All About Home Care Monthly Vaccination Rate Data

Date Data Updated:	Post Numbers Below:	
Personnel/Health Care Worker (HCP) (Denominator)	**Number of Personnel:**	
• Includes employees, as well as volunteers, students, trainees, and any individual whether paid or unpaid, directly employed by or under contract with the facility on a part time basis or-full time basis		**61**
• Reporting should include, but is not limited to: physicians, physician assistants, nurses, environmental, laundry, maintenance, dietary service, certified nursing assistants, therapists (e.g., respiratory, occupational, physical, speech, and music therapists), social workers, clerical, other health care providers, administrative and support staff		
• Does not apply to a patient's family member or friend who visits or otherwise assists in the care of that patient in a health care facility		
• If HCP were eligible to have worked in two or more facilities, each facility should include such personnel in their denominator		
• Include persons who work full-time and part-time; Count individuals rather than full-time equivalents		
Cumulative number of HCP who have Completed COVID-19 vaccination series (Numerator):	**Number Completed COVID-19 Vaccination:**	
· Dose 1 and dose 2 of Pfizer-BioNTech Covld-19 vaccine		**48**
-or-	**Percentage Completed COVID-19 Vaccination:**	
· Dose 1 and dose 2 of Moderna COVID-19 Vaccine		**79%**
-or-		
· 1 Dose of Janssen (Johnson & Johnson) COVID-19 vaccine		
(Data sources may include health records - paper and/or electronic documentation of vaccination. Documentation of vaccination should include		
vaccine ty e and date(s) of administration).		
Cumulative number of HCP who have received Partial COVID-19 vaccination series (Numerator):	**Number Received Partial COVID-19 Vaccination:**	
Only dose 1 of Pfizer-BioNTech COVID-19 vaccine		**1**
-or-	**Percentage Received Partial COVID-19 Vaccination:**	
Only dose 1 of Moderna COVID-19 vaccine		**2%**
(Data sources may include health records - paper and/or electronic documentation of vaccination. Documentation of vaccination should include vaccine type and date(s) of administration).		