



PH: (347) 727-7200  
FAX: (347) 727-7217

# IVR INSTRUCTIONS

## CLOCK IN

- ❖ When you reach the patients' house, use the patients' phone. (If there is no phone please call your coordinator)
- ❖ Dial **(718)705-9545**.
- ❖ The system will say "**Press 1 to clock in, Press 2 to clock out**". **Press 1**.
- ❖ The system will then ask for your pin number. Your pin number is a **6-digit ID** number. The number is found on your ID. (If you don't have the pin, please call your coordinator) **EX: 103456**
- ❖ The system will repeat your pin number. If it is correct **press 1**, if it is incorrect press **0** to re-enter the pin. **PLEASE MAKE SURE YOU ENTER IT CORRECTLY OR IT WILL AFFECT YOUR PAYCHECK.**
- ❖ After you **press 1**, the system will say "You have successfully registered In, Goodbye."

## CLOCK OUT

- ❖ When you have finished your shift, it is time to clock out.
- ❖ Using the patients' phone dial **(718)705-9545**.
- ❖ The system will say "**Press 1 to clock in, Press 2 to clock out**." **Press 2**.
- ❖ The system will then ask for your pin number. Your pin number is a **6-digit ID** number. The number is found on your ID. (If you don't have the pin, please call your coordinator) **EX: 103456**
- ❖ The system will repeat the number you entered. If it is correct **Press 1**, if it is incorrect **Press 0** to re-enter the pin. **PLEASE MAKE SURE YOU ENTER PIN CORRECTLY OR IT WILL AFFECT YOUR PAYCHECK.**
- ❖ After you press 1, the system will ask for the **duty codes**. The duty codes are the tasks you did for your patient. **You must enter at least five (5) duty codes.**
- ❖ **The system will ask for each duty code one by one.**
- ❖ After you have entered at **least five (5)**, **Press 0 three (3) times.**
- ❖ The system will then say "You have successfully registered out, Goodbye."



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# HHA APP

If you are unable to clock in / out using the phone of the patient, there is an app on the **smart phone** called HHA EXCHANGE.

For **I-Phones**, go to app store. For **androids (Samsung, LG, HTC)**, go to the play store.

When you download that application, you have to sign up.

To sign up you must enter a **valid email** and create your own password. When you have done that you must login. After you login, there are **3 dots** on top right corner of the screen. You must click those dots and fill out the information requested.

After filling out that information, the app will provide you with **ID#**, **write down the ID# given**. Please call in and give that ID# to your coordinator at Trimed in order for you to be linked to your HHA profile.

For any questions, please call **347-727-7200**, Thank You.



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# HOME CARE TASKS

TASK	
BATH: <input type="checkbox"/> Tub 100 <input type="checkbox"/> Shower 101 <input type="checkbox"/> Bed 102	PATIENTREQUIRES TOTALCARE: 0103
MOUTH CARE: 106	HAIR CARE: <input type="checkbox"/> Comb107 <input type="checkbox"/> Shampoo 108 <input type="checkbox"/> Foot Care 113
GROOMING <input type="checkbox"/> Shave 109 <input type="checkbox"/> Nails 110	DRESSING <input type="checkbox"/> 111 <input type="checkbox"/> Skin Care 112
TOILETING <input type="checkbox"/> Diaper 114 <input type="checkbox"/> Commode 115	<input type="checkbox"/> Bedpan 116 <input type="checkbox"/> Toilet 117
PREPARE <input type="checkbox"/> Diet 201 <input type="checkbox"/> Breakfast 202 <input type="checkbox"/> Lunch 203	<input type="checkbox"/> Dinner 204 <input type="checkbox"/> Snack 205
ASSIST WITH FEEDING : <input type="checkbox"/> 206	RECORD INTAKE: <input type="checkbox"/> Food 207 <input type="checkbox"/> Fluid 208
TRANSFERRING: <input type="checkbox"/> 300	ASSIST: <input type="checkbox"/> Walking 301 <input type="checkbox"/> W/ Devices 302 <input type="checkbox"/> Home Exercise 305
RANGE OF MOTION EXERCISES <input type="checkbox"/> 306	TURNING AND POSITIONING <input type="checkbox"/> 311
TAKE: <input type="checkbox"/> Temperature 400 <input type="checkbox"/> Pulse 403 <input type="checkbox"/> Blood Pressure 405	WEIGH PATIENT <input type="checkbox"/> 406
REMINDPATIENTTOTAKEMEDICATION <input type="checkbox"/> 411	ASSISTWITHTREATMENT <input type="checkbox"/> 412
ASSIST: <input type="checkbox"/> Catheter Care 408 <input type="checkbox"/> Foley bag 409	<input type="checkbox"/> Ostomy Care 410 SAFETY: 0511
TAKE RESPIRATIONS <input type="checkbox"/> 506	RECORD OUTPUT (URINE/BM) <input type="checkbox"/> 307
CHANGE PATIENT'S LINEN: <input type="checkbox"/> 500	LAUNDRY: <input type="checkbox"/> 501 LIGHTHOUSEKEEPING <input type="checkbox"/> 502
CLEAN PATIENT CARE EQUIPMENT <input type="checkbox"/> 505	ACCOMPANY PATIENT TO DOCTOR <input type="checkbox"/> 508
SHOPPING/ERRANDS 506	DIVERSIONAL ACTIVITIES-SPEAK/READ  509