



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!**

If the patient **refused** a task, you **must** record patient refusal. If the patient continues to refuse a task, please contact a HHA Supervisor.

The Paraprofessional Plan of Care (PPOC) Guide for Home Health Aides



To reach your supervisor, call the main HHA
Supervisor number and enter their extension:

212-609-4442



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New York, New York, 10001

vnshealth.org

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 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 tub bath, then the patient should **NOT** be given a shower.

If the patient refuses a task:

- In the HHAeXchange mobile application:
 - Select the **X** for duties refused, then select the **Refused Duty Reason:**
 - Service performed by patient.
 - Service performed by family member.
 - Patient does not want service today.
 - Service not scheduled for today.
 - **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 (7-7).
 - Frequency of **“7-7”** indicates the task should be completed **every day** of the week.
 - Frequency of **“2-7”** indicates the task should be completed **2 days** of the week.
 - Frequency of **“2-2”** indicates the task should be completed **2 of the 2 days** of the week.