

## Long-Term Care Survey Alert

### Quality Care: TASK SEGMENTATION CAN HELP RESIDENTS MASTER ADLS

Is your nursing facility helping residents break down tasks required to perform activities of daily living as independently as possible an approach known as task segmentation? Task segmentation and verbal cueing replace hands-on assistance with ADLs, which help residents achieve more self-sufficiency.

Sheryl Rosenfield, director of clinical services for **Zimmerman Solomon Healthcare Consulting** in New York, says she sees the issue of task segmentation come up during surveys when certified nursing assistants don't allow the resident to participate in her own daily routines. If surveyors interview a resident who says she is able and willing to do more self-care than staff are allowing, then it also becomes a quality of life issue, adds **Annette Fleishell**, vice president of clinical services with **JoAnne Wilson's Gerontological Nursing Ventures** in Laurel, MD.

The MDS addresses task segmentation at Section G7, which Rosenfield says is one of the most frequently missed sections. The item simply asks staff to indicate whether or not "some or all of [the resident's] ADL activities were broken into subtasks during the last 7 days so that the resident could perform them." Many times, MDS nurses incorrectly answer "no." "What's happening is that CNAs are actually cueing the patient to perform ADLs, but they aren't communicating or documenting that they are doing that," says Fleishell.

To determine whether task segmentation is required, Rosenfield recommends observing the resident to determine what staff assistance he needs to complete ADLs. "The care plan should describe the ADL and what assistance to complete the task is required by the resident," says Rosenfield. "The key is that the resident participates in the ADL and that a staff member assists in its completion, with verbal or physical help."

For example, using task segmentation to assist a resident with bathing might involve placing the person in front of the sink with soap and water and instructing him to wash his face and upper body.

"The CNA can leave the resident who is capable of bathing his upper body in front of the sink and mirror for 15 minutes, properly draped, to wash," says **Cheryl Field**, a rehabilitation nurse specialist in Bedford, MA. Far from being neglectful, the approach helps the resident improve upper body strength and range of motion. "And the patient can look in the mirror and get feedback on his posture and sitting position and appearance," says Field. "During that time, the CNA can go do something else."