HHAeXchange

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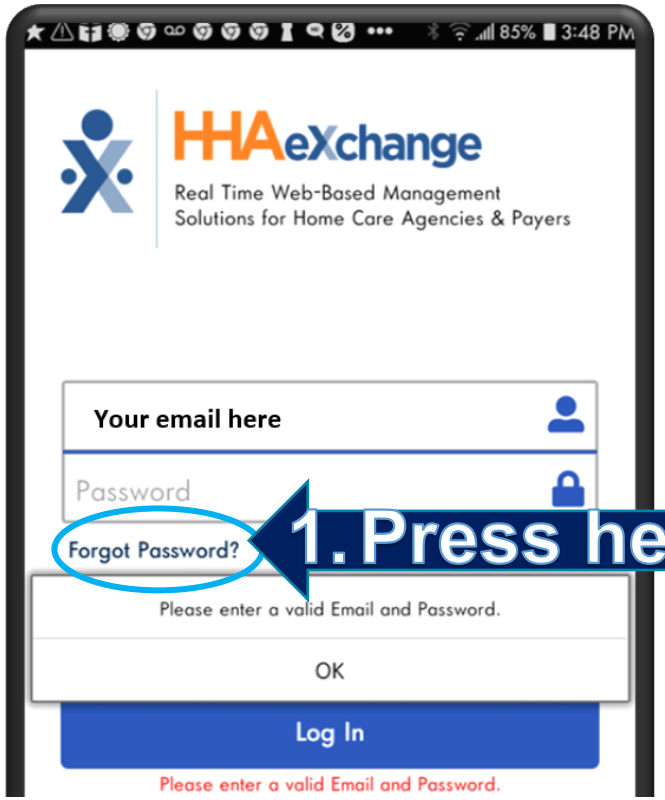
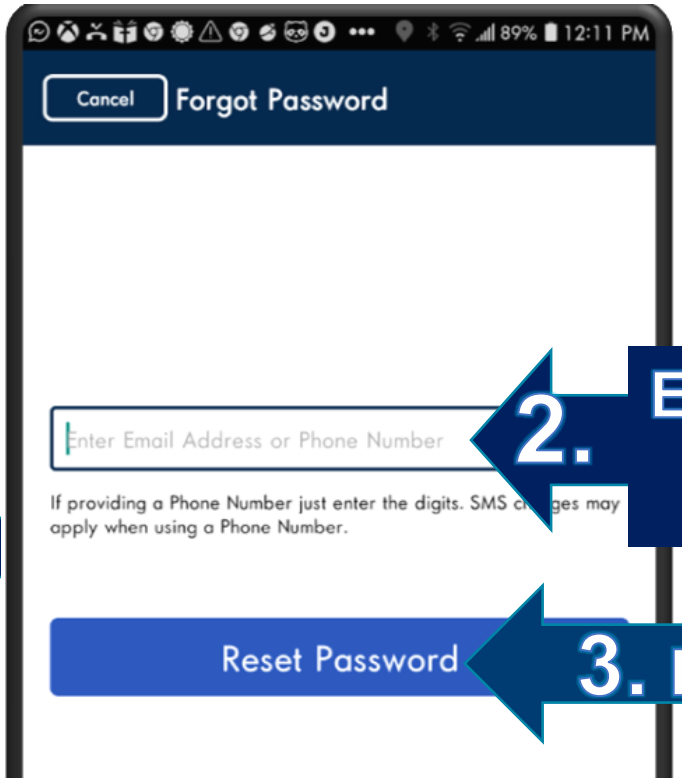
Did you forget your HHAeXchange password?

HHAeXchange
Real Time Web-Based Management Solutions for Home Care Agencies & Payers

Follow these 11 simple steps:



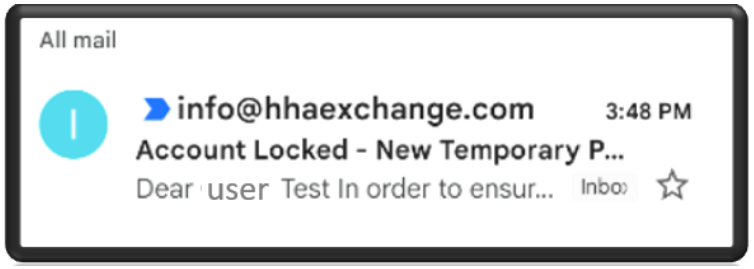
1. Press here



2. Enter email or cell number

3. Press here

4. check your email



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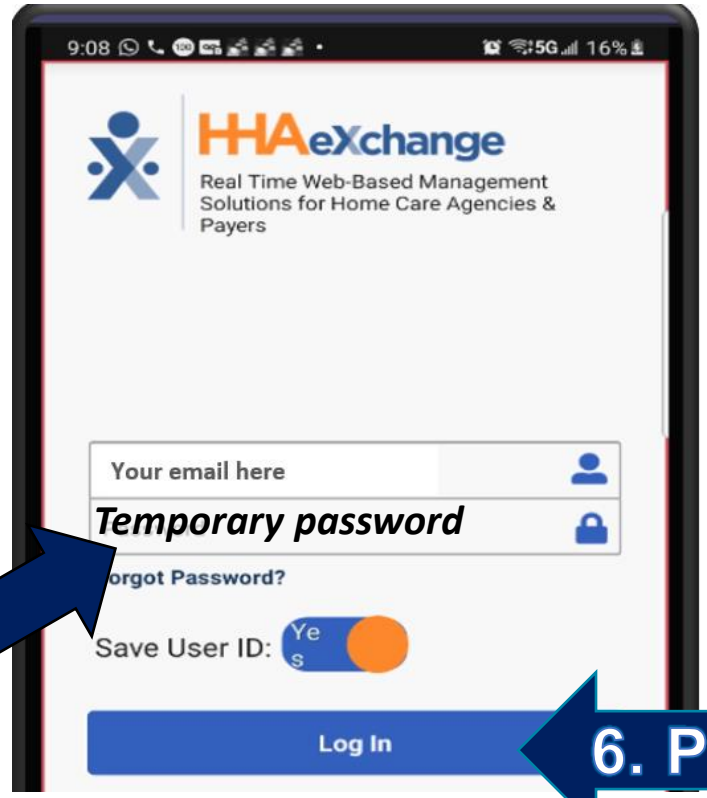
We have recently disabled your account for security reasons. To reset your password, follow th
quick steps:

1. Open the HHAeXchange
2. Enter the email address entered during sign-up as your Username
3. Enter temporary password: "6sd6fP$a" do not enter the quotes in between the password

5. Write down the temporary password from the email

Exactly how it is here



6. Press here

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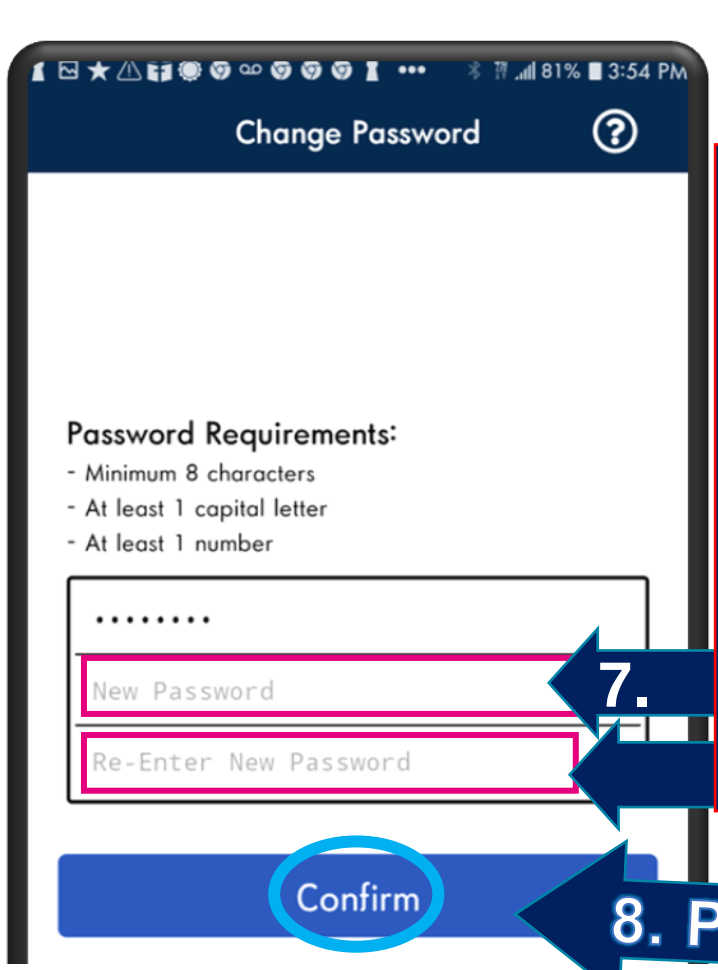
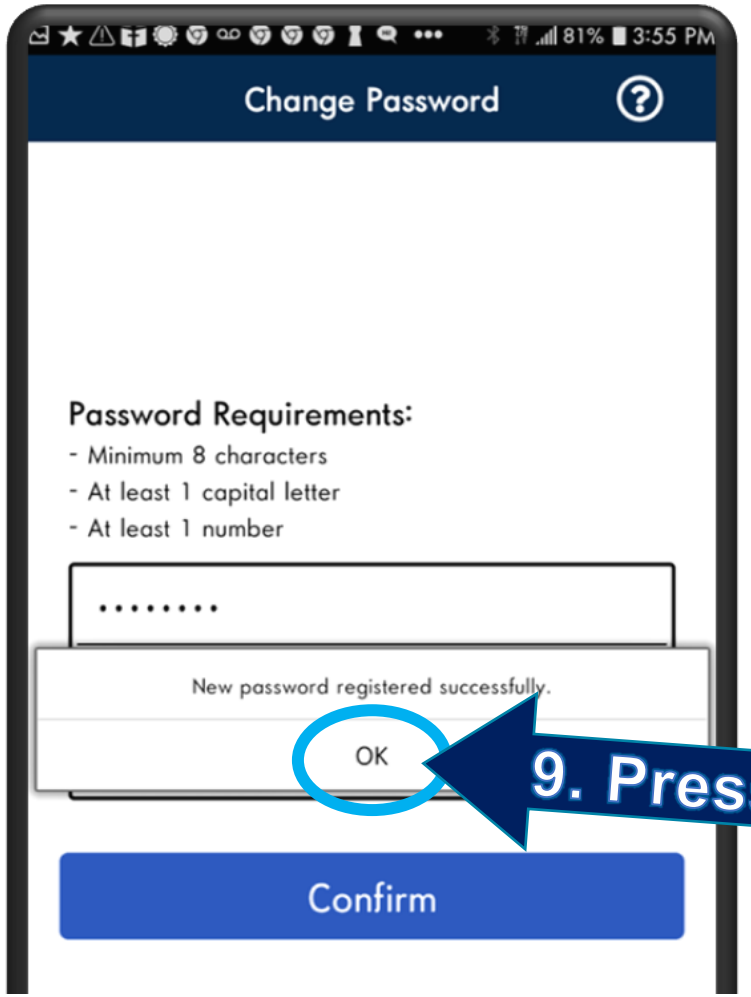


Enter your new password here, in both boxes. Follow the password requirements

7.

8. Press here



9. Press here

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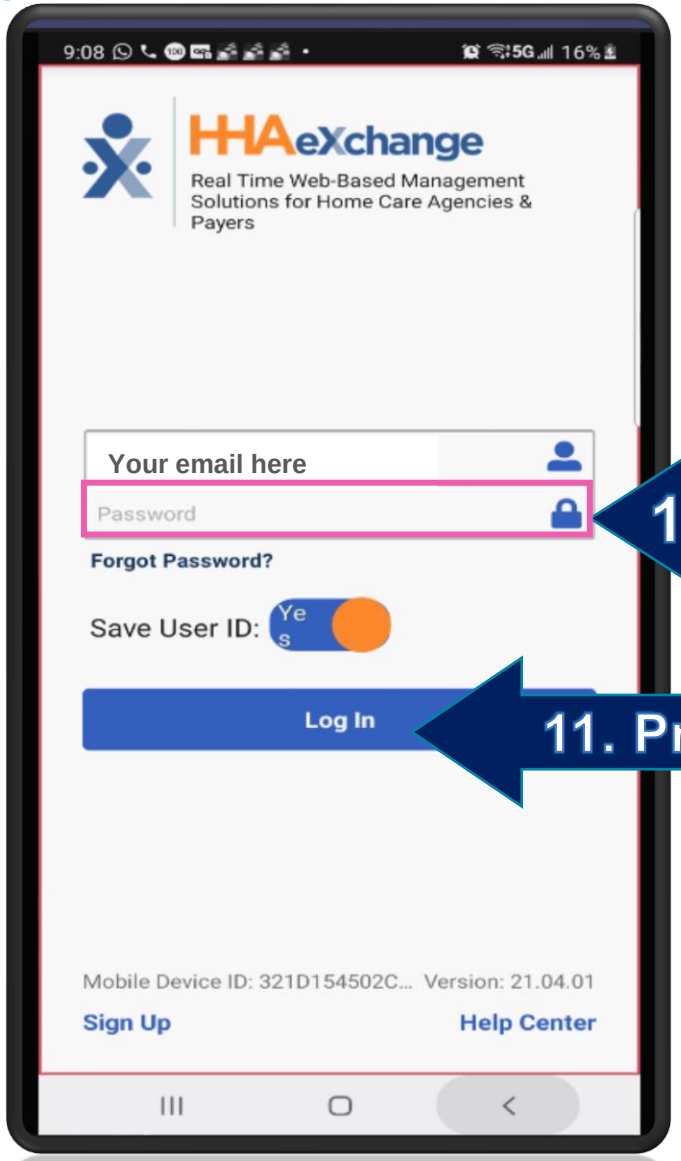
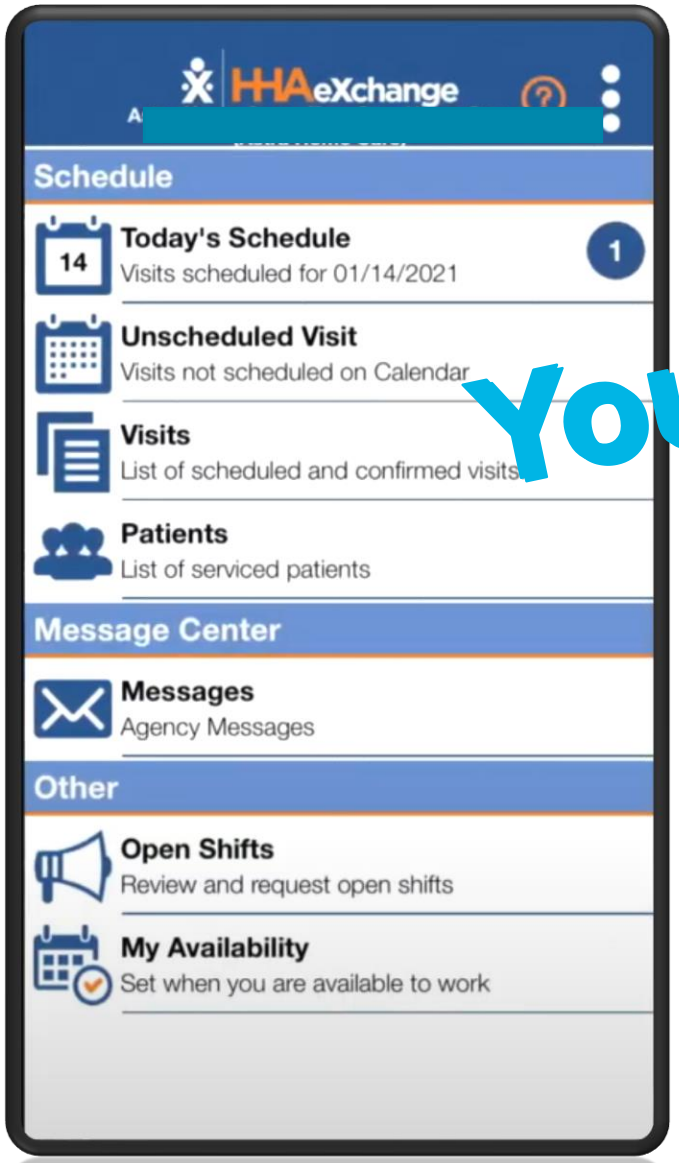


10 Enter your new password

11. Press here



You did it!

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HHA's are Required to use the automated call in system. A task code sheet will only be accepted if the client has no telephone, and will NOT be accepted for any other reason.

Date: _____ Name of Supervisor: _____

HHA Name: _____ Patient Name: _____

HHA Sig.: _____ Patient ID #: _____

HHA ID#: _____ Patient Tele. #: _____

Start Time: _____ End Time _____ No. of Hrs. _____

Patient Signature: _____ Date: _____

Codes Tasks

PERSONAL CARE
- ☐ 15 TUB BATH
- ☐ 16 SHOWER
- ☐ 17 SPONGE BATH
- ☐ 18 BED BATH
- ☐ 19 MOUTH CARE
- ☐ 20 FOOT CARE
- ☐ 21 SHAMPOO
- ☐ 23 SKIN CARE
- ☐ 24 NAIL CARE
- ☐ 25 TOILETING
- ☐ 26 INCONTINENT CARE
- ☐ 27 DRESSING
- ☐ 28 INFANT CARE

VITAL SIGNS
- ☐ 30 ORAL TEMPERATURE (SPECIFY _____
- ☐ 31 RECTAL TEMPERATURE (SPECIFY _____
- ☐ 32 AUXILLARY TEMPERATURE (SPECIFY _____
- ☐ 33 PULSE (SPECIFY _____
- ☐ 34 RESPIRATIONS (SPECIFY _____
- ☐ 35 BLOOD PRESSURE (SPECIFY _____/_____)
- ☐ 36 WEIGHT (SPECIFY _____lbs)

ACTIVITIES/EXERCISES
- ☐ 40 WALKING
- ☐ 41 WALKING/GUARDING
- ☐ 42 WALKING WITH DEVICE
- ☐ [illegible] TRANSFER: 1 PERSON
- ☐ 45 TRANSFER: 2 PERSON
- ☐ [illegible] TRANSFER: SLIDE BOARD
- ☐ [illegible] TRANSFER: MECHANICAL LIFT
- ☐ 48 TURNING AND POSITIONING
- ☐ 49 EXERCISES
- ☐ 50 ACTIVE RANGE OF MOTION
- ☐ 51 PASSIVE RANGE OF MOTION
- ☐ 52 ASSIST WITH APPLICATION OF MEDICAL DEVICE

Codes Tasks

NUTRITION
- ☐ 55 REINFORCE DIET INSTRUCTION
- ☐ 56 FEED PATIENT
- ☐ 57 ASSIST WITH FEEDING
- ☐ 58 MEAL PREPARATION

TREATMENT
- ☐ 60 MEDICATIONS ASSIST \REMIND
- ☐ 61 CATHETER CARE
- ☐ 62 CHANGE EXTERNAL \TEXAS CATHETER
- ☐ 63 ASSIST CLEAN DRESSING CHANGE
- ☐ 64 OSTOMY CARE
- ☐ 65 TRACHEOSTOMY CARE
- ☐ 66 SET-UP TUBE FEEDING
- ☐ 67 ASSIST NEBULIZER
- ☐ 69 INTAKE (SPECIFY ___cc)
- ☐ 70 OUTPUT (SPECIFY ___cc)
- ☐ 71 SPECIAL CIRCUMSTANCES PATIENT MUST BE SELF-DIRECTING

01. Administer Sub Insulin Refill	11. Apical Pulse
02. Finger Stick for Blood Monitoring	12. Oxy Set and/or Regulate a Specific Flow Rate
03. Assist Nebulizer w/Prescribed Meds	13. Oral Suctioning with Bulb Syringe
04. Administer Tube Feeding via GT (mature/stable ostomy)	14. Irrigate Indwelling Catheter
05. Apply Hot Application	15. Ureterostomy Care
06. Apply Cold Application	16. Apply TENS Unit
07. Administer Fleets Enema	17. Apply ACE Bandages
08. Postural Drainage	18. Administer Douches
09. Mechanical Ventilators/Respirators/IPPB (must be CPR certified)	19. Administer medications (Includes the following: Remove proper amount from container; Place med in patient's hand / mouth; observe, record, report)
10. CPAP	20. Assist with remote patient monitor (Telehealth)

ENVIRONMENTAL/NON-PERSONAL CARE
- ☐ 80 CLEAN
- ☐ 81 GROCERY SHOPPING
- ☐ 82 LAUNDRY
- ☐ 83 ACCOMPANY PATIENT TO MD/CLINIC
- ☐ 84 ACCOMPANY PATIENT TO OTHER LOCATION
- ☐ 85 NOT ADMITTED: TRAVEL TIME

SAFETY/OTHER
- ☐ 91 SPECIAL CIRCUMSTANCES REFUSED
- ☐ 92 NURSE NOTIFIED OF PATIENT CARE CONCERN
- ☐ 93 SUPERVISOR NOTIFIED OF PATIENT CARE CONCERN
- ☐ 94 TIME SPENT WITH PATIENT
- ☐ 95 TRAVEL EXPENSES
- ☐ 96 TELEPHONE EXPENSES CARE
- ☐ 97 BATH SERVICE (PRIVATE CARE USE ONLY)
- ☐ 98 ESCORT SERVICE (PRIVATE CARE USE ONLY)
- ☐ 99 NOT PERFORMED PER PATIENT REQUEST

LIVE-IN ONLY CASES:

- ☐ 910 "Did you take your 3 breaks. Enter 1 for yes or 2 for no"
- ☐ 911 "I did receive 5 hours of uninterrupted sleep time. Enter 1 for yes or 2 for no"

Task sheets will be DISCONTINUED!!

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VNS Health **HHA's are Required to use the automated call in system. A task code sheet will only be accepted if the client has no telephone and will NOT be accepted for any other reason.**

Home Health Aide

Task Codes

HHA Name: _____

ID#: _____

INSTRUCTIONS:

1. This record is to be completed at the end of each shift for each patient that you service.

2. Put a check mark (X) in the boxes next to all the codes relating to all the tasks that you have done. If the patient refuses a task select code "99" and enter the task the patient did not want.

3. Key in the codes for all tasks at the end of each shift.

4. One sheet should be completed for each shift with the correct task codes marked

5. All tasks are to be performed according to the Plan of Care for the patient's care only. A Home Health Aide is **not required** or authorized to perform other services, even if requested by the patient and/or the patient's family. If you receive such an unauthorized request, you should contact your Supervisor for assistance.

Task sheets will be DISCONTINUED!!

› **YOU MUST KNOW:**

1. Complete this card at end of shift and save time when you make the call.
2. Make only one call at the start of your shift and one call at the end.
3. We pay for each telephone call and the longer the call the more we pay.
4. The numbers are the codes which represent the task you can perform for your patient as long **as it is listed on the Plan of Care**. **Enter on the card only those tasks you have done on this shift, AND those that were refused by your patient.**
5. The task codes you enter into the telephone at the end of the shift is a record of tasks for that shift and must be accurate.
6. Start your shift on time and make your call. End your shift on time then make your call and dial in all Task Codes.
7. **Your pay is generated based on the information you provide**.
8. If you start late: clock in and you must make up your time if the patient allows you to and your supervisor must approve it so that the service hours can be complete. ***We* can only bill and pay you for actual service provided**.
9. Call your supervisor if you arrive on time but could not make the call then for whatever reason.
10. **Dishonestly documenting tasks or Forgery of Signatures will result in immediate termination from Partners in Care**.
11. **FOR LIVE-IN ONLY**: You Must Key in task codes 910, and 911.

› **FAX TO: (212) 290-3088 OR (212)290-3087**

› **"IF NECESSARY"**

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Important website to know:

hha.vnshealth.org

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