

IMPORTANT: CALL YOUR SUPERVISOR IF...

- If there is NO PPOC in the patient's home – **you MUST call your Supervisor immediately!**
 - If the PPOC needs to be updated due to changes in the patient's condition – **call your Supervisor!**
 - If you are unable to follow the PPOC – **call your Supervisor.**
 - Only tasks listed in the PPOC are permitted; do not complete any tasks not listed in the PPOC. If the patient asks for tasks not listed in the PPOC –**call your Supervisor!**
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HHA Supervisor Number:
212-609-4442

If the patient refused a task, then enter "Star" (*) followed by the Task ID to log a Refused Task



**Partners
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THE PARAPROFESSIONAL PLAN OF CARE (PPOC) GUIDE FOR HOME HEALTH AIDES



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THE PPOC – ALSO KNOWN AS THE “PLAN OF CARE” OR “CARE PLAN” – IS EXTREMELY IMPORTANT. HERE’S WHY:

- You provide tasks as ordered by the RN and you **should not** provide any tasks that are not listed in the PPOC.
- Compliance with the tasks in the **PPOC is a New York State Department of Health requirement.**
- Maintaining current documentation means **keeping a record of everything** done and observed during a patient visit.
- **Careful and accurate documentation** is important for these reasons:
 - Documentation provides an up-to-date record of the status and care of your patient.
 - It is the only way to guarantee clear and complete communication between all the members of the care team.
 - Documentation is a legal record.
 - Documentation helps protect you and Partners in Care from liability by proving what you did during **every visit.**

Remember: If you didn't write it, you didn't do it.

YOU MUST FOLLOW THE WRITTEN PARAPROFESSIONAL PLAN OF CARE (PPOC) FOR YOUR PATIENT. THIS MEANS...

- If the PPOC states that the patient needs assistance with a shower, then the patient should **NOT** be given a tub bath.
- Enter "**Star**" (*) followed by the Task ID to log a Refused Task and contact your supervisor to report patient's refusal.
- If the PPOC states mouth care, then mouth care **MUST** be provided per the frequency of the order. For example, once a day for seven days (1X7).

The form is titled "Paraprofessional Plan of Care / Plan de Cuidado" and includes a header with the NYS Department of Health logo. It contains multiple tables for recording care tasks, each with columns for task names, frequencies, and checkboxes for completion. The tables are organized into sections such as "Assessment & Orders", "Nursing Orders", "Medication Orders", "Respiratory Orders", "Dietary Orders", "Mobility Orders", "Skin Care", "Infection Control", and "Patient Education".