STAY SAFE MN

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

01/19/2021

The Minnesota Department of Health (MDH) is asking long-term care facilities, including nursing facilities and assisted-living facilities, to report cumulative data on vaccination of residents and staff. Reporting is submitted on a weekly basis through an online form. 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.

General instructions

Access the online form to submit vaccination data:

- MDH: LTC Vaccine Weekly Reporting

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 angelica.koch@state.mn.us.

Instructions for specific data fields

Data Field	Instructions for Completion
Today's Date *(Required)*	Click the "Today" button to insert today's date.
Facility Type *(Required)*	Select your facility type, either "Skilled Nursing Facility/Nursing Facility" or "Assisted Living Facility

	(Registered Housing with Services establishment with established home care).
	▪ 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 *(Required)*	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 *(Required)*	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.
Has there been a change in vaccination status of staff and/or residents since the last time you reported? *(Required)*	Select "No" if all of the following are true since the last time data were submitted with this form: ▪ No change to number of staff or residents at your facility ▪ No additional residents or staff vaccinated If you click "No," do not complete any other questions. Click "Submit" at the bottom of the page. Select "Yes" if any of the following is true since the last time data were submitted with this form: ▪ Change to number of staff or residents at your facility ▪ Additional residents or staff vaccinated If you click "Yes," complete the rest of the questions on the form. Select "This is my first time reporting" if you have never filled in this form for the facility.
Data Field: Staffing Vaccination	**Instructions for Completion**
1. Number of staff currently eligible to work this week, whether or not they are scheduled for a shift(s). *(Required)*	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.

	• 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.
2. 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)? *(Required)*	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.
3. 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)? *(Required)*	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.
4. As of today, have all staff been offered either their first and second ("booster") COVID-19 vaccine dose? *(Required)*	Select the button ("Yes," "No," "Unsure") that best reflects your knowledge of whether all staff have been offered a first and second dose of COVID-19 vaccine.
Data Field: Resident Vaccination	**Instructions for Completion**
1. Number of individuals living in the facility for at least one day during the current week. *(Required)*	Enter the number (whole number) of all residents who occupied a bed in this facility for at least one day during the past week. • 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.
2. 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)? *(Required)*	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.
3. 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)? *(Required)*	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.

4. As of today, have all residents been offered either their first and second ("booster") COVID-19 vaccine dose? *(Required)*	Select the button ("Yes," "No," "Unsure") that best reflects your knowledge of whether all residents have been offered a first and second dose of COVID-19 vaccine.
Data Field: Final Questions	**Instructions for Completion**
1. To which provider association does your facility belong? *(Required)*	Select the provider association to which your facility belongs, if any.
1a. May MDH share your responses with your provider organization? *(Required)*	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.
2. If you would like an additional person to receive the weekly reporting reminder, please enter their email address here.	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.
3. 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.

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

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