
Of the staff counted in #1, how many have received their full cycle of vaccine doses? <i>(Required)</i>	<p>Enter the number (whole number) of staff counted in question #1 who have received their single J&amp;J dose, both Pfizer doses, or both Moderna doses.</p> <p>Answer to the best of your knowledge.</p>
Any known reasons for staff declining vaccination during this reporting period?	<p>Select one of the following options:</p> <ul style="list-style-type: none"> <li>Medical contraindication or exclusion to COVID-19 vaccine.</li> <li>Offered but declined COVID-19 vaccine.</li> <li>Unknown COVID-19 vaccination status.</li> </ul> <p><i>Note: The above three options are equivalent to those being used by NHSN.</i></p>
Please use this space to provide information about declinations.	Please provide any additional insights into why your staff declined. This information is leveraged by response leaders to understand the potential resources you may require to assist with vaccination promotion efforts.
Percent of vaccination completion rate for staff.	The percentage in this field will automatically calculate.
Data Field: Resident Vaccination	Instructions for Completion

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1. Number of individuals living in the facility for at least one day during the current week. <i>(Required)</i>	<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> <p>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 full cycle of vaccine doses? <i>(Required)</i>	<p>Enter the number (whole number) of residents counted in question #1 who have received their single J&amp;J Dose, both Pfizer doses or both Moderna doses.</p> <p>Answer to the best of your knowledge.</p>
Any known reasons for residents declining vaccination during this reporting period?	<p>Select one of the following options:</p> <ul style="list-style-type: none"> <li>▪ Medical contraindication or exclusion to COVID-19 vaccine.</li> <li>▪ Offered but declined COVID-19 vaccine.</li> <li>▪ Unknown COVID-19 vaccination status.</li> </ul> <p><i>Note: The above three options are equivalent to those being used by NHSN.</i></p>
Please use this space to provide information about declinations.	Please provide any additional insights into why your staff declined. This information is leveraged by response leaders to understand the potential resources you may require to assist with vaccination promotion efforts.
Percent of vaccination completion rate for residents.	The percentage in this field will automatically calculate.
<b>Data Field: Final Questions</b>	<b>Instructions for Completion</b>
To which provider association does your facility belong? <i>(Required)</i>	Select the provider association to which your facility belongs, if any.
Can MDH share your responses with your provider organization? <i>(Required)</i>	<p>This field will be visible only if “Care Providers of Minnesota” or “LeadingAge Minnesota” was selected in the Facility Type field.</p> <p>Select “Yes” if you are willing to have MDH share your vaccination responses with that association.</p>
If you would like an additional person to receive the weekly reporting reminder, please enter their email address here.	Please provide contact information for any additional staff to receive email reminders about vaccination reporting.

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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 <a href="mailto:health.covid.vaccine@state.mn.us">health.covid.vaccine@state.mn.us</a> .
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Contact [health.communications@state.mn.us](mailto:health.communications@state.mn.us) to request an alternate format.